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DLN: 93493157008224

Department of the Treasury

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service A For the 2012 calendar year, or tax year beginning 09-01-2012 , 2012, and ending 08-31-2013 D Employer identification number B Check if applicable ACT INC Address change 42-0841485 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (319) 337-1000 Amended return City or town, state or country, and ZIP + 4 IOWA CITY, IA 522430168 Application pending G Gross receipts \$ 510,795,346 Name and address of principal officer Is this a group return for DR JON WHITMORE affiliates? PO BOX 168 IOWA CITY, IA 522430168 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 **H(c)** Group exemption number ► Website: ► WWW ACT ORG **L** Year of formation 1960 **M** State of legal domicile IA Part I Summary Briefly describe the organization's mission or most significant activities HELPING PEOPLE ACHIEVE EDUCATION AND WORKPLACE SUCCESS Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 1,988 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 49 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 2,545,871 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b -839,598 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 749.195 0 280,228,363 290,120,081 Program service revenue (Part VIII, line 2g) . . . 21,607,407 26,758,841 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 302,584,965 316,878,922 13 25,762,708 1,727,413 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 114,019,711 123,773,736 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158,842,122 187,484,585 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 298,624,541 312,985,734 18 19 Revenue less expenses Subtract line 18 from line 12 . 3,960,424 3,893,188 (Assets or id Balances **Beginning of Current End of Year** 509,217,424 20 Total assets (Part X, line 16) . . . Total liabilities (Part X, line 26) . . . 21 99,819,033 101,283,424 400,709,766 22 Net assets or fund balances Subtract line 21 from line 20 409,398,391 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	*****			2014-05-14			
Sign	Signature of officer			Date			
Here	THOMAS J GOEDKEN CFO/TREASURER	₹					
	Type or print name and title						
Paid	Print/Type preparer's name KAY HEGARTY	Preparer's signature	Date	Check If PTI POO	IN 0091057		
Preparer	Firm's name ► MCGLADREY LLP			Firm's EIN ► 42-07	14325		
Use Only		UE SE STE 300		Phone no (319) 29	8-5333		
	CEDAR RAPIDS, IA 524011512						
May the IRS	discuss this return with the prepa	rer shown above? (see instruction	ns)		▽Yes □No		

| h *****

1 Birefly describe the organization's mission ACT, INC (ACT) MAS ESTABLISHED AS A CORPORATION NOT FOR PECUNIARY PROFIT UNDER THE LAWS OF THE STATE OF FOW ON A UGUST 23, 1960 THE PURPOSE AND MISSION OF ACT IS TO ADVANCE EDUCATION BY PROVIDING PROGRAMS, SERVICES, AND CONDUCTING RESEARCH THAT ASSISTS 3) INDIVIDUALS PLANNING AND PURSUING EDUCATION AND TRAINING, B) EDUCATORS DELIVERING INSTRUCTION AND TRAINING, AND C) POLICY MAKERS CONCERNED WITH ENSURING THAT INDIVIDUALS ARE READY FOR EDUCATION AND WORKPLACE SUCCESS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-62? 1 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-62? 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 Describe the organization from the Accessive the Program service of the Accessive the Accessive to the Accessive the Accessive to Education to Training the Accessive the Accessive to Accessive to Program to Training the Accessive the Accessive to Accessive to Program to Program to Training the Accessive to Accessive to Accessive to Program to Training the Accessive to Accessive to Accessive to Accessive to Accessive to Training the Accessive to Accessive to Accessive to Accessive to Training the Accessive to Accessive to Accessive to Training the Accessive to Accessive to	Par	t III	Statement of Pro				Part III .				<u>, </u>
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Part IV	Checklist of	Required	Schedules

			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 instructions)?	2		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
	complete Schedule D, Part III 😼	8		100
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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
С	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	Yes	
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
е	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 and XII	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 and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F. Parts I and IV	14b	Yes	
L 5	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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? If "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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	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, line 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 through 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		
С	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 \cdot .	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17,009		165	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 AS, CH, HK, KS, ID, SP, NL			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		١
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
đ	organization solicit any contributions that were not tax deductible as charitable contributions?	Od		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
3	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
4	If "Yes," indicate the number of Forms 8282 filed during the year	 		
•	The state of the manifest of total and adding the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e 7f		
	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			
J	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		
	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?			
)	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
a	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)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			_
-	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L-	Note. See the instructions for additional information the organization must report on Schedule O			\vdash
ע	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
:	Enter the amount of reserves on hand	1		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		i r
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		H

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Ection B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , GA , IL , IN , MA , MN , NH , NY , OH , OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website V Upon request Other (explain in Schedule O)

 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- 20 State the name, 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 (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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) JON S WHITMORE	40 00	х		х				700,956	0	88,130	
CEO/DIRECTOR (2) CARL A COHN	3 00										
CHAIRMAN OF THE BOARD	3 00	х		х				55,125	0	0	
(3) VIVIEN STEWART TEITELBAUM SECRETARY	3 00	х		х				48,625	0	0	
(4) JOSEPH A AGUERREBERE JR	3 00										
DIRECTOR		X						48,500	0	0	
(5) DIXIE L AXLEY	3 00	х						52,625	0	0	
DIRECTOR											
(6) ROBERT M BERDAHL DIRECTOR	3 00	x						46,000	0	0	
(7) JAMES E BOSTIC JR	3 00	х						49,500	0	0	
DIRECTOR								,			
(8) SARITA E BROWN DIRECTOR	2 00	x						34,500	0	0	
(9) WALTER C BUMPHUS	2 00										
DIRECTOR		х						5,000	0	0	
(10) D ROBERT GRAHAM	2 00	 									
DIRECTOR		Х						28,000	0	0	
(11) KAREN A HOLBROOK	2 00										
DIRECTOR		×						46,500	0	0	
(12) MARK D MUSICK	3 00										
DIRECTOR		X						42,125	0	17,000	
(13) CHARLES B REED	3 00	Ü						40.000	-		
DIRECTOR		X						48,000	0	0	
(14) RICHARD W RILEY	2 00	х						19,500	0	17,000	
DIRECTOR								19,500	U	17,000	
(15) THOMAS G ROTHERHAM	3 00	×						50,500	0	0	
DIRECTOR								30,300			
(16) BELLE S WHEELAN	2 00	×						42,250	0	0	
DIRECTOR								12,230			
(17) CHAD P WICK	3 00	×						13,500	0	0	
DIRECTOR	i			i	1	I		1,	ı	·	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a dir	one bot ecto	not box h ar or/tr	checker Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) THOMAS J GOEDKEN	55 00					_		264.546		54.022
CFO/TREASURER				×				364,546	0	54,923
(19) JON L ERICKSON	40 00				х			365,410	0	103,161
PRESIDENT & COO EDUCATION (20) MARTIN L SCAGLIONE PRESIDENT & COO WORKFORCE	43 00				х			462,479	0	45,898
(21) PATRICIA COX STEINBRECH SR VP CORPORATE SYSYTEMS	40 00				х			436,719	0	39,825
(22) DAVID I CUMBERBATCH	52 00					х		332,234	0	40,098
SR VICE PRESIDENT (23) L MIGUEL ENCARNACAO	40 00					х		290,566	0	36,646
SR VICE PRESIDENT (24) JANET E GODWIN CHIEF OF STAFF/ACCOUNTABILITY	40 00					Х		244,609	0	46,458
(25) RANJIT S SIDHU SR VICE PRESIDENT	40 00					х		303,040	0	44,400
(26) JENNIFER M YI SR VICE PRESIDENT	40 00					х		358,185	0	44,145
1b Sub-Total	-					*		4,488,994	0	577,684
2 Total number of individuals (including b \$100,000 of reportable compensations	ut not limited to	those	liste		00V6	e) who	rec	eived more than	1	Yes No

			1 65	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
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? If "Yes," complete Schedule I for such individual	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 Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NCS PEARSON INC 2510 N DODGE ST IOWA CITY IA 52245	COMPUTER PROCESSING	24,630,994
OGILVY PUBLIC RELATIONS WORLDWIDE PO BOX 7247-7417 PHILADELPHIA PA 19170	MARKETING SERVICES	5,855,119
ORACLE INC 500 ORACLE PARKWAY REDWOOD SHORES CA 94065	CONTRACTOR FEES	3,426,527
UNITED PARCEL SERVICE LOCKBOX 77 CAROL STREAM IL 60132	FREIGHT AND SHIPPING	3,153,502
ROLTA INTERNATIONAL INC 5865 N POINT PKWY ALPHARETTA GA 30022	CONTRACTOR FEES	3,103,665

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►166

Part V	Ш	Statement of Revenue		in this Dort VIII			
		Check if Schedule O contains a res	sponse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(A	1a	Federated campaigns	1a				5 2 .
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues	1b				
3ra not							
S, A	С	Fundraising events	1c				
Giff Tar	d	Related organizations	1d				
ii ŝ	е	Government grants (contributions)	1e				
ion	f	All other contributions, gifts, grants, and	1f		i		
the l		similar amounts not included above Noncash contributions included in lines			!		
Ħ,	g	1a-1f \$					
	h	Total. Add lines 1a-1f					
			Business Code				
in.	2a	EDUCATIONAL ASSESSMENT	611710	257,890,578	257,890,578		
94 94	ь	WORKFORCE DEVELOPMENT	541900	32,229,503	29,683,632	2,545,871	
ě.	С				, ,		
r vi	d						
يۆ ھۆ	e						
튵	f	All other program service revenue					
Program Serwce Revenue							
	g			290,120,081			
	3	Investment income (including divi- and other similar amounts)		7,454,107			7,454,107
	4	Income from investment of tax-exempt be					
	5	Royalties	🕨				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 210,567,921 assets other than inventory	2,653,237				
	b	Less cost or other basis and 193,490,851	425,573				
		sales expenses	·				
	C .	Gain or (loss) 17,077,070		10 204 724			10 204 724
	d o-	Net gain or (loss)		19,304,734			19,304,734
Other Revenue	ou	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18					
<u>ة</u>	ь	Less direct expenses	а b				
₹	c	Net income or (loss) from fundrais					
		Gross income from gaming activities See Part IV, line 19	es				
	L.	Loop direct consumation	a				
	b c	Less direct expenses Net income or (loss) from gaming a	b activities				
		Gross sales of inventory, less returns and allowances					
			a				
			b				
	C	Net income or (loss) from sales of Miscellaneous Revenue	Business Code				
	11a	Priscendileous Reveilue	Dusilless Code				
	ь				-		
	C C	All other revenue					
	d e	All other revenue					
	12	Total revenue. See Instructions	🕨	316,878,922	287,574,210	2,545,871	26,758,841

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) マ Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,727,413 1,727,413 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 3,619,365 1,679,672 1,939,693 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 90,474,711 83,375,353 7,099,358 Pension plan accruals and contributions (include section 401(k) 9,349,386 8,394,371 955,015 and 403(b) employer contributions) Other employee benefits 13,808,015 12,687,540 1,120,475 10 6,522,259 5,856,028 666,231 11 Fees for services (non-employees) Management 903,055 31,339 871,716 Legal Accounting 596,688 -3,270 599,958 339,765 339,765 Professional fundraising services See Part IV, line 17 Investment management fees 1,105,041 1,105,041 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 74,913,683 71,677,559 3,236,124 Schedule O) Advertising and promotion . . 624,949 588,933 36,016 12 13 Office expenses . . . 28,569,421 26,431,629 2,137,792 12,262,341 11,660,379 601,962 14 Information technology . 15 Royalties . 6,304,293 627,965 16 Occupancy 5,676,328 **17** 7,579,114 6,755,869 823,245 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,873,621 2,131,703 741,918 20 Interest 654,921 654,921 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 12,770,402 11,720,074 1,050,328 23 552,626 551,504 1,122 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a STATE TAXES (UBIT) 13,557 13,557 FEDERAL TAXES (UBIT) -12,850 -12,850 TEST ADMINISTRATION 36,966,340 36,966,302 38 d MEMBERSHIP FEES 458,188 277,232 180,956 9,430 11,088 -1,658 e All other expenses Total functional expenses. Add lines 1 through 24e 25 312,985,734 289,747,098 23,238,636 0 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Cap-mon-interest-bearing Beginning of year End of year	Par	τχ	Check if Schedule O contains a response to any question in the	nis Pa	rt X			
2 Savings and temporary cash investments						(A)		
3 Piedges and grants receivable, net 3 20,261.164		1	Cash—non-interest-bearing				1	
4		2	Savings and temporary cash investments			57,729,678	2	59,186,054
Solution Complete Complete		3	Pledges and grants receivable, net				3	
### Complete Part II of Schedule L 5 5 5 5 5 5 5 5 5		4	Accounts receivable, net			20,421,891	4	29,261,164
Section Page Pag		5	employees, and highest compensated employees Complete F	art II	of		5	
9 Prepaid expenses and deferred charges 7,847,033 9 9,679,017	sets	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary	l conti emplo	ibuting employers			
9 Prepaid expenses and deferred charges 7,847,033 9 9,679,017	38	7	Notes and loans receivable, net			1,197,031	7	3,030,231
9	₹							
10a		_						
1		_	Land, buildings, and equipment cost or other basis			, ,		<u> </u>
12 Investments—other securities See Part IV, line 11 365,117 12 126,067 13 Investments—program-related See Part IV, line 11 40,065,708 13 39,233,265 14 Intangible assets 14,109,60 15 10,431,455 15 Other assets See Part IV, line 11 14,340,600 15 10,431,455 16 Total assets. Add lines 1 through 15 (must equal line 34) 501,993,190 16 509,217,424 17 Accounts payable and accrued expenses 38,003,687 17 41,227,025 18 Grants payable 18 19 Deferred revenue 25,598,468 19 22,909,197 19 Deferred revenue 25,598,468 19 22,909,197 17 22,909,197 18 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 24 24 24 25 24 24 25 24 25 24 26 29 24 25 24 25 25 27 27 27 27 27 27		ь		10b	82,760,481	71,739,297	10c	68,506,837
12		11	Investments—publicly traded securities	<u> </u>		275,250,034	11	279,311,817
14		12	Investments—other securities See Part IV, line 11			985,117	12	128,067
14		13				40,865,708	13	39,233,265
15		14				8,542,192	14	8,130,756
16 Total assets. A dd lines 1 through 15 (must equal line 34) 501,993,190 16 509,217,424		15				14,340,960	15	10,431,455
17		16				501,993,190	16	509,217,424
18 Grants payable		17		38,003,687	17	41,227,025		
Tax-exempt bond liabilities		18	Grants payable				18	
Tax-exempt bond liabilities		19				25,598,458	19	22,909,197
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20				31,815,000	20	30,725,000
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	10	21	Escrow or custodial account liability Complete Part IV of Sci	nedule	D		21	
Unsecured notes and loans payable to unrelated third parties	Ò.	22	Loans and other payables to current and former officers, direc	tors,				
Unsecured notes and loans payable to unrelated third parties	ар		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parti	es .	•	19,463	23	4,010
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete P	art X	of Schedule	E 0.40 0.40	-	4.052.004
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26						<u> </u>
30 Capital stock or trust principal, or current funds		26	Organizations that follow SFAS 117 (ASC 958), check here ▶			101,263,424	26	99,619,033
30 Capital stock or trust principal, or current funds	υč	27	- •			400 700 7ee	77	400 308 301
30 Capital stock or trust principal, or current funds	<u>ଟ</u>					400,709,700		409,390,391
30 Capital stock or trust principal, or current funds	<u> </u>				• •			
30 Capital stock or trust principal, or current funds	ĭ	29	,				29	
30 Capital stock or trust principal, or current funds	匝			nere F	- and			
33 Total net assets or fund balances	0	30					30	
33 Total net assets or fund balances	Şet	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances	As	32	Retained earnings, endowment, accumulated income, or other	funds			32	
34 Total liabilities and net assets/fund balances	₹	33	Total net assets or fund balances			400,709,766	33	409,398,391
1 ==:/==:/-=:/ WT /	Z	34	Total liabilities and net assets/fund balances			501,993,190	34	509,217,424

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
		Т			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		316,8	378,922
2	Total expenses (must equal Part IX, column (A), line 25)	2		312,9	985,734
3	Revenue less expenses Subtract line 2 from line 1	3			393,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			709,766
5	Net unrealized gains (losses) on investments	5		-	511,480
6	Donated services and use of facilities	6			711,400
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			716,043
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			398,391
Par	rt XII Financial Statements and Reporting	10		105,5	,,,,,,,
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	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	required	3b	Yes	

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As Filed Data -

DLN: 93493157008224

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury

SCHEDULE A

(Form 990 or 990EZ)

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

Open to Public Inspection

Internal Revenue Service

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

Name of the organization Employer identification number ACT INC 42-0841485 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 굣 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	ion in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is to organizaticol (i) organizaticol (i) organizaticol (ii) organizaticol (iii) organizaticol (iii) organizaticol (iiii) organizaticol (iiii) organizaticol (iiii) organizaticol (iiii) organizaticol (iiiiii) organizaticol (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	640,000	1,660,477	1,933,784	749,195		4,983,456
2	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	230,131,241	260,965,498	263,697,801	271,933,101	287,574,210	1,314,301,851
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	230,771,241	. 262,625,975	265,631,585	272,682,296	287,574,210	1,319,285,307
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	744,764	1,856,626	1,961,524	873,375		5,436,289
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 year	29,868,001	. 30,934,592	33,418,101	28,298,434	27,380,397	149,899,525
c	Add lines 7a and 7b	30,612,765	32,791,218	35,379,625	29,171,809	27,380,397	155,335,814
8	Public support (Subtract line 7c						1,163,949,493
							1,103,313,133
Cale		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6	230,771,241	262,625,975	265,631,585	272,682,296	287,574,210	1,319,285,307
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,036,999	6,419,666	6,888,811	11,520,866	7,454,107	39,320,449
b	Unrelated business taxable income (less section 511 taxes) from businesses						
c	Add lines 10a and 10b	7,036,999	6,419,666	6,888,811	11,520,866	7,454,107	39,320,449
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	215,650	132,124	424,173	1,069,356		1,841,303
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
	Total support. (Add lines 9, 10c, 11, and 12)	238,023,890	269,177,765	272,944,569	285,272,518	295,028,317	1,360,447,059
	check this box and stop here			d, third, fourth, or	fifth tax year as	a 501(c)(3) orgar	nization, ▶┌
year c Add lines 7a and 7b							
				13, column (f))		15	85 560 %
16	Public support percentage from 20)11 Schedule A , I	Part III, line 15			16	84 630 %
17	Investment income percentage for	r 2012 (line 10c, o	column (f) dıvıded	by line 13, colum	nn (f))	17	2 890 %
18	Investment income percentage fro	m 2011 Schedule	A, Part III, line	L 7		18	3 080 %
19a	33 1/3% support tests—2012. If th	ie organization die	d not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	line 17 is not

^{33 1/3%} support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493157008224

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

Inspection

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

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

If the organization answered "Yes" 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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ACT INC 42-0841485 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 □ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	_	up member s nam	e, address, LTN		
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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 lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the o	rganization is exempt under section 501(c)(3) and has NO	DΤ
	filed Form 5768 (election under section 501(h)).	

	and West and a section of the last and the section of the last and the section of the last and	(a	1)	(b)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	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?		Νo	
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	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		339,765
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?		Νo	
j	Total Add lines 1c through 1i			339,765
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		Ì	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	LIII-A Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c)(5), o	r section

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

			Yes	No
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible 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	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF 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

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

DLN: 93493157008224

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

riai Revenue Service	Attach to For	m 990. F See separate instructions.			Ilispecti	UII
lame of the orga CT INC	nization			oloyer identifica 0841485	ntion numbe	r
	nizations Maintaining Donor Adv				. Complet	e if the
organ	inzación answerea res to romin 930	(a) Donor advised funds		(b) Funds and	other accou	nts
Total number	at end of year					
Aggregate co	ntributions to (during year)					
Aggregate gra	ants from (during year)					
Aggregate va	lue at end of year					
_	nization inform all donors and donor adviso organization's property, subject to the or	-	nor advi	ısed	☐ Yes	┌ No
used only for	nization inform all grantees, donors, and d charitable purposes and not for the benef permissible private benefit?				┌ Yes	┌ No
	ervation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part I\	/, line 7.	
Preservat Protection Preservat Complete line	f conservation easements held by the org cion of land for public use (e g , recreation n of natural habitat cion of open space es 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic struc	ture	
easement on	the last day of the tax year			•		
				Held at the	End of the	Year
	of conservation easements		2a			
_	e restricted by conservation easements		2b			
	nservation easements on a certified history	• •	2c			
historic struc	nservation easements included in (c) accepture listed in the National Register		2d			
	nservation easements modified, transferi	ed, released, extinguished, or terminate	ea by tr	ie organization	auring	
the tax year i	·					
Number of sta	ates where property subject to conservat	ion easement is located 🗠				
	anization have a written policy regarding to of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	┌ No
Staff and volu	unteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year		
	penses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year		
and section 1	onservation easement reported on line 2(.70(h)(4)(B)(ii)?				☐ Yes	┌ No
balance shee the organizat	describe how the organization reports conts t, and include, if applicable, the text of the ion's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that desc	cribes	
	nizations Maintaining Collection plete if the organization answered "Y		or Ot	her Similar	Assets.	
If the organiz works of art,	ration elected, as permitted under SFAS 1 historical treasures, or other similar asse ide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve	or rese	arch in further		с
If the organiz works of art,	tation elected, as permitted under SFAS 1 historical treasures, or other similar asset ide the following amounts relating to thes	16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	ent and balanc		с
(i) Revenues	included in Form 990, Part VIII, line 1			► \$		
(ii) Assets in	cluded in Form 990, Part X					
If the organiz	ration received or held works of art, histor ounts required to be reported under SFAS					
Revenues inc	luded in Form 990, Part VIII, line 1			► \$		
	·			-		
ASSETS INCIU	ded in Form 990, Part X			- ≯		

 Using the organization's acquisition, accession, and other records, check any of the following that are a significant collection items (check all that apply) Public exhibition Coan or exchange programs Scholarly research Other 	use of its	
Table exhibition		
b Scholarly research e Other		
c Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpo	ose in	
Part XIII	73C III	
During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	☐ Yes	□ No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to For		
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.		
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	┌ Yes	┌ No
b If "Yes," explain the arrangement in Part XIII and complete the following table		
	Amount	
C Beginning balance		
d Additions during the year		
e Distributions during the year 1e		
f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21?	┌ Yes	┌ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII		Г
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line		
(a)Current year (b)Prior year b (c)Two years back (d)Three years b	ack (e) Four y	ears back
1a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as		
a Board designated or quasi-endowment ►		
b Permanent endowment ►		
c Temporarily restricted endowment ►		
The percentages in lines 2a, 2b, and 2c should equal 100%		
3a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii) 3b	+
4 Describe in Part XIII the intended uses of the organization's endowment funds		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumu depreciation		ook value
1a Land		4,755,955
	70,139	46,614,526
	33,568	2,034,832
	,	
d Equipment	56,774 1	14,881,422
d Equipment 68,638,196 53,75 e Other 220,102	56,774	220,102

Part VIII 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)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) NONMARKETABLE EQUITY SECURITIES	9,792,177	С
(2) INVESTMENT IN FOREIGN SUBSIDIARIES	3,716,639	С
(3) INVESTMENT IN ACT FOUNDATION	25,724,449	С
(3) INVESTILENT IN ACT TO SUBATION	23,721,113	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	39,233,265	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li		
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I (a) Descr	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, I (a) Descr Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	ne 15. ption 5.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part	ne 15. ption 5.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, I (a) Descr Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	ne 15. ption 5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part	ne 15. ption 5.) X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	5.) X, line 25. (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	ne 15. ption 5.) X, line 25. (b) Book value 1,244,913	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes INTEREST RATE SWAP	1,244,913 3,708,888	

Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	Part	Reconciliation of Revenue per Audited Financial Statements with Revenue	per i	Return
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	329,174,035
b Donated services and use of facilities 2b 4 c Recoveries of prior year grants 2c 3 d Other (Describe in Part XIII) 2d 3,961,297 e Add lines 2a through 2d 2e 12,472 3 Subtract line 2e from line 1 3 3 16,701 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 5 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 177,664 b Other (Describe in Part XIII) 4b 177,664 c Add lines 4a and 4b 4c 177 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3 16,876 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Per Return 1 3 20,485 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4 1 320,485 4 b Prior year adjustments 2 2a 4 4 7,677,340 4 7,677 7	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 3,961,297 e Add lines 2a through 2d 2e 12,477 3 Subtract line 2e from line 1 3 3316,703 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 177,664 b Other (Describe in Part XIII) 4b 177,664 c Add lines 4a and 4b 4c 177 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 316,876 Part XII Reconcilitation of Expenses per Audited Financial Statements with Expenses per Return 1 320,485 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 b Prior year adjustments 2a 4 c Other losses 2c 7,677,340 c Other (Describe in Part XIII) 2d 7,677,340 e Add lines 2a through 2d 2e 7,677 3 Subtract line 2e from line 1 4a 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 312,806 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 177,664 b Other (Describe in Part XIII) 4b 177,664 4c 177	а	Net unrealized gains on investments		
d Other (Describe in Part XIII) 2d 3,961,297 e Add lines 2a through 2d 2e 12,472 3 Subtract line 2e from line 1 3 316,703 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4b 177,664 b Other (Describe in Part XIII) 4b 177,664 4c 177 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 316,876 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 320,485 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4 a Donated services and use of facilities 2b 2c 4 4 b Prior year adjustments 2b 2c 4 4 4 c Other (Describe in Part XIII) 2d 7,677,340 2 7,677 d Add lines 2a through 2d 2c 7,677	b	Donated services and use of facilities		
4c Investment 2a through 2d 2e Investment 2a through 2d 2e Investment 2a through 2d 3a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 12 Investment expenses per Audited Financial Statements 5 Investment Expenses per Return 1 Total expenses and losses per audited financial statements 1 Investment expenses not included on Form 990, Part IX, line 25 2a Investment expenses not included on Form 990, Part IX, line 25 2a Investment expenses not included on Form 990, Part VIII, line 7b 2a Investment expenses not included on Form 990, Part VIII, line 7b 2a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Investment expenses not included on Form 990, Part VIII, line 7b <td>c</td> <td>Recoveries of prior year grants</td> <td>1</td> <td></td>	c	Recoveries of prior year grants	1	
3 Subtract line 2e from line 1 3 316,700 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 4a	d	Other (Describe in Part XIII)	1	
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII)	e	Add lines 2a through 2d	2e	12,472,777
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 177,664 b Other (Describe in Part XIII)	3	Subtract line 2e from line 1	3	316,701,258
b Other (Describe in Part XIII)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	b	Other (Describe in Part XIII) 4b 177,664	1	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	177,664
Total expenses and losses per audited financial statements	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	316,878,922
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	r Return
Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	320,485,410
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses 2c 4 7,677,340 2d 7,677,340 2e 7,677 7	а	Donated services and use of facilities		
d Other (Describe in Part XIII)	b	Prior year adjustments	1	
e Add lines 2a through 2d	c	Other losses	1	
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII)	- T	
A mounts 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 XIII)	e	Add lines 2a through 2d	2e	7,677,340
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII)	3	Subtract line 2e from line 1	3	312,808,070
b Other (Describe in Part XIII)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	b	Other (Describe in Part XIII)		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	c	Add lines 4a and 4b	4 c	177,664
	5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	312,985,734
Part XIII Supplemental Information	Part	XIII Supplemental Information	•	•

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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FIN 48 FOOTNOTE FROM AUDITED FINANCIAL REPORT ACT AND ACT FOUNDATION ARE RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THESE ORGANIZATIONS MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES THESE ORGANIZATION FILE FORMS 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOME (UBI) IS REPORTED ON FORM 990-T, AS APPROPRIATE ACT BRIDGE, INC IS A TAXABLE CORPORATION UNDER THE INTERNAL REVENUE CODE REGULATIONS ACT HAS CERTAIN REVENUE FROM PROGRAMS AND SERVICES THAT, BY VIRTUE OF A 1980 AGREEMENT WITH THE INTERNAL REVENUE SERVICE, IS DEEMED TO BE UNRELATED TO ITS TAX-EXEMPT PURPOSE AND, THEREFORE, MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAX MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBI AS OF AUGUST 31, 2013 AND 2012, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RELATED TO UBI ARE IMMATERIAL TO THE FINANCIAL STATEMENTS AS A WHOLE FORMS 990 AND 990-T FILED BY ACT ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990-T FILED BY ACT ARE SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED AUGUST 31, 2009 AND PRIOR
PART XI, LINE 2D - OTHER ADJUSTMENTS		NET APPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS 847,987 INTERCOMPANY REVENUE - AES - 136,888 INTERCOMPANY REVENUE - ACT BRIDGE -5,206 INTERCOMPANY REVENUE - ACT FOUNDATION -796,769 ACT INTERNATIONAL REVENUE - SEPARATE ENTITIES 3,183,167 ACT BRIDGE REVENUE - SEPARATE ENTITY 726,544 ACT FOUNDATION REVENUE - SEPARATE ENTITY 1,651,672 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -1,509,210
PART XI, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF EQUIPMENT 177,664
PART XII, LINE 2D - OTHER ADJUSTMENTS		INTERCOMPANY REVENUE - AES -136,888 INTERCOMPANY REVENUE - ACT BRIDGE -5,206 INTERCOMPANY REVENUE - ACT FOUNDATION -796,769 ACT INTERNATIONAL EXPENSES - SEPARATE ENTITIES 2,901,114 ACT BRIDGE EXPENSES - SEPARATE ENTITY 4,787,866 ACT FOUNDATION EXPENSES - SEPARATE ENTITY 927,223
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF EQUIPMENT 177,664

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493157008224

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

	e of the organization					Employer ident i	fication number
4CT	INC					42-0841485	
Pa	General Information "Yes" to Form 990, Pai			ne United States. Co	omplete	ıf the organıza	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the g	grants or assis	tance, and the selecti	on criter	ıa used to awa	rd
2	For grantmakers. Describe in the United States.	n Part V the org	ganızatıon's pr	rocedures for monitori	ng the u	se of grant fur	nds outside
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is nee	eded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data			,			
За	Sub-total	0	0				3,842,38
	Total from continuation sheets to Part I	0	0				28,39
С	Totals (add lines 3a and 3b)	0	0				3,870,77

1	(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)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated 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)
							appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	<u>\</u>	No
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)	▽	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)	Γ	Yes	<u>~</u>	Νo
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	<u> ~</u>	Νo
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) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also col	inplete this part to provide any da	ditional information (see instructions).
Identifier	ReturnReference	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) 2012

Additional Data

Software ID: Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TESTING SERVICES	68,526
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TESTING SERVICES	493,391
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TESTING SERVICES	253,548

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TESTING SERVICES	25,453			
NORTH AMERICA	0	0	PROGRAM SERVICES	TESTING SERVICES	2,779,240			
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	TESTING SERVICES	127,264			

Form 990 Schedule F I	Part I - Activit	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	TESTING SERVICES	60,695
SOUTH ASIA	0	0	PROGRAM SERVICES	TESTING SERVICES	34,263
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TESTING SERVICES	28,390

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493157008224

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

Open to Public

Name of the organization						Employer identificati	on number
ACT INC						42-0841485	
Part I General Information							
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants or as	ssistance?					✓ Yes
				e United States. Con art II can be duplicate			es" to
(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 gran or assistance
See Additional Data Table							
_							
2 Enter total number of section							19
3 Enter total number of other o	rganizations listed in ti	ne line i table			<u> </u>	<u> </u>	3

art III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	,	·	·

	-	-				
(a)⊺	ype 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
		1	I]		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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) 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 grant or assistance
ACT FOUNDATION500 ACT DRIVE IOWA CITY,IA 52243	27-2574917	501(C)(3)	796,769		N/A	N/A	GENERAL SUPPORT
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES 1 DUPONT CIR NW STE 410 WASHINGTON, DC 20036	53-0196569	501(C)(3)	25,000		N/A	,	2013 CONTRIBUTION 21ST CENTURY SKILLS INITIATIVE TEAM 5

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) 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 grant or assistance
AMERICAN HEART ASSOCIATION1035 NORTH CENTER POINT ROAD SUITE B HIAWATHA,IA 52233	13-5613797	501(C)(3)	8,500		N/A		JOHNSON COUNTY HEART WALK/NATL START WALKING DAY, GO RED FOR WOMEN LUNCHEON
AUSTIN YOUTH & COMMUNITY FARM INC 2921 E 17TH ST AUSTIN,TX 78702	45-3954705	501(C)(3)	5,000		N/A		5-13 CONTRIBUTION CORP GIVING AWARD- CORE YOUTH 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
COLLEGE ACCELERATION NETWORK INC1389 W 86TH ST INDIANAPOLIS,IN 46260	45-4124456	501(C)(3)	240,000		N/A		COMPLETION OF GRANT AGREEMENT DATED 2-6-12
COUNCIL FOR OPPORTUNITY IN EDUCATIONPO BOX 742282 ATLANTA,GA 30374	52-1221301	501(C)(3)	25,000		N/A		179275 32ND ANNUAL CONFERENCE BANQUET

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount 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 FOCUS222 2ND ST SE CEDAR RAPIDS,IA 52401	20-3420207	501(C)(3)	50,000		N/A	· '	2013 SPONSOR PAYMENT
EXCELENCIA IN EDUCATION1717 N ST NW 2ND FL WASHINGTON, DC 20036	20-0927912	501(C)(3)	30,000		N/A	,	DIAMOND LEVEL SPONSOR 2013 EXAMPLES OF EXCELENCIA

(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
GEORGIA TECH FOUNDATION INCSTE 400 760 SPRING ST NW ATLANTA,GA 30308	58-6043294	501(C)(3)	120,000		N/A	N/A	2013 GIFT
HARVARD UNIVERSITY GRADUATE SCHOOL OF EDUCATION 80 LONGFELLOW HALL CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000		N/A		PATHWAYS TO PROSPERITY PROJECT

(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 AREA CHAMBER OF COMMERCE 325 E WASHINGTON STE 100 IOWA CITY,IA 52240	42-0330530	501(C)(6)	9,050		N/A		TRC 2013 COMMUNITY LEADERSHIP PROGRAM ARTS & CULTURE SESSION
IOWA CITY AREA DEVELOPMENT GROUP INC 325 E WASHINGTON ST STE 101 IOWA CITY,IA 52240	42-1234837	501(C)(6)	60,000		N/A		FY 2012 INVESTMENT CONTRIBUTION, IQ COLAB 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
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION1725 N DODGE ST IOWA CITY,IA 52245	42-1177023	501(C)(3)	75,700		N/A		ICCSDS COMPLEMENTARY LEARNING PROGRAM, EDUCATION IS EVERYBODYS BUSINESS BREAKFAST
IOWA JOBS FOR AMERICAS GRADUATES 400 E 14TH ST DES MOINES,IA 50319	42-1492988	501(C)(3)	5,000		N/A		CEDAR RAPIDS IJAG CAREER/POSTSECONDARY EDUCATION PREPARATION

(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 STATE UNIVERSITY SCHOOL OF EDUCATION N131 LAGOMARCIN HALL AMES,IA 50011	42-6004224	501(C)(3)	20,000		N/A		2013 DONATION LATINO INITIATIVES PROPOSAL
IOWA WOMENS LEADERSHIP CONFERENCE PO BOX 10641 CEDAR RAPIDS, IA 52410	45-2932668	501(C)(3)	7,500		N/A		IWLC START SMART LEAD STRONG 2013 CONFERENCE

(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
JOHNSON COUNTY EXTENSION OFFICE3109 OLD HWY 218 IOWA CITY,IA 52246	42-6021441	170(B)(1)(A)(V)	5,000		N/A		2013 DONATION JOHNSON COUNTY PICK A BETTER SNACK PROGRAM
KIRKWOOD COMMUNITY COLLEGE FOUNDATION 1030 5TH AVE SE CEDAR RAPIDS, IA 52403	23-7076632	501(C)(3)	15,000		N/A		WORKPLACE LEARNING CONNECTION

(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 grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY8033 UNIVERSITY BLVD STE A DES MOINES,IA 50325	13-5644916	501(C)(3)	5,000		N/A		LEUKEMIA & LYMPHONA SOCIETY MAN & WOMAN OF THE YEAR, LIGHT THE NIGHT EIC EVENT
MID-EASTERN IOWA MENTAL HEALTH CENTER 507 E COLLEGE ST IOWA CITY,IA 52240	42-0989584	501(C)(3)	10,000		N/A		ASKING FOR ACCESS BUILDING RENOVATION PROJECT

(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
TANAGER PLACE2309 C ST SW CEDAR RAPIDS,IA 52404	42-0688079	501(C)(3)	5,000		N/A		2013 DONATION EXPRESSIVE ARTS PROGRAM
UNITED WAY OF JOHNSON COUNTY1150 5TH ST STE 290 CORALVILLE,IA 52241	42-6062055	501(C)(3)	83,595		N/A		50% ACT MATCH FOR UNITED WAY CAMPAIGN 2012

DLN: 93493157008224

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization ACT INC

Employer identification number

42-0841485

-6	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		1 63	140
	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			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	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 or provision of all of 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 filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	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 or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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		Νo
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	ONE OFFICER RECEIVED AN AMOUNT FOR TRAVEL FOR COMPANIONS THIS AMOUNT IS TAXABLE TO THE EMPLOYEE AND IS REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III) ONE KEY EMPLOYEE RECEIVED AN AMOUNT FOR HOUSING THIS AMOUNT IS TAXABLE TO THE EMPLOYEE AND IS REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B) (III)
	PART I, LINE 3	THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE IN REGARDS TO ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S CEO
	PART I, LINES 4A-B	ACT MAINTAINS A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE FOR CERTAIN LISTED PERSONS THE PLAN PROVIDES FOR ACT TO MAKE DISCRETIONARY CONTRIBUTIONS FOR ELIGIBLE EMPLOYEES 457(F) DISTRIBUTIONS ARE REPORTED IN PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION FOR RANJIT SIDHU, SR VICE PRESIDENT IN THE AMOUNT OF \$2,414 AND MARTIN SCAGLIONE, PRESIDENT & COO WORKFORCE IN THE AMOUNT OF \$7,470 OF THIS AMOUNT, \$7,470 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 NEWENTRANTS 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 ONE LISTED PERSON PARTICIPATES IN BUT DID NOT RECEIVE A DISTRIBUTION FROM THIS PLAN DURING THE YEAR ACT MAINTAINS SEVERANCE AGREEMENTS WITH CERTAIN LISTED PERSONS SEVERANCE AGREEMENTS GENERALLY PROVIDE FOR EITHER A LUMP SUM PAYMENT OR A SERIES OF PAYMENTS OVER TIME UPON THE TERMINATION OF THE LISTED PERSON THE SPECIFIC TERMS AND CONDITIONS OF EACH SEVERANCE AGREEMENT ARE DETERMINED ON AN INDIVIDUAL BASIS DURING CALENDAR YEAR 2012, SEVERANCE OF \$77,771 WAS PAID TO MARTIN SCAGLIONE, PRESIDENT & COO WORKFORCE OTHER LISTED PERSONS MAY BE ELIGIBLE FOR SIMILAR SEVERANCE ARRANGEMENTS
SUPPLEMENTAL INFORMATION	PART III	FORM 990, PART VII, SECTION A, LINE 5 AND SCH J, PART II CARL COHN'S BASE COMPENSATION OF \$55,125 WAS PAID BY URBAN SCHOOL IMAGINEERS, AN UNRELATED ORGANIZATION OF WHICH COHN IS A PRINCIPAL THIS AMOUNT REPRESENTS COMPENSATION FOR SERVICES PROVIDED TO ACT

Software ID: Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JONS WHITMORE (I	·	125,000	19,921	74,163 0	13,967 0	789,086 0	0
CARL A COHN (I		0	0	0	0 0	55,125 0	0
THOMAS J GOEDKEN (I		25,000 0	18,477 0	39,660 0	15,263 0	419,469	0
JON L ERICKSON (I		30,000	19,691	90,580 0	12,581	. 468,571 0	0
MARTIN L (I SCAGLIONE (II		10,000	139,890	29,601 0	16,297 0	508,377 0	7,470 0
PATRICIA COX (I STEINBRECH (II		22,646 0	156,866	22,073 0	17,752 0	476,544	0
DAVID I (I CUMBERBATCH		55,000 0	13,837	22,952 0	17,146 0	372,332	0
L MIGUEL (I ENCARNACAO (II		40,000	26,541	20,455 0	16,191 0	327,212	0
JANET E GODWIN (I		20,000	608	27,590 0	18,868 0	291,067	0
RANJIT S SIDHU (I		25,000 0	20,193	22,200 0	22,200	347,440	0
JENNIFER M YI (I		40,000	73,038	22,811	21,334	402,330	0

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As Filed Data -

DLN: 93493157008224

OMB No 1545-0047

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, line 38a or 40b.

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ACT INC

Name of the organization **Employer identification number**

Compl 1 (a) Name	of disqualified perso	on (b) Rel	ationship l	between disqu	ialified	(c) Descrip	otion of	ftrans	action	((d) Corr	ected
1 (=,	or and quantities points			lorganization		(0) 2 00 0					Yes	No
	nount of tax incurred							nders				
4958				ureed by the e				. !	► \$ - ► \$			
					пианганон							
	nount of tax, if any, o		-	•				•	- Ψ.			
rt III Loa Com	ns to and/or Fi	rom Inter	ested Pe	e rsons. n Form 990-E2	Z, Part V, lı), Part	<u> </u>	e 26, o	r ıf the	
rt III Loa Com orga	i ns to and/or F i plete if the organiza nization reported an	rom Interdation answeren	ested Pe	ersons. n Form 990-E2 Part X, line 5,	Z, Part V , lı , 6 , or 22	ne 38a, or Fo	rm 99(IV, line			ritten
rt II Loa Com orga Name of terested	ns to and/or Fi	rom Interdation answeren	ested Pe	ersons. n Form 990-E2 Part X, line 5, to he	Z, Part V, lı	ne 38a, or Fo		In	IV, line (h) Appro) ved rd or	r If the (i)Wr agreer	
Comorga Name of terested	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answered amount on F	ested Peed "Yes" or Form 990, (d) Loan	ersons. n Form 990-E2 Part X, line 5, to he	Z, Part V, lı , 6, or 22 (e) O rıgınal prıncıpal	ne 38a, or Fo	rm 990	In	IV, line) ved rd or	(i)Wr	ment
Comorga Name of terested	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answered amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990-E2 Part X, line 5, to he on?	Z, Part V, lı , 6, or 22 (e) O rıgınal prıncıpal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	ment
Comorga Name of terested	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answered amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990-E2 Part X, line 5, to he on?	Z, Part V, lı , 6, or 22 (e) O rıgınal prıncıpal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	ment
Comorga Name of terested	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answered amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990-E2 Part X, line 5, to he on?	Z, Part V, lı , 6, or 22 (e) O rıgınal prıncıpal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	ment
rt II Loa Com orga Name of terested	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answered amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990-E2 Part X, line 5, to he on?	Z, Part V, lı , 6, or 22 (e) O rıgınal prıncıpal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	ment
Comorga Name of terested person	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answered amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t organizati	ersons. n Form 990-E2 Part X, line 5, to he on?	Z, Part V, lı , 6, or 22 (e) O rıgınal prıncıpal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	ment
Comorga Name of terested person	ins to and/or Find plete if the organization reported an (b) Relationship	rom Interdation answeren amount on F	ested Peed "Yes" or Form 990, (d) Loan or from torganizati	Part X, line 5, to (he on?	Z, Part V, II, 6, or 22 (e) Original principal amount	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	
rtII Loa Com orga Name of terested person	ins to and/or Find plete if the organization reported and (b) Relationship with organization with organization with organization organization the organization organization with organization organization organization organization the organization organi	rom Interdation answered amount on Financial (c) Purpose of Ioan	ested Peed "Yes" or Form 990, (d) Loan or from torganizati To ting Interwered "Y	From From	Z, Part V, li , 6, or 22 (e) O riginal principal amount	ne 38a, or Fo (f)Balance due	rm 990 (g) defa	In ult?	IV, lind (h) Appro) ved rd or ttee?	(i)Wr agreer	ment
Comorgan Name of terested person	ins to and/or Find plete if the organization reported and (b) Relationship with organization with organization the organization or Assistance plete if the organization erested (b) Relationship with organization or Assistance plete if the organization or Assistance plete in the organiza	rom Interdation answered amount on Financial (c) Purpose of Ioan	ested Peed "Yes" or Form 990, (d) Loan or from torganizati To ting Interviewen (company)	Part X, line 5, to (he on?	Z, Part V, li , 6, or 22 (e) O riginal principal amount	ne 38a, or Fo (f)Balance due	rm 990 (g) defa	In ult?	(h) A ppro by boa commit Yes	yved rd or ttee?	(i)Wr agreer	ment N
Comorgal Name of terested person I Gran Comorgal Name of terested person	ins to and/or Find plete if the organization reported and (b) Relationship with organization with organization the organization or Assistance plete if the organization erested (b) Relationship with organization or Assistance plete if the organization or Assistance plete in the organiza	rom Interdation answered amount on Financial Control Purpose of Ioan ce Benefit Dization answered attoriship between person are	ested Peed "Yes" or Form 990, (d) Loan or from torganizati To ting Interviewen (company)	From From	Z, Part V, li , 6, or 22 (e) O riginal principal amount	ne 38a, or Fo (f)Balance due	rm 990 (g) defa	In ult?	(h) A ppro by boa commit Yes	yved rd or ttee?	(i)Wr agreer	ment N

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	: zatıon's			
				Yes	No			
(1)TEACHERS SUPPORT NETWORK	SEE SCH L, PART V	400,000	SEE PART V		No			

Part V Supplemental Information

Identifier	Return Reference	Explanation
PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THOMAS J GOEDKEN, CFO/TREASURER IS A DIRECTOR OF TEACHERS SUPPORT NETWORK (D) DESCRIPTION OF TRANSACTION ACT HOLDS A NOTE RECEIVABLE RELATED TO ITS REDEMPTION OF SHARES OF STOCK IN TEACHERS SUPPORT NETWORK WHICH OCCURRED DURING THE YEAR ENDED AUGUST 31, 2011 THE ENTIRE SALES PRICE, INCLUDING THE PORTION FINANCED BY THE NOTE, WAS REPORTED ON ACT'S FORM 990, SCHEDULE L FOR THE YEAR ENDED AUGUST 31, 2011 ACT RECIEVED PRINCIPAL AND INTEREST PAYMENTS OF \$400,000 DURING THE CURRENT FISCAL YEAR

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493157008224

SCHEDULE O (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.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization ACT INC	Employer identifi	cation number
	42-0841485	

ldentifier	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 910 REPRESENTATIVES FROM EDUCATIONAL INSTITUTIONS ARE MEMBERS OF ACT'S ADVISORY GROUPS THAT RECEIVE INFORMATION FROM ACT THERE ARE APPROXIMATELY 49 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	JOSEPH A AGUERREBERE, JR AND BELLE S WHEELAN HAVE A BUSINESS RELATIONSHIP WITH SARITA E BROWN TO THE EXTENT THAT THEY ARE DIRECTORS OF A TAX-EXEMPT ORGANIZATION THAT EMPLOYS SARITA E BROWN 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 RELATED ENTITIES (1) JON'S WHITMORE AND THOMAS J GOEDKEN ARE DIRECTORS OF ACT INTERNATIONAL BV (2) JON'S WHITMORE AND THOMAS J GOEDKEN ARE DIRECTORS OF ACT EDUCATION SOLUTIONS LTD (HONG KONG) (3) JON'S WHITMORE AND THOMAS J GOEDKEN ARE DIRECTORS OF ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD (4) JON'S WHITMORE AND THOMAS J GOEDKEN ARE DIRECTORS OF ACT INFORMATION CONSULTING (SHANGHAI) CO LTD (5) JON'S WHITMORE AND THOMAS J GOEDKEN ARE DIRECTORS OF ACT BUSINESS SOLUTIONS BV (6) THOMAS J GOEDKEN, MARK D MUSICK, AND CHARLES B REED ARE DIRECTORS OF ACT BRIDGE, INC (7) THOMAS J GOEDKEN, JON'L ERICKSON, AND CHAD P WICK ARE DIRECTORS OF ACT ASPIRE, LLC FKA NEXT GENERATION ASSESSMENT, LLC

Identifier	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

Identifier	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 15A	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 WITH THE EXCEPTION OF BOARD OFFICERS WHO BY THEIR NATURE CANNOT BE CONSIDERED INDEPENDENT DUE TO SERVING ON THE EXECUTIVE COMMITTEE, WHICH SERVES AS THE COMPENSATION COMMITTEE, COMPENSATION FOR THE CEO, ALL OTHER OFFICERS, AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY INDEPENDENT PERSONS 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
	FORM 990, PART VII, SECTION A, BOARD MEMBER COMPENSATION	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 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.

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
OTHER FEES	FORM 990, PART IX, LINE 11G	COMPUTER PROCESSING-EXTERNAL PROGRAM SERVICE EXPENSES 13,254,099 MANAGEMENT AND GENERAL EXPENSES 90,930 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 13,345,029 COMPUTER PROGRAMMING-EXTERNAL PROGRAM SERVICE EXPENSES 631,563 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 631,563 OTHER DATA PROCESSING PROGRAM SERVICE EXPENSES 505,096 MANAGEMENT AND GENERAL EXPENSES 5,606 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 510,702 CONTRACTOR FEES PROGRAM SERVICE EXPENSES 16,868,475 MANAGEMENT AND GENERAL EXPENSES 772,106 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,640,581 ITEM DEVELOPMENT PROGRAM SERVICE EXPENSES 470,107 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 470,107 ESSAY SCORING PROGRAM SERVICE EXPENSES 9,169,243 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,674 MANAGEMENT AND GENERAL EXPENSES 16,500 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 79,174 OTHER SERVICES & FEES PROGRAM SERVICE EXPENSES 13,887,827 MANAGEMENT AND GENERAL EXPENSES 1,538,876 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 15,426,703 CONSULTING FEES PROGRAM SERVICE EXPENSES 17,640,581

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET APPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS 847,987 INCREASE IN NET ASSETS - FOREIGN SUBSIDIARIES 282,053 (DECREASE) IN NET ASSETS - ACT BRIDGE -4,061,322 INCREASE IN NET ASSETS - ACT FOUNDATION 724,449 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -1,509,210

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: 93493157008224

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

ACT INC

Name of the organization

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.

				42-08414	185			
Part I Identification of Disregarded Entities (Con	nplete if the organization	answered "Yes" to	o Form 990, Pa	art IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	С	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	anizations (Complete if ing the tax year.)	the organization a	nswered "Yes	 " to Form 990, F	Part IV,	, line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction Public charity (if section 501	status .(c)(3))	(f) Direct controlling entity	Section (13) co en	ontrolle tity?
(1) ACT FOUNDATION 500 ACT DRIVE	TO SUPPORT THE ACTIVITIES OF ACT, INC	IA	501(C)(3)	LINE 11A, I		ACT INC	Yes Yes	No
IOWA CITY, IA 52243 27-2574917							_	
								<u> </u>
								<u> </u>
								<u> </u>
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								\vdash
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 501	<u> </u> 35Y			Schedule R (Form	 n 990) 2	<u> </u> 2012

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predomina Income(rela unrelated excluded fi tax unde sections 5: 514)	ted, to I, rom er	(f) Share of otal income	(g) Share of of-yea asset	end- Di ar a	(h disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
(1) ACT ASPIRE LLC FKA NEXT		TESTING	DE	ACT INC	RELATED			1,000		Yes	No No		Yes Yes	No	50 000 %
GENERATION ASSESSMENT LLC		SERVICES		ACTING	KEBATED			1,000	,,000		110		103		30 000 70
327 2ND ST STE 103 CORALVILLE, IA 52241 45-5560033															
Part IV Identification of Related line 34 because it had one o	Organizations Taxa r more related organiz	ble as a Corp ations treated	p orati l as a c	on or Trus	 st (Compl or trust d	ete ii urind	f the org	anızatıo vear.)	n ans	were	ed "Ye	l es" to Form	990	, Par	t IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or forei country)		(d Direct cor enti	ntrolling Typ	(e) e of er corp, corp, or trust	ntity Share	(f)	Share of of y	of end		(h) Percentage ownership	Sect (b	(i) non 512 non 512 non 13) non 13) non 13)	
See Additional Data Table													Ye	es	No
											+				+

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						
b	b Gift, grant, or capital contribution to related organization(s)						
c	c Gift, grant, or capital contribution from related organization(s)						
d	Loans or loan guarantees to or for related organization(s)						
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1p		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete						
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt II	nvolved	
ee A	ditional Data Table						

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: Software Version:

EIN: 42-0841485 **Name:** ACT INC

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

Schedule R (Form 990) 2012

Page **5**

•	•	- 5
Part VII	Supplemental Information	

	I								$\overline{}$
Identifier	Return Reference		Explanati	ion					ļ
Form 990, Schedule R, Part IV	- Identification of Related Or	ganizations Ta	(able as a Corp	oration 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)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(control entity	ion)(13) olled
ACT EDUCATION SOLUTIONS LTD (HONG KONG)	TESTING SERVICES	нк	ACT INTERNATIONAL BV	С	1,168,762	1,647,931	100 000 %	Yes	
ROOM 2503 BANK OF AMERICA TOWER 1 HONG KONG HK									
ACT INTERNATIONAL BV	HOLDING COMPANY	NL	ACT INC	С	26,359	12,748,623	100 000 %	Yes	
NARITAWEG 165 1043 BW AMSTERDAM NL									
ACT BUSINESS SOLUTIONS BV	HOLDING COMPANY	NL	ACT INTERNATIONAL BV		-881	45,949	100 000 %	Yes	
NARITAWEG 165 1043 BW AMSTERDAM NL									
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD	TESTING SERVICES	AS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	840,908	621,445	100 000 %	Yes	
SUITE 1201 LEVEL 12 275 ALFRED ST NORTH SYDNEY, NSW 2060 AS									
ACT EDUCATION SOLUTIONS (KOREA) INC	DORMANT	KS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С		1,412	100 000 %	Yes	
ROOM 2503 BANK OF AMERICA TOWER 1 HONG KONG HK									
ACT INFORMATION CONSULTING (SHANGHAI) CO LTD	TESTING SERVICES	СН	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	2,222,749	3,031,075	100 000 %	Yes	
RM 1204 TIAN AN CTR 338 NANJING W SHANGHAI CH									
ACT BRIDGE INC	TESTING SERVICES		ACT INC	С	,		100 000 %	Yes	
3475 LENOX ROAD NE SUITE 300 ATLANTA, GA 30326 45-1602599		DE							
ACT BRIDGE INC (FKA MERGER SUBSIDIARY INC)	TESTING SERVICES		ACT INC	С	726,544	147,784	100 000 %	Yes	
950 E PACES FERRY ROAD NE SUITE 155 ATLANTA, GA 30326 46-1405341		DE							

> Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
ACT EDUCATION SOLUTIONS LTD (HONG KONG)	Q		COST PLUS % MARK-UP
ACT EDUCATION SOLUTIONS LTD (HONG KONG)	L	87,224	COMPARABLE SALES
ACT FOUNDATION	В	796,769	CASH
ACT BRIDGE INC	В	3,204,272	CASH
ACT ASPIRE LLC	В	1,000,000	CASH
ACT ASPIRE LLC	Q	104,230	COST
ACT ASPIRE LLC	Q		COST PLUS % MARK-UP



TY 2012 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount
TAX PAID	-25,438



TY 2012 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount	
TAX PAID	-537,846	



TY 2012 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount
SECTION 987 GAIN	222,665

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TY 2012 Investment in Subsidiaries Statement

Name: ACT INC

Description	Beginning Amount	Ending Amount
INVESTMENT IN SUBSIDIARIES	12,276,640	12,248,660



TY 2012 Investment in Subsidiaries Statement

Name: ACT INC

Description	Beginning Amount	Ending Amount
INVESTMENT IN SUBSIDIA RIES	3,589,630	0



TY 2012 Investment in Subsidiaries Statement

Name: ACT INC

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

TY 2012 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY		OTHER CURRENT LIABILITIES	158,286	133,645
		PROVISION FOR TAXES	0	734

TY 2012 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	1,428	1,795
		OTHER CURRENT LIABILITIES	2,880	28,598

TY 2012 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	117,978	106,409

TY 2012 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY		OTHER CURRENT ASSETS	14,086	14,457
		INCOME TAXES RECEIVABLE	1,706	0

TY 2012 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO		OTHER CURRENT ASSETS	48,121	96,556

TY 2012 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS LIMITED (HONG KO		OTHER CURRENT ASSETS	12,042	7,231

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493157008224

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	245,446	245,985

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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	4,348,409	695,156

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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		48,715

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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		28,762

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Name: ACT INC

Desc	cription	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		1,310,085	1,310,085

TY 2012 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-104,074	-104,302

TY 2012 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN	307,783	49,204

TY 2012 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN		26,359



TY 2012 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS		-881

TY 2012 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-239	-239

TY 2012 Owns Foreign Entities Statement

Name: ACT INC

Name	Country	EIN
ACT BUS SOLUTIONS SUCURSAL EN ESPANA	SP	FOREIGNUS

TY 2012 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