ObjectId: 202403209349317825 - Submission: 2024-11-15

TIN: 61-1639490 OMB No. 1545-0047

Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

	nent of the Treasury Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the	latest informat	tion.		Inspection		
A F	or the 2023 c	alendar year, or tax year beginning 01-01-2023 , and ending 12-	31-2023					
O Ad	ck if applicable: dress change	C Name of organization Progress Texas Institute		<b>D Employe</b> 61-1639		fication number		
O Ini	me change tial return al return/terminated	Doing business as Texas Research Institute						
_	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone	e numbe	r		
ОАр	plication pending	PO Box 132162		(512) 73	30-0819	9		
		City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75313		<b>G</b> Gross red	ceipts \$ 3	393,443		
		F Name and address of principal officer: Kathleen Thompson PO Box 132162 Dallas, TX 75313	H(a) Is this subord H(b) Are all include	dinates? subordinate		☐Yes ☑No☐Yes ☐No		
	x-exempt status:	✓ 501(c)(3) □ 501(c)( ) (insert no.) □ 4947(a)(1) or □ 527				instructions.		
J W	ebsite: progre	sstexas.org/institute	H(c) Group	exemption	numbe	r		
<b>K</b> Forr	n of organization:	: Corporation Trust Association Other	L Year of forma	tion: 2011	<b>M</b> State	e of legal domicile: TX		
Pa	art I Sum	mary						
Activities & Governance	,	scribe the organization's mission or most significant activities: ess Texas Institute provides research and strategic communications on iss ent.	sues with the ult	imate goal c	of increa	asing civic		
зоvеп	<b>2</b> Check thi							
*8	3 Number of	3	9					
es	<b>4</b> Number of	4	9					
¥		nber of individuals employed in calendar year 2023 (Part V, line 2a)		•	5	4		
Act		nber of volunteers (estimate if necessary)		•	6 7a	5		
		7a       Total unrelated business revenue from Part VIII, column (C), line 12						
	<b>b</b> Net unrei	ated business taxable income from Form 990-1, Part 1, line 11			7b	Current Year		
	• Contribut	cions and grants (Part VIII, line 1h)	Pric	158,0	74	393,443		
2		service revenue (Part VIII, line 2g)		130,0	74	393,443		
Revenue	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)			+	0		
æ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0		
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		158,0	74	393,443		
		nd similar amounts paid (Part IX, column (A), lines 1–3)			+	1,475		
		paid to or for members (Part IX, column (A), line 4)				0		
10		other compensation, employee benefits (Part IX, column (A), lines 5–10)		322,7	23	190,929		
Se		onal fundraising fees (Part IX, column (A), line 11e)				0		
Expenses		raising expenses (Part IX, column (D), line 25) 2,314						
ă		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		152,1	62	80,689		
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		474,8		273,093		
		less expenses. Subtract line 18 from line 12		-316,8	_	120,350		
Net Assets or Fund Balances		The superior of the superior o	Beginning (	of Current Ye	_	End of Year		
sets alan	20 Total asse	ets (Part X, line 16)		166,6	00	265,709		
d B		ilities (Part X, line 26)		27,4		1,299		
F.		rs or fund balances. Subtract line 21 from line 20		139.1	_	264.410		

Signature Block

any knowledge. 2024-11-11 Sign Signature of officer Kathleen Thompson Executive Dir. Here Type or print name and title Preparer's signature Date Print/Type preparer's name PTIN Check | if P01498308 Paid self-employed Maria Quezada Firm's EIN 46-3392488 **Preparer** Firm's name **Use Only** Firm's address 2318 Santa Rosa St Phone no. (512) 695-7226 Austin, TX 78702 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? See Instructions. . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023) Cat. No. 11282Y Page 2 -Form 990 (2023) Page 2 **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . . . . . Briefly describe the organization's mission: The Progress Texas Institute provides research and strategic communications on issues with the ultimate goal of increasing civic engagement. Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ✓ No 

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,

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

If "Yes," describe these changes on Schedule O.

4a

4b

Did the organization cease conducting, or make significant changes in how it conducts, any program

and revenue, if any, for each program service reported. 158,808 384,685 ) (Revenue \$ 8,758) (Code: ) (Expenses \$ including grants of \$ Progress Texas Institute provides ongoing research services, as well as counsel to table partners of effective strategies for working with media and the press. (Code: ) (Revenue \$ ) (Expenses \$ including grants of \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 158,808 **Total program service expenses** Form **990** (2023)

☐ Yes ☑ No

Par	t 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 $\textcircled{5}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part IV</i>	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, VIII, VIII, IX, or $X$ , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Pai	Checklist of Required Schedules (continued)	1	V			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No 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? <i>If "Yes," complete Schedule J</i>	23		No		
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				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No		
b	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I </i>					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
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? <i>If "Yes," complete Schedule M </i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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		No		
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 $2 \cdot \cdot \cdot$ .	35b				
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		No		
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<del>: i</del>	Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c				

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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		
	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		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		
	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).			
а	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		
С	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
c	Enter the amount of reserves on hand			
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		

15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2023)
	Page 6			
	rage o			
Form	990 (2023)			Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	oonse to	<b>✓</b>
Se	ction 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 9			
	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 9			
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		No
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? $ \cdot $	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		INO
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b		
-1d	form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1
	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		No
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		

Se	ction C. Disclosure										
17	List the states with which a copy of this Fo	orm 990 is requ	ired t	o be filed							
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe									section	
	Own website  Another's website								•		
19	Describe in Schedule O whether (and if so policy, and financial statements available	to the public du	ıring t	he tax year.					,		
20	State the name, address, and telephone r Kathleen Thompson PO Box 6112 Austi	number of the p in, TX 78763 (5:			the	org	janiza	tion	's books and rec	ords:	
										F	orm <b>990</b> (2023)
				Page 7 —							
				rage /							
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Par	Compensation of Officers, I and Independent Contractor		ıstee	s, Key Empl	oye	ees,	, Hig	hes	st Compensat	ed Employee	s,
	Check if Schedule O contains a res	•									🗆
	ction A. Officers, Directors, Truste										-ii/- b
year.	omplete this table for all persons required t List all of the organization's <b>current</b> office organization. Enter -0- in columns (D), (E),	rs, directors, tru	ıstees	(whether indiv	idua			•	-	-	nization's tax
• L	ist all of the organization's <b>current</b> key en	nployees, if any	. See t	the instructions	for	defi	nition	of '	'key employee."		
who i	ist the organization's five <b>current</b> highest received reportable compensation (box 5 of rganization and any related organizations.										\$100,000 from
of rep	ist all of the organization's <b>former</b> officers ortable compensation from the organizatio ist all of the organization's <b>former directo</b> ization, more than \$10,000 of reportable of	on and any relaters	ed org	ganizations. received, in the	e cap	oacit	y as a	a for	mer director or t		00
See t	he instructions for the order in which to list	t the persons at	oove.								
	Check this box if neither the organization n	or any related o	rganiz			d an	y curr	ent		or trustee.	
	<b>(A)</b> Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersor	ı is l	both a		( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
		any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
. ,	thleen Thompson	40.00			х				100 244	0	0
	tive Director	•			^				109,244	U	0
(2) Di	ck Lavine	5.00	V						0	0	0
Secre	ary	•	Х						0	0	0
(3) Ch	narles Zeller	5.00									
	Member	•	Х						0	0	0
(4) Ja	na Lynn Sanchez	5.00									
	Member		Х						0	0	0
(5) Al	ex Andrade	5.00									
	Member		Х						0	0	0
	son Smith	5.00	· ·								
	Member	•	Х				L		0		0
. ,	i Chevalier	5.00									
	Member		Х						0	0	0
(8) Yv	onne Massey Davis	5.00	.,						-	_	
Board	Member		Х						0	0	0

																	Ī	
																F	orm <b>99</b>	<b>0</b> (2023)
							•											
						Pag	je 8											
	990 (2023)	Dinastana T		- 1/-	F				. d 11:		-+ 0			l F		4.5		Page <b>8</b>
Pa	rt VII Section A. Officers,	Directors, I	rustee	s, Ke	ey En	пріоу	/ees	s, a	na Hi	gne	est C	om	pensated	Emp	oloyees (co	ontin	iuea)	
	<b>(A)</b> Name and title	(B) Average	Posit	ion (	do no	(C)	k m	ore	than o	one			( <b>D)</b> ortable	R	(E) eportable		<b>(F</b> Estim	
		hours per week (list		unle	ess pe id a di	rson i	s bo	th a	n offic			mp	ensation m the		mpensation om related		mount o	
		any hours for related	오声				-			Fo	org	aniz	ation (W- L099-		ganizations V-2/1099-	s from the		the
		organizations below dotted	direc	Ins	stitut ustee	ional ;	icer	y em	phesi	Former	MIS		099-NEC)	MIŚ	C/1099-NEC		relat organiz	:ed
		line)	ğ ä		stitut stitut	,		ploy	ee	`								
			Individual trustee or director					99	Highest compensated employee									
			0						Isate									
									ā									
				╄							ļ							
																_		
	Sub-Total									Έ				1		Ľ		
	Fotal from continuation shee Fotal (add lines 1b and 1c) .									$\vdash$			109,244		(	)		0
2	Total number of individuals (in	cluding but no	t limited	to t		isted	abo	ve) v	who re	eceiv	/ed n	nore		0,000				
	of reportable compensation fro	om the organiz	ation 1													ı		
3	Did the organization list any <b>fo</b>	ormer officer	director	or tr	uetee	key :	amn	dove	a or	hiah	oct o	omr	oncated o	mnlov	ee on		Yes	No
,	line 1a? If "Yes," complete Sch													• • • •		3		No
4	For any individual listed on line	e 1a, is the sur	n of rep	ortat	ole cor	mpens	satio	n a	nd oth	er c	omp	ensa	ition from	the				
	organization and related organ individual	greate	er unan s	• • 150	,000?	11 "YE	:S, " •	com •	piete •	>cn •	•aui6	: J TC	or sucn			4		No
5	Did any person listed on line 1	a receive or ac	crue co	mper	nsatio	n fron	n an	y ur	relate	ed o	rgani	zatio	on or indiv	idual f	or			

		A) siness address		Des	(B) cription of services	(C) Compensation
Total number of indepe	ndent contractors (inc	luding but not limite	ed to those listed abo	ve) who received m	ore than \$100,000 o	f
compensation from the	organization					Form <b>990</b> (202
			Page 9 ———			
rm 990 (2023)						Pag
	t of Revenue					1 49
Check if Sch	edule O contains a res	sponse or note to an				🗆
			(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
				exempt	business	excluded from tax under section
				function revenue	revenue	512 - 514
Federated campaigns	1a					
ntributions, <del>ts, Grants,</del> .	1 .					
t <del>s, Grants,</del> Membership dues nerAmt	. <u>1b</u>					
nilar of Hedraising events	.   1c					
OUNTS raising events .						
Related organizations	1d					
Government grants (contri	butions) <b>1e</b>					
<ul> <li>All other contributions, gift and similar amounts not in</li> </ul>						
above						
393,443	•					
Moncash contributions included lines 1a - 1f:\$	uded in <b>1g</b>					
	9					
h Total. Add lines 1a-1f		333,443	3		1	
2a		Business Code				
=	_					
<b>\$</b> )	_					
<u> </u>						
9						
ervice Re-						
n Service Rev						
gram Service Rev						
Program Service Rev						
f All other program s	service revenue.					
<del>-</del>						
f All other program s  9 Total. Add lines 2a  3 Investment income	a–2f (including dividends, in	nterest, and other				
f All other program s  9 Total. Add lines 2a  3 Investment income similar amounts) .	a-2f (including dividends, in	'				
<ul> <li>f All other program s</li> <li>g Total. Add lines 2a</li> <li>3 Investment income similar amounts) .</li> <li>4 Income from investr</li> </ul>	a-2f (including dividends, in	nd proceeds				
f All other program s  9 Total. Add lines 2a  3 Investment income similar amounts).	a–2f	nd proceeds				
f All other program s  Total. Add lines 2a  Investment income similar amounts).  Income from investre	a-2f (including dividends, in	nd proceeds				

	<b>c</b> Rental income or	6c				1	
	(loss) <b>d</b> Net rental income	or (loss)					
	7a Gross amount from sales of assets other than	(i) Securi	ties (ii) Other				
Dovania	b Less: cost or other basis and sales expenses	7b					
		7c					
Other	contributions reported	ndraising events of d on line 1c).					
	See Part IV, line 18 <b>b</b> Less: direct expens	ses	8a 8b				
	<b>c</b> Net income or (los	s) from fundraisi	ng events				
	9a Gross income from See Part IV, line 19 b Less: direct expens		9a 9b				
	<b>c</b> Net income or (los	s) from gaming a	ictivities				
	<b>10a</b> Gross sales of invereturns and allowa		10a				
	<b>b</b> Less: cost of goods	s sold	10b				
	c Net income or (los	s) from sales of i					
	11a		Business Code				
	ь						
Oth	er <b>R</b> evenueMiscAmt						
	d All other revenue				0	0 0	0
	e Total. Add lines 13	1a-11d			0		
	12 Total revenue. Se	ee instructions .					
				393,44	.3	0 0	Form <b>990</b> (2023)
orr	m 990 (2023)			— Page 10 ———			2 40
	art IX Statement	of Functiona c)(3) and 501(c)	I Expenses (4) organizations must of	complete all columns.	All other organization	ons must complete co	Page <b>10</b> Dlumn (A).
	Check if Sche	edule O contains	a response or note to a	ny line in this Part IX		<u></u> .	🗆
	not include amounts 8b, 9b, and 10b of P		nes 6b,	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance domestic government	s. See Part IV, lir	e 21	1,475	1,475		
	Grants and other assist Part IV, line 22						
	Grants and other assignments, and for and 16.	eign individuals.	See Part IV, lines 15				
	Benefits paid to or for						
	Compensation of currence key employees			109,244	65,546	43,698	0
6	compensation not inc	iuded above, to o	lisqualified persons (as				

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7	Other salaries and wages	63,309	37,985	25,324	0
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·	,	· ·	
9	Other employee benefits	4,072	0	4,072	0
10	Payroll taxes	14,304	0	14,304	0
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,005	21,481	524	0
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
	Occupancy	12,560	7,536	5,024	0
	Travel	4,331	0	4,331	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·		· ·	
19	Conferences, conventions, and meetings				
	Interest	270	0	270	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	6,039	0	6,039	0
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.)				
i	a Program Expenses	24,785	24,785	0	0
İ	b Staff Expenses	181	0	181	0
	c PayPal Fees	60	0	60	0
	d Processing Fee	2,522	0	2,522	0
	e All other expenses	7,936	0	5,622	2,314
25	Total functional expenses. Add lines 1 through 24e	273,093	158,808	111,971	2,314
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	☐ if following SOP 98-2 (ASC 958-720).				

——— Page 11 —

Form 990 (2023) Page **11 Balance Sheet** Part X

	Check if Schedule O contains a response or note to any line in this Part IX			🗆
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	6,663	1	138,188
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	159,937	3	123,821
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$			

		section 4936(1)(1)), and persons described in s	ection 4936(C)(3)(B)		6	
93	7	Notes and loans receivable, net			7	
set	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	3,700
	16	Total assets. Add lines 1 through 15 (must ed	ual line 33)	166,600	16	265,709
	17	Accounts payable and accrued expenses .		4,583	17	950
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	i.i		20	
	21	Escrow or custodial account liability. Complete			21	
es.		, ,				
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial control or family member of any of these persons .	ibutor, or 35% controlled entity	8,000	22	
.00	23	Secured mortgages and notes payable to unrela	ated third parties	3,000	23	
	24	Unsecured notes and loans payable to unrelate	· —	14,889	24	349
		Other liabilities (including federal income tax, p	·	14,000	25	040
	25	and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D			25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		27,472	26	1,299
Fund Balances	27 28	Organizations that follow FASB ASC 958, or lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here <b>and</b>		27	
0	29	Capital stock or trust principal, or current funds	· <u> </u>		29	
ssets	30	Paid-in or capital surplus, or land, building or e	quipment fund		30	
Ass	31	Retained earnings, endowment, accumulated in	come, or other funds	139,128	31	264,410
	32	Total net assets or fund balances		139,128	32	264,410
Net	33	Total liabilities and net assets/fund balances		166,600	33	265,709
Form	າ 990	(2023)	Page 12 ———————————————————————————————————			Form <b>990</b> (2023) Page <b>12</b>
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or r	ote to any line in this Part XI			<u> O</u>
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	393,443
2	Tota	al expenses (must equal Part IX, column (A), line	25)		2	273,093
3	Rev	renue less expenses. Subtract line 2 from line 1			3	120,350
4	Net	assets or fund balances at beginning of year (m	ust equal Part X, line 32, column (A)	)	4	139,128
5	Net	unrealized gains (losses) on investments			5	
6	Don	nated services and use of facilities			6	
7	Inve	estment expenses			7	
8	Prio	or period adjustments			8	
9	Oth	er changes in net assets or fund balances (expla	in in Schedule O)		9	
10		assets or fund balances at end of year. Combine			10	264,410
	art XII					•
		Check if Schedule O contains a response or				
			,			l var l Na

	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 on 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	No
	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:	i,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	О.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	n <b>3a</b>	No
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	
		Fori	m <b>990</b> (2023
	990 (2023) ditional Data	5	. =
Au	uitiviiai Data	Return t	o Form
	<b>Software ID:</b> 23017509		
	Software Version:		
orn	1 990, Special Condition Description:		
	Special Condition Description		

Section A. Public Support

TIN: 61-1639490

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

		is Institute					Employer identific	ation number	
D :		Daniel C. D. L.	Obsuit Ot :	(All : -: : : : : : : : : : : : : : :			61-1639490		
	rt I rganiz	Reason for Public ation is not a private four					see instructions.		
1		•		-			(A)(i).		
2		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990).)							
		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
3			•	-			•		
4		A medical research organame, city, and state:	nization operat	ea in conjunction with	a nospital descr	ibed in <b>section</b> :	17U(b)(1)(A)(III). E	nter the nospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	bed in <b>section</b>	
6		A federal, state, or local	government or	governmental unit de	scribed in <b>section</b>	on 170(b)(1)(A	\)(v).		
7	<b>~</b>	An organization that not section 170(b)(1)(A)	(vi). (Complete	e Part II.)			init or from the genera	al public described in	
8		A community trust desc	ribed in <b>sectio</b> i	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9		An agricultural research non-land grant college of	of agriculture. S	ee instructions. Enter	the name, city, a	and state of the o	college or university:		
.0		An organization that not from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fur unrelated busir	nctions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	upport from gross	
.1		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).		
2		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	<b>09(a)(1)</b> or se	ction 509(a)(2	). See <b>section 509(a</b>		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A supporting of management of the sup must complete Part I'	rganization sup porting organiz	pervised or controlled in ation vested in the san					
С		Type III functionally supported organization(						ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and			
е		Check this box if the orgintegrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally	
f		the number of supported	-				<u> </u>		
g		de the following informati				:	() A	(-1) A	
	(1) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
ot-	1								
	aperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 1128!	<u> </u> 5F	Schedule	 A (Form 990) 2023	
				Da	ge 2 ———				
				га	gc 2				
cher	lule A	(Form 990) 2023						Dage 5	
	rt II	·	for Organia	zations Described	in Sections 1	70(b)(1)(A)	(iv) and 170(h)(1	Page <b>2</b> L)( <b>A</b> )(vi)	
- 64		Jappo. t Journali	<del>.</del>			( - / ( - / ( ^ /	,, w =, v, v, v, l	-/\''/\''/	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

Ca (o	r fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	953,089	928,524	872,590	158,900	393,443	3,306,546
2	include any "unusual grant.") Tax revenues levied for the						_
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge <b>Total.</b> Add lines 1 through 3	953,089	928,524	872,590	158,900	393,443	3,306,546
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						0
6	line 1 that exceeds 2% of the amount shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4.						3,306,546
	Section B. Total Support lendar year	<b>(a)</b> 2010	<b>(b)</b> 2020	(c) 2021	(4) 2022	(a) 2022	(f) Total
(о	r fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020		(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest,	953,089	928,524	872,590	158,900	393,443	3,306,546
	dividends, payments received on securities loans, rents, royalties and income from similar sources.						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets						0
11	(Explain in Part VI.) <b>Total support.</b> Add lines 7 through 10						3,306,546
12		etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	-			•	. , . ,	ization, check
_	this box and stop here			<u> </u>	<u> </u>	▶⊔	
	Public support percentage for 2023 (lin		_	column (f))		14	100.000 %
15	Public support percentage for 2022 Sch					15	100.000 %
16	33 1/3% support test—2023. If the o	organization did n	ot check the box	on line 13, and line	e 14 is 33 <sub>1/3</sub> % or	more, check this	
Ŀ	and <b>stop here.</b> The organization qualif <b>33</b> 1/3% <b>support test—2022.</b> If the	organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	3% or more, chec	k this
<b>17</b> a	box and <b>stop here.</b> The organization <b>a 10%-facts-and-circumstances test</b> and if the organization meets the "facts"	-2023. If the ord	anization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the	<b>t—2022.</b> If the or	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or
18	meets the "facts-and-circumstances" t <b>Private foundation.</b> If the organization	test. The organiza	tion qualifies as a	publicly supporte	d organization		_
	instructions						<b>&gt;</b> 🗆
						Scheaule A (I	Form 990) 2023
_			Page 3				
Sch	edule A (Form 990) 2023						Page <b>3</b>
	Support Schedule for (Complete only if you	checked the bo	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
_	the organization fails t Section A. Public Support	o qualify under	the tests listed	below, please o	complete Part II.	.)	
	lendar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
(o 1	r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2013	( <b>b)</b> 2020	(6) 2021	(u) 2022	(6) 2023	(i) local
2	include any "unusual grants.") .		1	1			
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business						
4	under section 513						

			_						
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5						-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
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. Add lines 7a and 7b								
8	Public support. (Subtract line 7c						+		
	from line 6.)								0
	ection B. Total Support	T	T						
	endar year fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	<b>(e)</b> 2023	(f)	Total	
<b>`</b> 9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.						_		
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,			1					
c	1975. Add lines 10a and 10b.		1	+	-	+	+		
11	Net income from unrelated business		1	1	1	1	+		
	activities not included on line 10b,			1					
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for the form 1990 is for 1990 is f	he organization's	first second thi	rd fourth or fifth	tay year as a se	ection 501(c)(3) ord	naniza	tion ch	neck
14	this box and <b>stop here</b>	_			-		-		
Se	ection C. Computation of Public								
15	Public support percentage for 2023 (lir	ne 8, column (f) d	divided by line 13	, column (f))		15			0 %
16	Public support percentage from 2022 S	Schedule A, Part I	III, line 15			16			
Se	ection D. Computation of Invest								
17	Investment income percentage for 202					17			0 %
18	Investment income percentage from 2	,	•			18			
19a	<b>33</b> 1/3% <b>support tests-2023.</b> If the							_	
	more than 33 1/3%, check this box and <b>33 1/3% support tests—2022.</b> If the								10 ic
b	not more than 33 1/3%, check this box	-			•			_	10 15
20									
	<b>Private foundation.</b> If the organization	on did not check a	a box on line 14,	19a, or 19b, cne	ck this box and s	Schedule A			2023
						Schedule A	(. 0	,	2025
			Page 4						
			rage .						
C - '	dula A (Farma 000) 2022								_
	dule A (Form 990) 2023							Р	Page <b>4</b>
Pai	t IV Supporting Organization		- F Down T TE	hadrad hav 10a	of Down I communicati	to Continue A and E	T 6		امميا
	(Complete only if you checked a box 12b, of Part I, complete Se	ections A and C. If	f you checked bo	x 12c, of Part I, c	complete Sections	s A, D, and E. If you	u chec	ked bo	xea
	12d, of Part I, complete Section		omplete Part V.)		•				
Se	ection A. All Supporting Organiz	ations							
						r		Yes	No
1	Are all of the organization's supported If "No," describe in <b>Part VI</b> how the su								
	describe the designation. If historic an				eu by class of pul	pose,	4		
-	Did the examination have any support	od organization th	hat does not hav	o an IDC datarmir	nation of status	under costion	1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b>								
	described in section $509(a)(1)$ or $(2)$ .		<b>J</b>		.,,		2		
За	Did the organization have a supported	organization des	crihed in section	501(c)(4) (5) 2	r (6)? <i>If "Vec " э</i>	nswer lines 3h and	_		
Ja	3c below.	organization desi	c. ibca iii sectioii	JJ1(U)(T), (J), U	. (0). 11 163, a	and and	3a		
ь	Did the examination confirm that each	supported organ	ization qualified				Ja		
U				linder section 501	1(c)(4) (5) or (4	5) and satisfied			
	Did the organization confirm that each the public support tests under section								
							3b		

		_	_	_
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	40		
	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	30		
0	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial			
	contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .			
_		9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	90		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
		10b		
	Schedule A	(Form	1 990)	2023
	Page 5			
	Page 5			
Scho	dule A (Form 990) 2023			D <b>I</b>
	t IV Supporting Organizations (continued)		- 1	Page :
Fai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			† <b>.</b>
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
Se	VI. ection B. Type I Supporting Organizations			
	Scholl Britype I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or			
	remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			<u> </u>
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	1		i

	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed to			1	+	1	
Se	ection D. All Type III Supporting Organizations	не зар	ported organization(3).	<u> </u>	<u> </u>		
	Ection D. All Type 111 Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the				
	documents in effect on the date of notification, to the extent not previously provided?			1	<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						
3	By reason of the relationship described in line 2 above, did the organization's supporte	ed ora	anizations have a significant	2			
•	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	tion's i	ncome or assets at all times	3			
Se	ction E. Type III Functionally-Integrated Supporting Organizations					f -	
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	during the year (see instruct	ions):			
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.						
b	The organization is the parent of each of its supported organizations. Complete	line	<b>3</b> below.				
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		163	-110	
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part V	<b>I identify those supported</b> now the organization was				
	substantially all of its activities.			2a			
b	<ul> <li>Did the activities described on line 2a, above constitute activities that, but for the organization of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the</li> </ul>	' expla	in in <b>Part VI</b> the reasons for				
	organization's involvement.			2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, o	lirectors, or trustees of each of	3a			
b	<ul> <li>Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations?</li> </ul>	ams ar	nd activities of each of its				
	**************************************		Schedule A	3b (Form	200)	2023	
			Schedule A	(1011	. 550)	2023	
	Page 6 ————						
Sche	dule A (Form 990) 2023				F	Page <b>6</b>	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е		
	Section A - Adjusted Net Income	101101	,	(B) Curi	rent Yea	ır	
	•	_		(opti	onal)		
	Net short-term capital gain  Recoveries of prior-year distributions	2					
3		3					
4	Other gross income (see instructions) Add lines 1 through 3	4					
	Depreciation and depletion	5					
<del></del>	Portion of operating expenses paid or incurred for production or collection of gross	6					
	income or for management, conservation, or maintenance of property held for production of income (see instructions)						
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount	T	(A) Prior Year		rent Yea onal)	ır	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					

e Discount claimed for blockage or other factors

-	(explain in detail in <b>Part VI</b> ):	I			
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrat	ed Type III su	pporting	organization (see
				Sch	nedule A (Form 990) 2023
	D 7				
	Page 7				
	dule A (Form 990) 2023			15	Page <b>7</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations (co	ontinued)	
Se	tion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported o	rganiz	ations, in	2	

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
B Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions		
9 Distributable amount for 2023 from Section C, line 6	9	·
10 Line 8 amount divided by Line 9 amount	10	
(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
L Annited to 2022 distributedly amount			

<b>p</b> Applied to 2023 distributable amou	пі	1	I
c Remainder. Subtract lines 4a and 4	o from line 4.		
<b>5</b> Remaining underdistributions for yea 2023, if any. Subtract lines 3g and If the amount is greater than zero, See instructions.	4a from line 2.		
<b>6</b> Remaining underdistributions for 20. lines 3h and 4b from line 1. If the athan zero, explain in <b>Part VI</b> . See	mount is greater		
<b>7 Excess distributions carryover to</b> 3j and 4c.	<b>2024.</b> Add lines		
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			Schedule A (Form 990) (2023)
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 a		o, and 11c; Part IV, Section B, lines a, 2b, 3a and 3b; Part V, line 1; Par	
	Facts And Circu	mstances Test	
Return Reference		Explanation	
			Schedule A (Form 990) 2023
Additional Data			

**Software ID:** 23017509 **Software Version:** 

20/27

efile Public Visual Render	ObjectId: 202403209349317825	5 - Submission: 2024-11-15		TIN: 61-1639490
Schedule B	Schedu	lle of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF. <u>ov/Form990</u> for the latest information.		2023
Name of the organization Progress Texas Institute			Employer ic	lentification number
Organization type (check	one):		61-1639490	
Filers of:	Section:			
	Section.			
Form 990 or 990-EZ	501(c)( ) (enter number) of	rganization		
	4947(a)(1) nonexempt char	itable trust <b>not</b> treated as a private founda	ation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private for	undation		
	4947(a)(1) nonexempt char	itable trust treated as a private foundation	1	
	501(c)(3) taxable private for	undation		
under sections 509( received from any of 990, Part VIII, line 1  For an organization during the year, total	a)(1) and 170(b)(1)(A)(vi), that chece contributor, during the year, tota h, or (ii) Form 990-EZ, line 1. Computers described in section 501(c)(7), (8), il contributions of more than \$1,000	g Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% cked Schedule A (Form 990 or 990-EZ), Pal contributions of the greater of (1) \$5,000 plete Parts I and II.  or (10) filing Form 990 or 990-EZ that recovers of the second exclusively for religious, charitable, sciental animals. Complete Parts I, II, and III.	Part II, line 13, or <b>(2)</b> 2% of t beived from an	16a, or 16b, and that he amount on (i) Form y one contributor,
For an organization during the year, cor If this box is checke purpose. Don't com	described in section 501(c)(7), (8), tributions exclusively for religious, od, enter here the total contributions plete any of the parts unless the <b>Ge</b>	or (10) filing Form 990 or 990-EZ that rec charitable, etc., purposes, but no such cor s that were received during the year for an eneral Rule applies to this organization be or more during the year	ntributions tota exclusively re ecause it recei	iled more than \$1,000. ligious, charitable, etc. ved <i>nonexclusively</i>
990-EZ, or 990-PF), but it r	nust answer "No" on Part IV, line 2,	le and/or the Special Rules doesn't file Sc, of its Form 990; or check the box on line et the filing requirements of Schedule B (F	H of its Form	m 990, 990-EZ
For Paperwork Reduction Act I for Form 990, 990-EZ, or 990-P		Cat. No. 30613X	Sch	nedule B (Form 990) (2023)
		— Page 2 ———————————————————————————————————		
Schedule B (Form 990) (20	23)		Page 2	
Name of organization	- /	Empl	over identific	ation number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		• =====================================	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		1	Payroll
	<u> </u>		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	7,11,11,11		Person
-	-	-	☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•	-		Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
	-		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (202
	Page 3		
chedule B	(Form 990) (2023)		Page
ame of org		Employer identificati	
		61-1639490	
art II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	(4)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

-			\$		
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$	-	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$	-	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received		
-		\$	-		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	-	
	B (Form 990) (2023)	Page 4		Page 4	
	rganization exas Institute		61-1639490	entification number	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) the total of exclusively religious, chetructions.) ► \$	rough (e) and the follow	ing line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-	Transferee's name, address, and 2	Relationship of transferor	to transferee		
(2)			ľ		
(a) No. from Part I	(b) Purpose of gift	(d) Desc	ription of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, and a	ZIP 4 F	Relationship of transferor	to transferee	
(a)	(h) Durnoss of sift	(a) Has of sift	/d\ Daga	wintion of how gift is hold	

Part I	(v) Furpose or grit	(c) USE OF SHE	(u) Descript	ion or now girt is neid				
<u>-</u>	Transferee's name, address, a	(e) Transfer of gift	ationship of transferor to t	ransferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	(d) Description of how gift is held				
=	Transferee's name, address, a	(e) Transfer of gift	ationship of transferor to t	ransferee				
			Sche	dule B (Form 990) (2023				
Addition	al Data	Software ID: Software Version:		Return to Form				
		Software Version:	on: 2024-11-15					
	LE O Supplement Complete to pro Form 990 o		90 or 990-EZ cific questions on information.	TIN: 61-1639490 OMB No. 1545-0047 2023 Open to Public Inspection				
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## **SCHEDULE R** (Form 990)

## Related Organizations and Unrelated Partnerships

**2023** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Progress Texas Institute 61-1639490 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Primary activity (e) End-of-year assets (c) Legal domicile (state (d) Total income (f) Direct controlling (a) Name, address, and EIN (if applicable) of disregarded entity foreign country) 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. (e) Public charity status (if section 501(c)(3)) (a)
Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state (d) Exempt Code section (f) Direct controlling (g) Section 512(b) or foreign country) entity (13) controlled entity? Yes No (1)Progress Texas 1023 Springdale 11D Advocate for progressive TX 501 c(4) Austin, TX 78721 80-0687741 Schedule R (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Page 2 -Schedule R (Form 990) 2023 Page **2** 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 (d) Direct controlling (e) Predominant income(related, (f) Share of total (g) Share of end-of-(h) Disproprtionate allocations? (j) General or managing (k) Percentage ownership (i) Code V-UBI amount in (state or foreign entity unrelated, income year box 20 of partner? excluded from tax assets Schedule K-

(Form 1065 512-514) Yes No Yes No 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

(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

because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity

(c) Legal domicile (state or foreign

country)

(a) Name, address, and EIN of related organization

No

(i) Section 512(b)(13) controlled entity?

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	P	age 3											
chedule R (Form 990) 2023												Pa	age <b>3</b>
Part V Transactions With Related Org	anizations. Comp	lete if the organizat	on answei	red "Yes" (	on Form 9	90, Part I	V, line 34,	35b, or	36.				
<b>Note.</b> Complete line 1 if any entity is listed in											_	Yes	No
<ul><li>1 During the tax year, did the organization engag</li><li>a Receipt of (i) interest, (ii) annuities, (iii) roy</li></ul>											1a		No
<b>b</b> Gift, grant, or capital contribution to related											1b		No
c Gift, grant, or capital contribution from relate											1c		No
d Loans or loan guarantees to or for related org	ganization(s)										1d		No
e Loans or loan guarantees by related organiza	tion(s)										1e		No
											1f		No
<ul><li>f Dividends from related organization(s)</li><li>g Sale of assets to related organization(s)</li></ul>								•			11 1g		No
<ul><li>g Sale of assets to related organization(s).</li><li>h Purchase of assets from related organization.</li></ul>											19 1h		No
i Exchange of assets with related organization(	•										1i		No
j Lease of facilities, equipment, or other assets											1j	Yes	<del>                                     </del>
k Lease of facilities, equipment, or other assets											1k		No
Performance of services or membership or fur											11 1m		No
<ul> <li>m Performance of services or membership or fund</li> <li>n Sharing of facilities, equipment, mailing lists,</li> </ul>									•		1n	1	No
<ul> <li>Sharing of facilities, equipment, maining lists,</li> <li>Sharing of paid employees with related organ</li> </ul>											10	Yes	+
	.,												1
<b>p</b> Reimbursement paid to related organization(	s) for expenses												
											1р		No
<b>q</b> Reimbursement paid by related organization(	s) for expenses .										1p 1q	Yes	No
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Other transfer of cash or property to related of the transfer of cash or property from related of the transfer of cash or property from related of the transfer of cash or property from related or the transfer or th	organization(s)							d transac	tion threshold		1q	Yes	
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Part VII Supplemental Information													
Provide additional information for responses to questions on Schedule R. See instructions.													
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