Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014

B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
ACT INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 168

City or town, state or province, country, and ZIP or foreign postal code
IOWA CITY, IA 522430168

D Employer identification number
42-0841485

E Telephone number
(319) 337-1000

G Gross receipts $ 625,094,270

F Name and address of principal officer
DR JON WHITMORE
PO BOX 168
IOWA CITY,IA 522430168

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW ACT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1960

M State of legal domicile IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
HELPING PEOPLE ACHIEVE EDUCATION AND WORKPLACE SUCCESS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,987
6	Total number of volunteers (estimate if necessary)	6	823
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	874,510
b	Net unrelated business taxable income from Form 990-T, line 34	7b	55,486

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	290,120,081	309,969,396
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,758,841	18,802,751
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,878,922	328,772,147
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,727,413	3,892,656
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	123,773,736	128,187,203
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	187,484,585	186,771,154
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	312,985,734	318,851,013
19	Revenue less expenses Subtract line 18 from line 12	3,893,188	9,921,134

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	509,217,424	530,638,419
21	Total liabilities (Part X, line 26)	99,819,033	92,138,181
22	Net assets or fund balances Subtract line 21 from line 20	409,398,391	438,500,238

Part II Signature Block

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

Sign Here

****** | 2015-06-25
Signature of officer | Date

THOMAS J GOEDKEN CFO/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KAY HEGARTY				P00091057

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 221 THIRD AVENUE SE STE 300
CEDAR RAPIDS, IA 524011512 | Phone no (319) 298-5333

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 259,740,457 including grants of $ 2,176,258) (Revenue $ 284,242,869)

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

4b (Code) (Expenses $ 35,419,153 including grants of $ 1,716,398) (Revenue $ 24,852,017)

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 295,159,610

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*	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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	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	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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		

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

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or 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 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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)			
a	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13,254			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,987			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a	17			
	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 . . .	1b	14			
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					
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . .	15a	Yes	
b	Other officers or key employees of the organization . . .	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶THOMAS J GOEDKEN 500 ACT DRIVE
IOWA CITY, IA 522430168 (319) 337-1000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JON S WHITMORE CEO/DIRECTOR	40 00	X		X				835,802	0	75,261
(2) CARL A COHN CHAIRMAN OF THE BOARD	3 00	X		X				58,875	0	0
(3) VIVIEN STEWART TEITELBAUM SECRETARY	3 00	X		X				48,125	0	0
(4) JOSEPH A AGUERREBERE JR DIRECTOR	3 00	X						48,500	0	0
(5) DIXIE L AXLEY DIRECTOR	2 00	X						42,250	0	0
(6) ROBERT M BERDAHL DIRECTOR	3 00	X						46,000	0	0
(7) JAMES E BOSTIC JR DIRECTOR	3 00	X						46,000	0	0
(8) SARITA E BROWN DIRECTOR	3 00	X						57,500	0	0
(9) WALTER C BUMPHUS DIRECTOR	3 00	X						44,500	0	0
(10) D ROBERT GRAHAM DIRECTOR	3 00	X						57,500	0	0
(11) KAREN A HOLBROOK DIRECTOR	2 00	X						46,500	0	0
(12) MARK D MUSICK DIRECTOR	3 00	X						34,500	0	17,500
(13) CHARLES B REED DIRECTOR	3 00	X						48,000	0	0
(14) RICHARD W RILEY DIRECTOR	3 00	X						40,000	0	17,500
(15) THOMAS G ROTHERHAM DIRECTOR	3 00	X						51,375	0	0
(16) BELLE S WHEELAN DIRECTOR	3 00	X						47,750	0	0
(17) CHAD P WICK DIRECTOR	2 00	X						45,500	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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 CFO/TREASURER	50 00			X				397,546	0	55,078
(19) JON L ERICKSON PRESIDENT & COO EDUCATION	40 00				X			416,013	0	61,634
(20) PATRICIA COX STEINBRECH SR VP CORPORATE SYSTEMS	40 00				X			415,442	0	41,624
(21) RICHARD J PATZ CHIEF MEASUREMENT OFFICER	40 00				X			270,234	0	9,384
(22) LAMAR C BUNTS SR VICE PRESIDENT	40 00					X		296,909	0	36,075
(23) DAVID I CUMBERBATCH SR VICE PRESIDENT	55 00					X		327,227	0	41,274
(24) L MIGUEL ENCARNACAO SR VICE PRESIDENT	40 00					X		281,208	0	39,312
(25) JANET E GODWIN CHIEF OF STAFF/ACCOUNTABILITY	40 00					X		275,265	0	50,633
(26) JENNIFER M YI BOYER SR VICE PRESIDENT	40 00					X		294,002	0	38,506

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	4,572,523	0	483,781

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶136

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule 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 J 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 J for such person*	**5**	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NCS PEARSON INC 2510 N DODGE ST IOWA CITY IA 52245	COMPUTER PROCESSING	37,462,969
ATOS IT SOLUTIONS AND SERVICES INC 2500 WESTCHESTER AVE 300 PURCHASE NY 10577	IT SUPPORT	8,391,744
FEDERAL EXPRESS CORP PO BOX 94515 PALATINE IL 60094	FREIGHT AND SHIPPING	2,977,560
RR DONNELLEY 111 S WACKER DR CHICAGO IL 60606	PUBLISHING	2,809,828
UNITED PARCEL SERVICE LOCKBOX 77 CAROL STREAM IL 60132	FREIGHT AND SHIPPING	2,729,978

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 ▶129

Part VIII **Statement of Revenue**

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f ▶						
Program Service Revenue				Business Code				
	2a	EDUCATIONAL ASSESSMENT		611710	284,242,869	284,242,869		
	b	WORKFORCE DEVELOPMENT		541900	25,726,527	24,852,017	874,510	
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			309,969,396			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			6,645,727			6,645,727
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	307,389,995	1,089,152				
	b	Less cost or other basis and sales expenses	294,558,314	1,763,809				
	c	Gain or (loss)	12,831,681	-674,657				
	d	Net gain or (loss) ▶			12,157,024			12,157,024
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶						
	12	**Total revenue.** See Instructions ▶			328,772,147	309,094,886	874,510	18,802,751

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,892,656	3,892,656		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,932,166	1,859,335	2,072,831	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	95,356,913	87,498,262	7,858,651	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,425,422	8,421,069	1,004,353	
9 Other employee benefits	12,574,667	11,325,280	1,249,387	
10 Payroll taxes	6,898,035	6,162,995	735,040	
11 Fees for services (non-employees)				
a Management				
b Legal	2,051,253	10,252	2,041,001	
c Accounting	356,850		356,850	
d Lobbying	374,595	374,595		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,047,588	1,047,588		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	72,180,192	69,671,224	2,508,968	
12 Advertising and promotion	869,653	830,545	39,108	
13 Office expenses	29,102,742	26,698,285	2,404,457	
14 Information technology	13,983,593	13,859,000	124,593	
15 Royalties . .	177,879	177,879		
16 Occupancy	6,470,985	6,028,839	442,146	
17 Travel	6,531,403	5,856,060	675,343	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,808,019	2,306,204	501,815	
20 Interest	472,624	472,624		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,124,307	11,013,321	1,110,986	
23 Insurance	640,787	24,597	616,190	
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)	650	650		
b FEDERAL TAXES (UBIT)	-276,431	-276,431		
c TEST ADMINISTRATION	37,254,804	37,254,804		
d MEMBERSHIP FEES	823,792	677,092	146,700	
e All other expenses	-224,131	-27,115	-197,016	
25 **Total functional expenses.** Add lines 1 through 24e	318,851,013	295,159,610	23,691,403	0
26 **Joint costs.** Complete this line only if the organization 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**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		59,186,054	2	52,222,757
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		29,261,164	4	18,882,751
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,030,231	7	2,495,988
	8	Inventories for sale or use		2,318,761	8	2,461,706
	9	Prepaid expenses and deferred charges		9,679,017	9	9,085,781
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 125,327,723			
	b	Less accumulated depreciation	10b 61,120,297	68,506,837	10c	64,207,426
	11	Investments—publicly traded securities		279,311,817	11	315,646,913
	12	Investments—other securities See Part IV, line 11		128,067	12	12,914,660
	13	Investments—program-related See Part IV, line 11		39,233,265	13	37,954,267
	14	Intangible assets		8,130,756	14	7,758,279
	15	Other assets See Part IV, line 11		10,431,455	15	7,007,891
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		509,217,424	16	530,638,419
Liabilities	17	Accounts payable and accrued expenses		41,227,025	17	34,110,573
	18	Grants payable			18	
	19	Deferred revenue		22,909,197	19	23,458,481
	20	Tax-exempt bond liabilities		30,725,000	20	29,595,000
	21	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	
	23	Secured mortgages and notes payable to unrelated third parties		4,010	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		4,953,801	25	4,974,127
	26	**Total liabilities.** Add lines 17 through 25		99,819,033	26	92,138,181
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		409,398,391	27	438,366,037
	28	Temporarily restricted net assets			28	134,201
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		409,398,391	33	438,500,238
	34	Total liabilities and net assets/fund balances		509,217,424	34	530,638,419

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	328,772,147
2	Total expenses (must equal Part IX, column (A), line 25)	2	318,851,013
3	Revenue less expenses Subtract line 2 from line 1	3	9,921,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	409,398,391
5	Net unrealized gains (losses) on investments	5	25,331,796
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,151,083
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	438,500,238

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493176003075

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 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 instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,660,477	1,933,784	749,195			4,343,456
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	260,965,498	263,697,801	271,933,101	287,574,210	309,094,886	1,393,265,496
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	262,625,975	265,631,585	272,682,296	287,574,210	309,094,886	1,397,608,952
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,856,626	1,961,524	873,375	224,851	849,640	5,766,016
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	30,934,592	33,418,101	28,298,434	27,380,397	36,623,158	156,654,682
c Add lines 7a and 7b	32,791,218	35,379,625	29,171,809	27,605,248	37,472,798	162,420,698
8 **Public support** (Subtract line 7c from line 6)						1,235,188,254

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	262,625,975	265,631,585	272,682,296	287,574,210	309,094,886	1,397,608,952
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,419,666	6,888,811	11,520,866	7,454,107	6,645,727	38,929,177
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,419,666	6,888,811	11,520,866	7,454,107	6,645,727	38,929,177
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	132,124	424,173	1,069,356		55,486	1,681,139
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	269,177,765	272,944,569	285,272,518	295,028,317	315,796,099	1,438,219,268

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	85 880 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	85 560 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	2 710 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	2 890 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493176003075

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

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

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

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		674,485
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			674,485
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
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	**1**	
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).**		
a	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**

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

Return Reference	Explanation
PART II-B, LINE 1	ACT HAS CERTAIN EMPLOYEES LOCATED IN WASHINGTON, D C THAT ARE REGISTERED LOBBYISTS IN ADDITION, ACT CONTRACTED WITH LOBBYING FIRMS DURING THE YEAR TO ASSIST IN MONITORING FEDERAL AND STATE LEGISLATIVE ACTIVITY AND HELPING TO STRENGTHEN ACT'S RELATIONSHIPS WITHIN EACH STATE CONCERNING ACT INITIATIVES AND PROGRAMS OF THE AMOUNT REPORTED, $374,595 REPRESENTS DIRECT EXPENDITURES BY THE FILING ORGANIZATION AND $299,890 REPRESENTS THE FILING ORGANIZATION'S SHARE OF LOBBYING ACTIVITIES CONDUCTED BY A JOINT VENTURE, ACT ASPIRE, LLC

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition **d** ☐ Loan or exchange programs

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 purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

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

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

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

			Amount
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	**(b)** Prior year	**b (c)** Two years back	**(d)** Three years back	**(e)** Four years 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)**		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		4,755,955		4,755,955
b Buildings		55,441,221	17,841,666	37,599,555
c Leasehold improvements		18,567,794	8,753,684	9,814,110
d Equipment		45,607,649	34,524,947	11,082,702
e Other		955,104		955,104
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ►				64,207,426

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) NONMARKETABLE EQUITY SECURITIES	3,881,011	C
(2) INVESTMENT IN FOREIGN SUBSIDIARIES	3,955,972	C
(3) INVESTMENT IN ACT FOUNDATION	30,117,284	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	37,954,267	

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAP	1,274,127
POST RETIREMENT BENEFIT PLAN OBLIGATIONS	3,700,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,974,127

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	357,098,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	25,331,796		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	2,565,589		
e	Add lines **2a** through **2d**			2e	27,897,385
3	Subtract line **2e** from line **1**			3	329,200,851
4	Amounts 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)	4b	-428,704		
c	Add lines **4a** and **4b**			4c	-428,704
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	328,772,147

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	327,996,389
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c	428,704		
d	Other (Describe in Part XIII)	2d	8,716,672		
e	Add lines **2a** through **2d**			2e	9,145,376
3	Subtract line **2e** from line **1**			3	318,851,013
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	318,851,013

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	FIN 48 FOOTNOTE FROM AUDITED FINANCIAL REPORT ACT 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 ORGANIZATIONS 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 AND PACIFIC METRICS ARE TAXABLE CORPORATIONS UNDER THE INTERNAL REVENUE CODE REGULATIONS THE ENTITIES CONSOLIDATED INTO ACT INTERNATIONAL B V ARE NOT DIRECTLY SUBJECT TO U S INCOME TAX FURTHERMORE, SUCH INCOME AND LOSS OF SUCH FOREIGN ENTITIES ARE NOT INCLUDED IN THE U S TAXABLE INCOME OF ACT ACT HAS CERTAIN REVENUE FROM PROGRAMS AND SERVICES THAT, BY VIRTUE OF A 1980 AGREEMENT WITH THE INTERNAL REVENUE SERVICE (IRS), IS DEEMED TO BE UNRELATED TO ITS TAX-EXEMPT PURPOSE AND, THEREFORE, MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAX 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, 2014 AND 2013, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY AND ANY AMOUNTS OWED 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 IRS UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990-T FILED BY ACT ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED AUGUST 31, 2010 AND PRIOR
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET DEPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS -29,214 INTERCOMPANY REVENUE - AES -134,886 INTERCOMPANY REVENUE - ACT BRIDGE -227,699 INTERCOMPANY REVENUE - ACT FOUNDATION -3,035,997 ACT INTERNATIONAL REVENUE - SEPARATE ENTITIES 3,668,242 ACT BRIDGE REVENUE - SEPARATE ENTITY 2,185,538 ACT FOUNDATION REVENUE - SEPARATE ENTITY 6,980,104 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -6,840,499
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON SALE OF EQUIPMENT -428,704
PART XII, LINE 2D - OTHER ADJUSTMENTS	INTERCOMPANY EXPENSE - AES -134,886 INTERCOMPANY EXPENSE - ACT BRIDGE - 227,699 INTERCOMPANY EXPENSE - ACT FOUNDATION -3,035,997 ACT INTERNATIONAL EXPENSES - SEPARATE ENTITIES 3,428,909 ACT BRIDGE EXPENSES - SEPARATE ENTITY 6,099,075 ACT FOUNDATION EXPENSE - SEPARATE ENTITY 2,587,270

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			6,061,778
b Total from continuation sheets to Part I	0	0			4,039,775
c **Totals** (add lines 3a and 3b)	0	0			10,101,553

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

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) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

		Yes	No
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)*	☐	☑
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, 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)*	☐	☑
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)*	☑	☐
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐	☑
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)*	☐	☑
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).*	☑	☐

Part V **Supplemental Information**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE FOREIGN EXPENDITURES FOR PROGRAM SERVICES REPORTED IN COLUMN (F) RELATE TO THE ADMINIS TRATION 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

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	115,728
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TESTING SERVICES	965,734
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TESTING SERVICES	367,139

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	54,539
NORTH AMERICA	0	0	PROGRAM SERVICES	TESTING SERVICES	4,204,802
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TESTING SERVICES	167,607

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
SOUTH AMERICA	0	0	PROGRAM SERVICES	TESTING SERVICES	114,398
SOUTH ASIA	0	0	PROGRAM SERVICES	TESTING SERVICES	71,831
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TESTING SERVICES	83,803

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
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM-RELATED INVESTMENTS		3,955,972

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 20

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 1

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

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

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

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

Additional Data

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)** 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
ACT FOUNDATION 500 ACT DRIVE IOWA CITY, IA 52243	27-2574917	501(C)(3)	3,035,996		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount 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
COMMITTEE FOR ECONOMIC DEVELOPMENT 2000 L ST NW WASHINGTON, DC 20008	13-1623973	501(C)(3)	50,000		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount 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
DES MOINES AREA COMMUNITY COLLEGE 2006 S ANKENY BLVD ANKENY,IA 50023	23-7229486	501(C)(3)	5,000		N/A	N/A	DMACC SUCCESS CENTER AT SOUTHRIDGE

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)** 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 FOCUS 222 2ND ST SE CEDAR RAPIDS,IA 524011407	20-3420207	501(C)(3)	50,000		N/A	N/A	2014 INVESTOR CONTRIBUTION

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) 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
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS,IA 52402	26-0557542	501(C)(3)	5,000		N/A	N/A	EXTENDED OUTREACH PROGRAMMING

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)** 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
EXCELENCIA IN EDUCATION 1717 N ST NW 2ND FL WASHINGTON, DC 20036	20-0927912	501(C)(3)	50,000		N/A	N/A	DIAMOND LEVEL SPONSOR 2014 EXAMPLES OF EXCELENCIA

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)** 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
FILMSCENE 118 E COLLEGE ST IOWA CITY,IA 52240	45-4103745	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount 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
GEORGIA TECH FOUNDATION INC STE 400 760 SPRING ST NW ATLANTA, GA 30308	58-6043294	501(C)(3)	350,000		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount 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
IOWA CITY AREA DEVELOPMENT GROUP INC 325 E WASHINGTON ST STE 101 IOWA CITY,IA 522403959	42-1234837	501(C)(6)	35,000		N/A	N/A	FY 2014 INVESTMENT CONTRIBUTION

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)** 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
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION 1725 N DODGE ST IOWA CITY, IA 52245	42-1177023	501(C)(3)	50,700		N/A	N/A	SUPPORT OF ICCSD COMPLEMENTARY LEARNING PROGRAM

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)** 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
IOWA CITY PUBLIC LIBRARY FRIENDS FOUNDATION 123 S LINN ST IOWA CITY,IA 52240	42-1181774	501(C)(3)	20,000		N/A	N/A	BETTER BUILDING, BETTER SERVICE CAMPAIGN

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)** 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
IOWA JOBS FOR AMERICAS GRADUATES 400 E 14TH ST DES MOINES,IA 50319	42-1492988	501(C)(3)	5,000		N/A	N/A	CAREER AND POST-SECONDARY EDUCATION PREPARATION PROGRAM

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)** 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
IOWA WOMENS LEADERSHIP CONFERENCE PO BOX 10641 CEDAR RAPIDS, IA 52410	45-2932668	501(C)(3)	10,000		N/A	N/A	SUPPORT OF 2014 WOMEN'S LEADERSHIP CONFERENCE

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)** 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
JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 324 3RD ST SE STE 200 CEDAR RAPIDS,IA 52401	43-1990830	501(C)(3)	5,000		N/A	N/A	PROGRAMMING FOR STUDENTS IN IOWA CITY COMMUNITY SCHOOL DISTRICT

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)** 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
KIRKWOOD COMMUNITY COLLEGE FOUNDATION 1030 5TH AVE SE CEDAR RAPIDS,IA 52403	23-7076632	501(C)(3)	15,000		N/A	N/A	WORKPLACE LEARNING CONNECTION

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)** 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
MARYS CENTER FOR MATERNAL AND CHILD CARE 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	5,000		N/A	N/A	MARY'S CENTER TEEN PROGRAM DONATION

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)** 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
NATIONAL CRC ADVOCATES 7063 COUNTRY SPRINGS DR SW BYRON CENTER, MI 49315	45-2041430	501(C)(3)	10,000		N/A	N/A	INFRASTRUCTURE DONATION

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)** 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
NATIONAL GOVERNORS ASSOCIATION 444 N CAPITOL ST WASHINGTON, DC 20001	23-7391796	501(C)(3)	16,400		N/A	N/A	CORPORATE FELLOWS CONTRIBUTION

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)** 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
THE ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVE IOWA CITY, IA 52240	42-0933140	501(C)(3)	10,000		N/A	N/A	ARC'S PARK, A SPECIAL PLAYGROUND AND GARDEN FOR PHYSICALLY CHALLENGED ADULTS

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)** 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
UNITED WAY OF JOHNSON COUNTY 1150 5TH ST STE 290 CORALVILLE,IA 522412933	42-6062055	501(C)(3)	76,166		N/A	N/A	MATCHING CONTRIBUTION FOR UNITED WAY CAMPAIGN

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)** 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
WATERLOO SCHOOLS FOUNDATION PO BOX 1896 WATERLOO,IA 50704	42-1364293	501(C)(3)	5,000		N/A	N/A	STEM IMMERSION FOR KIDS PROJECT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493176003075

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, line 23.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 directors, trustees, officers, including 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 ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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**	Yes	
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 in 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ONE OFFICER, ONE KEY EMPLOYEE, AND TWO HIGHEST COMPENSATED EMPLOYEES WERE PROVIDED WITH FIRST CLASS TRAVEL NO AMOUNT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSONS ONE KEY EMPLOYEE RECEIVED AN AMOUNT FOR INTERIM 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, LINE 4B	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 THREE LISTED PERSONS PARTICIPATED IN BUT DID NOT RECEIVE DISTRIBUTIONS FROM THIS PLAN DURING THE CALENDAR YEAR ACT MAINTAINS A LEGACY EARLY RETIREMENT PLAN THAT HAS BEEN CLOSED TO NEW ENTRANTS TO BE ELIGIBLE, THE EMPLOYEE MUST HAVE COMPLETED 20 YEARS OF CONTINUOUS SERVICE AND RETIRE BETWEEN THE AGES OF 60 AND 65 THE PLAN PROVIDES FOR THE PAYMENT OF CERTAIN RETIREMENT BENEFITS BASED ON SALARY OF THE EMPLOYEE AT DATE OF RETIREMENT PART II, COLUMN (C), DEFERRED COMPENSATION INCLUDES THE INCREASE OR DECREASE 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
PART I, LINE 7	ACT HAS IMPLEMENTED A BONUS PLAN FOR CERTAIN LEADERSHIP EMPLOYEES THAT ENABLES THEM TO EARN ADDITIONAL COMPENSATION BASED ON THE ACHIEVEMENT OF CERTAIN GOALS SUCH BONUSES HAVE A MAXIMUM AMOUNT THAT IS A PERCENTAGE OF THE INDIVIDUAL'S BASE COMPENSATION THESE PAYMENTS ARE CONSIDERED NON-FIXED AS THEY ARE DISCRETIONARY IN NATURE AND ARE BASED PRIMARILY ON PERFORMANCE, WHICH DOES NOT INCLUDE PERFORMANCE BASED UPON NET INCOME OR REVENUE THIS BONUS PLAN IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VII, SECTION A, LINE 5 AND SCH J, PART II	CARL COHN'S BASE COMPENSATION OF $58,875 WAS PAID BY URBAN SCHOOL IMAGINEERS, AN UNRELATED ORGANIZATION OF WHICH COHN IS A PRINCIPAL THIS AMOUNT REPRESENTS COMPENSATION FOR SERVICES PROVIDED TO ACT

Additional Data

Software ID:
Software Version:
EIN: 42-0841485
Name: ACT INC

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

(A) Name		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
JON S WHITMORE CEO/DIRECTOR	(i) (ii)	672,853 0	150,000 0	12,949 0	57,152 0	18,109 0	911,063 0	0 0
CARL A COHN CHAIRMAN OF THE BOARD	(i) (ii)	58,875 0	0 0	0 0	0 0	0 0	58,875 0	0 0
THOMAS J GOEDKEN CFO/TREASURER	(i) (ii)	332,150 0	43,969 0	21,427 0	39,036 0	16,042 0	452,624 0	0 0
JON L ERICKSON PRESIDENT & COO EDUCATION	(i) (ii)	337,598 0	50,624 0	27,791 0	48,077 0	13,557 0	477,647 0	0 0
PATRICIA COX STEINBRECH SR VP CORPORATE SYSTEMS	(i) (ii)	310,191 0	59,328 0	45,923 0	21,603 0	20,021 0	457,066 0	0 0
RICHARD J PATZ CHIEF MEASUREMENT OFFICER	(i) (ii)	104,618 0	150,000 0	15,616 0	8,522 0	862 0	279,618 0	0 0
LAMAR C BUNTS SR VICE PRESIDENT	(i) (ii)	242,787 0	50,000 0	4,122 0	20,592 0	15,483 0	332,984 0	0 0
DAVID I CUMBERBATCH SR VICE PRESIDENT	(i) (ii)	272,303 0	51,425 0	3,499 0	23,107 0	18,167 0	368,501 0	0 0
L MIGUEL ENCARNACAO SR VICE PRESIDENT	(i) (ii)	240,912 0	38,800 0	1,496 0	22,065 0	17,247 0	320,520 0	0 0
JANET E GODWIN CHIEF OF STAFF/ACCOUNTABILITY	(i) (ii)	240,557 0	33,099 0	1,609 0	29,805 0	20,828 0	325,898 0	0 0
JENNIFER M YI BOYER SR VICE PRESIDENT	(i) (ii)	254,487 0	37,200 0	2,315 0	15,888 0	22,618 0	332,508 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
(1) TEACHERS SUPPORT NETWORK	SEE SCH L, PART V	400,000	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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 RECEIVED PRINCIPAL AND INTEREST PAYMENTS OF $400,000 DURING THE CURRENT FISCAL YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493176003075

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

Return Reference	Explanation
FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS	ACT HAS STATE ORGANIZATIONS THAT SERVE AS ADVISORY AND ADVOCACY GROUPS TO FACILITATE COMMUNICATIONS BETWEEN ACT AND THE EDUCATIONAL INSTITUTIONS AND AGENCIES THAT PARTICIPATE IN ACT PROGRAMS THESE ORGANIZATIONS ARE NOT SEPARATE LEGAL ENTITIES, BUT DO HAVE ORGANIZING BYLAWS THE STATE ORGANIZATIONS PROVIDE FEEDBACK TO ACT ON ITS PROGRAMS AS THEY RELATE TO THE INFORMATION NEEDS OF INDIVIDUALS, SCHOOLS, AND AGENCIES IN THE STATE THERE ARE 823 REPRESENTATIVES INCLUDING EDUCATORS, AGENCY PERSONNEL, LEADERS OF STATE ASSOCIATIONS, AND WORKFORCE PROFESSIONALS WHO ACTIVELY VOLUNTEER THEIR TIME TO SERVE IN AN ADVISORY CAPACITY BY ATTENDING MEETINGS WITH ACT REGIONAL AND NATIONAL OFFICE STAFF TO PROVIDE INPUT

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 B V (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 B V (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 (8) JON L ERICKSON AND THOMAS J GOEDKEN ARE DIRECTORS OF PACIFIC METRICS CORPORATION

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

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

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

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

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 S 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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER OPERATING EXPENSE PROGRAM SERVICE EXPENSES 9,680 MANAGEMENT AND GENERAL EXPENSES 100 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,780 HONORARIA OTHER PROGRAM SERVICE EXPENSES 5,250 MANAGEMENT AND GENERAL EXPENSES 9,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,250 ESSAY SCORING PROGRAM SERVICE EXPENSES 9,671,422 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,671,422 ITEM DEVELOPMENT PROGRAM SERVICE EXPENSES 1,317,100 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,317,100 OTHER DATA PROCESSING PROGRAM SERVICE EXPENSES 509,741 MANAGEMENT AND GENERAL EXPENSES 5,283 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 515,024 COMPUTER PROGRAMMING-EXTERNAL PROGRAM SERVICE EXPENSES 668,010 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 668,010 COMPUTER PROCESSING-EXTERNAL PROGRAM SERVICE EXPENSES 14,187,096 MANAGEMENT AND GENERAL EXPENSES 67,271 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,254,367 CONSULTING FEES PROGRAM SERVICE EXPENSES 21,651,500 MANAGEMENT AND GENERAL EXPENSES 1,213,620 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,865,120 OTHER SERVICES & FEES PROGRAM SERVICE EXPENSES 21,651,500 MANAGEMENT AND GENERAL EXPENSES 1,213,619 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,865,119

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET DEPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS -29,214 INCREASE IN NET ASSETS - ACT INTERNATIONAL 239,333 (DECREASE) IN NET ASSETS - ACT BRIDGE -3,913,537 INCREASE IN NET ASSETS - ACT FOUNDATION 4,392,834 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -6,840,499

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ACT INC

Employer identification number
42-0841485

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ACT FOUNDATION 500 ACT DRIVE IOWA CITY, IA 52243 27-2574917	TO SUPPORT THE ACTIVITIES OF ACT, INC	IA	501(C)(3)	LINE 11A, I	ACT INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ACT ASPIRE LLC 110 5TH ST STE 270 CORALVILLE, IA 52241 45-5560033	TESTING SERVICES	DE	ACT INC	RELATED	-1,072,768	541,650		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
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**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	**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**
o	Sharing of paid employees with related organization(s)	**1o**		**No**
p	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 this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-0841485
Name: ACT INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
ACT EDUCATION SOLUTIONS LTD (HONG KONG) ROOM 2503 BANK OF AMERICA TOWER 1 HONG KONG HK	TESTING SERVICES	HK	ACT INTERNATIONAL BV	C	2,051,761	2,124,827	100 000 %	Yes	
ACT INTERNATIONAL BV NARITAWEG 165 1043 BW AMSTERDAM NL	HOLDING COMPANY	NL	ACT INC	C	19,199	12,719,548	100 000 %	Yes	
ACT BUSINESS SOLUTIONS BV NARITAWEG 165 1043 BW AMSTERDAM NL	HOLDING COMPANY	NL	ACT INTERNATIONAL BV	C	1,737	10,525	100 000 %	Yes	
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD SUITE 1201 LEVEL 12 275 ALFRED ST NORTH SYDNEY, NSW 2060 AS	TESTING SERVICES	AS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	C	944,391	644,071	100 000 %	Yes	
ACT EDUCATION SOLUTIONS (KOREA) INC ROOM 2503 BANK OF AMERICA TOWER 1 HONG KONG HK	DORMANT	KS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	C		1,412	100 000 %	Yes	
ACT INFORMATION CONSULTING (SHANGHAI) CO LTD RM 1204 TIAN AN CTR 338 NANJING W SHANGHAI CH	TESTING SERVICES	CH	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	C	1,560,517	2,756,816	100 000 %	Yes	
ACT BRIDGE INC 950 E PACES FERRY ROAD NE SUITE 155 ATLANTA, GA 30326 46-1405341	TESTING SERVICES	DE	ACT INC	C	2,185,538	20,444,501	100 000 %	Yes	
PACIFIC METRICS CORPORATION 1 LWR RAGDALE BLDG 1 STE 150 MONTEREY, CA 93940 94-3378681	TESTING SERVICES	CA	ACT BRIDGE INC	C	5,811,124	16,586,963	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ACT EDUCATION SOLUTIONS LTD (HONG KONG)	Q	57,036	COST PLUS % MARK-UP
ACT EDUCATION SOLUTIONS LTD (HONG KONG)	L	77,850	COMPARABLE SALES
ACT FOUNDATION	B	3,035,996	CASH
ACT BRIDGE INC	B	16,611,015	CASH
ACT BRIDGE INC	L	227,699	CASH
ACT ASPIRE LLC	B	1,500,000	CASH
ACT ASPIRE LLC	L	3,406,983	HOURLY MARKET RATES
ACT ASPIRE LLC	Q	83,744	COST
ACT ASPIER LLC	Q	178,696	COST PLUS % MARK-UP

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493176003075

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ACT INC	FORM 990 PAGE 10	42-0841485

Part I Election To Expense Certain Property Under Section 179
***Note:** If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	0
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					

43 Amortization of costs that began before your 2013 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2013 Earnings and Profits Other Adjustments Statement

Name: ACT INC

EIN: 42-0841485

Description	Amount
TAX PAID	-28,904

TY 2013 Earnings and Profits Other Adjustments Statement

Name: ACT INC

EIN: 42-0841485

Description	Amount
TAX PAID	-1,314,986

TY 2013 Investment in Subsidiaries Statement

Name: ACT INC

EIN: 42-0841485

Description	Beginning Amount	Ending Amount
INVESTMENT IN SUBSIDIARIES	12,248,660	12,322,496

TY 2013 Investment in Subsidiaries Statement

Name: ACT INC

EIN: 42-0841485

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

TY 2013 Itemized Other Current Liabilities Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY	000000000	OTHER CURRENT LIABILITIES	133,645	162,227
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY	000000000	PROVISION FOR TAXES	734	4,994

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493176003075

TY 2013 Itemized Other Current Liabilities Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO	000000000	PROVISION FOR TAXES	1,795	1,240
ACT INFORMATION CONSULTING (SHANGHAI) CO	000000000	OTHER CURRENT LIABILITIES	28,598	6,397

TY 2013 Itemized Other Current Liabilities Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS LIMITED (HONG KO	000000000	OTHER CURRENT LIABILITIES	106,409	68,668

TY 2013 Itemized Other Current Assets Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY	000000000	OTHER CURRENT ASSETS	14,457	12,328

TY 2013 Itemized Other Current Assets Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO	000000000	OTHER CURRENT ASSETS	96,556	98,339

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493176003075

TY 2013 Itemized Other Current Assets Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS LIMITED (HONG KO	000000000	OTHER CURRENT ASSETS	7,231	11,276

TY 2013 Itemized Other Current Assets Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INTERNATIONAL BV	000000000	PREPAID EXPENSES	0	603

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493176003075

TY 2013 Itemized Other Current Assets Schedule

Name: ACT INC

EIN: 42-0841485

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT BUSINESS SOLUTIONS BV	000000000	PREPAID EXPENSES	0	603

TY 2013 Other Deductions Schedule

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	301,014	277,408

TY 2013 Other Deductions Schedule

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	4,752,051	773,292

TY 2013 Other Deductions Schedule

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		45,570

TY 2013 Other Deductions Schedule

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		23,527

TY 2013 Other Deductions Schedule

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	1,334,360	1,334,360

TY 2013 Other Income Statement

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-44,806	-41,292

TY 2013 Other Income Statement

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS		19,199

TY 2013 Other Income Statement

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN		1,737

TY 2013 Other Income Statement

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-6,700	-6,700

TY 2013 Other Income Statement

Name: ACT INC

EIN: 42-0841485

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-608,416	-99,006