PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change PROACT, INC. Name change 23-7239408 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3195 NEIL ARMSTRONG BOULEVARD 651-686-0405 23,719,774. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 55121 EAGAN, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JUDIE FOSTER-LUPKIN for subordinates? Yes X No SAME AS C ABOVE _ Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PROACTINC.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1972 M State of legal domicile: MN Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE PERSON-CENTERED Activities & Governance SERVICES THAT ENHANCES THE QUALITY OF LIFE FOR PEOPLE WITH 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 271 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 332,739. 555,812.Contributions and grants (Part VIII, line 1h) 8 12,664,330. 11,368,278. Program service revenue (Part VIII, line 2g) 632,549. 589,779. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 47,306. 17,446. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $\overline{12.561.175}$ 13,647,064. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,139,359. 8,776,120. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,140,245. 2,649,567. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,425,687. 11,279,604. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,367,460. 1,135,488. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 25,425,676. 26,873,713. Total assets (Part X, line 16) 1,963,339. 1,790,048. 21 Total liabilities (Part X, line 26) 三年 23,462,337. 25,083,665 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JUDIE FOSTER-LUPKIN, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MATT PILLSBURY MATT PILLSBURY 10/02/24 P01565609 self-employed Paid CARPENTER, EVERT & ASSOCIATES, LTD. Firm's EIN 41-1534805 Preparer Firm's name 7760 FRANCE AVE S, SUITE 940 Use Only Firm's address Phone no. (952) 831-0085BLOOMINGTON, MN 55435

X Yes

Form	990 (2023) PROACT, INC.	23-723940	8 Page 2
Pa	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	TO PROVIDE PERSON-CENTERED SERVICES THAT ENHANCES THE QUA	ALITY OF L	IFE
	FOR PEOPLE WITH DISABILITIES IN THE AREAS OF EMPLOYMENT,		
	AND COMMUNITY INCLUSION.		•
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 X 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 X 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 a	measured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	,	,
4a	(Code:) (Expenses \$9 , 823 , 229 • including grants of \$) (Reveni	ue \$ 11,41	5,308.
	PROVIDING SERVICES IN DAY SUPPORT, EMPLOYMENT, AND ONE-OF		
	TO INDIVIDUALS WITH DISABILITIES BETWEEN THE AGES OF 14		
	PROVIDES SERVICES IN MINNESOTA AT SITES IN EAGAN, REDWING		
	IN HUDSON, WISCONSIN. PROACT OPERATES UNDER THE PERSON-C	-	
	THINKING MODEL, EMPOWERING PARTICIPANTS IN CHOICE OF SER		EY
	MOVE THROUGH AN ARRAY OF GOAL DRIVEN SERVICES. SERVICES		
	WAIVER AND FEE FOR SERVICE DOLLARS (FEDERAL, STATE AND CO		
	WELL AS GRANT FUNDING. IN 2023 SUPPORTS WERE PROVIDED TO		-
	PARTICIPANTS AND PROVIDED 508,760 HOURS OF SERVICES. PRO		0
	ACTIVE EMPLOYEES AS OF JULY 2023. PROACT IS ACCREDITED TO		
	COMMISSION OF REHABILITATION FACILITIES (CARF) AND IS LIC		
	THE DEPARTMENT OF HUMAN SERVICES. EACH MONTH THE PROACT		
4b	(Code:) (Expenses \$		
4c	(Code:) (Expenses \$	ue \$	
4d	Other program services (Describe on Schedule O.)		
ru	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses 9,823,229.	,	

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$\begin{array}{c|c} \text{Form 990 (2023)} & \text{PROACT,} & \text{INC.} \\ \hline \textbf{Part IV} & \textbf{Checklist of Required Schedules} \end{array}$

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			X
^	Schedule D, Part III	8		
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_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

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Form **990** (2023)

Form	1990 (2023) PROACT, INC. 23-72.	<u> 39408</u>	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		Tv	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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	Х	
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		X
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?		<u> </u>	
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	+	X
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%	06		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	\vdash	1
21	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? If "Yes," complete Schedule L, Part III	27		X
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7,
0.5	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		\vdash	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
37	If "Yes," complete Schedule R, Part V, line 2	. 30		1
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	
Pa	rt 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	L6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 27.	-								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х						
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		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
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		X						
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		X						
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
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. Did a donor advised fund maintained by the	8								
	sponsoring organization have excess business holdings at any time during the year?									
9	3									
a	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring 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 10a 10b	-								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against	-								
b	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								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
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									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Ves." complete Form 6069									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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 10										
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10										
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		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
		6		X							
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		21							
7a		7-		Х							
	more members of the governing body?	7a									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х							
•	persons other than the governing body?	7b									
8	3 7 7 3										
a	a The governing body?										
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37							
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
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	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
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	X								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process on 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		X							
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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MN										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JUDIE FOSTER-LUPKIN - 651-686-0405										
	3195 NEIL ARMSTRONG BOULEVARD, EAGAN, MN 55121										

Form **990** (2023)

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JUDIE FOSTER-LUPKIN PRESIDENT/CEO	40.00	-		Х				151 260	0.	20 025
(2) MELISSA MUNCE	40.00			^		┢		151,269.	0.	20,825.
CONTROLLER	40.00			х				111,002.	0.	4,930.
(3) KIMBERLY FELLER	40.00					H				2,3000
VICE PRESIDENT				х				69,179.	0.	18,171.
(4) ARLEEN SULLIVAN	2.00									
DIRECTOR		Х						0.	0.	0.
(5) BRIAN KNAPP	2.00									
VICE CHAIR		Х		Х		_		0.	0.	0.
(6) CHARLES DENET	2.00	1								_
TREASURER		Х		Х		_		0.	0.	0.
(7) JAMES LOUWAGIE	2.00	ļ								•
DIRECTOR	2 00	Х				├		0.	0.	0.
(8) JOHN CHRISTIANSEN	2.00	3 7		7,7				0.	_	0
CHAIR (9) MARTY STAPLETON	2.00	Х		Х		┢		0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) MARY ELLEN LEARY	2.00	77						0.	0.	0.
DIRECTOR	2,00	х						0.	0.	0.
(11) PAT JONES	2.00									
DIRECTOR		Х						0.	0.	0.
(12) PAUL KRAMP	2.00									
SECRETARY		Х		Х				0.	0.	0.
(13) TERI MCCLOUGHAN	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-				-				
		1								
-						\vdash				
										Form 990 (2022)

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

(C) (D) (E) (F)

	(A) Name and title	(B) Average hours per week	box,	not cl , unles	Pos heck i ss per	more son i	l than c s both r/trust	an	(D) (E) Reportable Reportable compensation from from related			(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)		comp fro orga and	pensa om the anizati I relate nizatio	e ion ed
	Subtotal Total from continuation sheets to Part VII								331,450.		0.	4.3	3,92	26. 0.
<u>d</u> 2	Total (add lines 1b and 1c)								331,450.		0.	4.3	3,92	26.
_	compensation from the organization				<u> </u>		, ,,						Yes	2 No
3	Did the organization list any former officer,												100	X
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		3	v	Λ
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services		4	Х	37
Sec	rendered to the organization? f "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
1	Complete this table for your five highest conthe organization. Report compensation for the organization for the compensation for the co	-	-							· · · · · · · · · · · · · · · · · · ·	∍nsati	on fro	m	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Co	(C omper		1 <u> </u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	ŭ	ot lin	nited	to	thos (ted	above) who received me	ore than				
-	<u> </u>										-	orm 9	90 (2U33/

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 $\begin{array}{c|c} \textbf{Form 990 (2023)} & \textbf{PROACT,} \\ \hline \textbf{Part VIII} & \textbf{Statement of Revenue} \\ \end{array}$

	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					lunction revenue	business revenue	sections 512 - 514				
SΩ	1 a	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b									
9		Fundraising events 1c									
Ę,		Related organizations 1d									
ig ig											
ons,	•	3 \ / 									
utio	T	All other contributions, gifts, grants, and	555 912								
들 된		similar amounts not included above 1f	555,812.								
o d	9	Noncash contributions included in lines 1a-1f		FFF 010							
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f	T	555,812.							
			Business Code	0.440.070	0.440.070						
Se	2 a		_	9,442,279.	9,442,279.						
e vi	b	CONSUMER EMPLOYMENT REV.	_	1,925,999.	1,925,999.						
Program Service Revenue	C	:									
ar eve	c	l	_								
oga	e										
P.	f	All other program service revenue									
	g	Total. Add lines 2a-2f		11,368,278.							
	3	Investment income (including dividends, int	erest, and								
		other similar amounts)		590,055.			590,055.				
	4	Income from investment of tax-exempt bon									
	5	Royalties	•								
		(i) Real	(ii) Personal								
	6 a	Gross rents 6a									
		Less: rental expenses 6b									
		Rental income or (loss) 6c									
		Net rental income or (loss)									
		Gross amount from sales of (i) Securities	es (ii) Other								
	1 6										
		,									
	L	Less: cost or other basis	10								
ther Revenue		and sales expenses									
eve		Gain or (1000)		276	276						
Ř		l Net gain or (loss)		-276.	-276.						
the the	8 a	Gross income from fundraising events (not									
0		including \$ of									
		contributions reported on line 1c). See									
		,	8a								
			8b								
		Net income or (loss) from fundraising event	s								
	9 a	Gross income from gaming activities. See									
		Part IV, line 19	9a								
	b	Less: direct expenses	9b								
	c	Net income or (loss) from gaming activities									
	10 a	Gross sales of inventory, less returns									
		and allowances	10a								
	b		10b								
_		Net income or (loss) from sales of inventory									
			Business Code								
snc	11 a	MISCELLANEOUS		47,306.	47,306.						
ne Tue	b				,						
Miscellaneous Revenue	c										
ŠČ	,	All other revenue									
Σ	ء	• Total. Add lines 11a-11d		47,306.							
	12	Total revenue. See instructions		12,561,175.	11415308.	0.	590,055.				

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Form **990** (2023)

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 375,375. 331,393. 43,982. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,470,460. 5,713,731. 756,729. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,443,895. 1,272,348. 171,547. Other employee benefits 9 486,390. 446,193. 40,197. 10 Payroll taxes Fees for services (nonemployees): 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, 484,566. 449,806. 34,760. column (A), amount, list line 11g expenses on Sch O.) 62,589. 62,589. Advertising and promotion 12 372,067. 343,692. 28,375. Office expenses 13 247,480. 247,112. 368. Information technology 14 15 Royalties 248,715. 248,715. 16 Occupancy 53,225 46,922. 6,303. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 434,435. 307,574. 126,861. Depreciation, depletion, and amortization 22 93,499. 63,875. 29,624. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 460,794. 458,829. 1,965. EQUIPMENT RENTAL AND MA 51,841. STAFF EXPENSE 26,630. 25,211. 45,689. 45,689. CLIENT EXPENSE 42,731. 1,547. 41,184. TELEPHONE 51,936. 26,280. 25,656. All other expenses 11,425,687. 9,823,229. 1,602,458. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

14071002 310390 016115

if following SOP 98-2 (ASC 958-720)

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PROACT, INC.

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			677,124.	1	859,518
	2	Savings and temporary cash investments			1,806,396.	2	3,264,262
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	1,334,234.	4	984,809		
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	tial co	ontributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified	sons (as defined				
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			529,989.	9	399,805
	10a	Land, buildings, and equipment: cost or other					
			10a	7,583,649.			
	b		10b	5,082,681.	2,734,019.	10c	2,500,968
	11	Investments - publicly traded securities			17,375,357.	11	18,080,892
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets	060 555	14	=		
	15	Other assets. See Part IV, line 11	968,557.	15	783,459		
4	16	Total assets. Add lines 1 through 15 (must equal I	25,425,676.	16	26,873,713		
	17	Accounts payable and accrued expenses	1	900,223.	17	916,050	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	1		20		
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelate		· · · · · · · · -		23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 1	-	· ·	1,063,116.	25	873,998
	26	of Schedule D			1,963,339.	26	1,790,048
	20	Total liabilities. Add lines 17 through 25			1,000,000.	20	1,750,040
g 		and complete lines 27, 28, 32, and 33.	Here				
ğ	27	Net assets without donor restrictions			23,462,337.	27	25,083,665
<u> </u>	28	Net assets with donor restrictions			23/102/33/4	28	23,003,003
9	20	Organizations that do not follow FASB ASC 958				20	
ᅙ		and complete lines 29 through 33.					
ة	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equi				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			23,462,337.	32	25,083,665
	-			L	25,425,676.	~_	26,873,713

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Pa	rt XI Reconciliation 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	12,56				
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,42				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,13				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,46				
5	Net unrealized gains (losses) on investments	5	48	5,8	40.		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10 2						
Pa	rt 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 X 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		X		
	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	X			
	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:						
	X 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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
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?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

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 www.irs.gov/Form990 for instructions and the latest information.

Open to Pub

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PROACT

Employer identification number 23-7239408

		PROA							3-7239408				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associati	on of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative	hospital service org	ganization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	ollege or university owned	l or operate	ed by a go	vernmental uni	t describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	Щ	A federal, state, or local government	eral, 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). (C											
8	Щ	A community trust describe											
9		An agricultural research org	-			-		-	-				
		or university or a non-land-g	grant college of agri	culture (see instructions).	Enter the I	name, city	, and state of th	ne college	e or				
	77	university:											
10	X	An organization that norma											
		activities related to its exen	· ·	•					-				
		income and unrelated busin		e (less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.				
		See section 509(a)(2). (Col		-i	fat. 0aa	! - (20/-1/41						
11	H	An organization organized a							numacos of one or				
12	ш	An organization organized a	•	•	-								
		more publicly supported or lines 12a through 12d that	-						SHECK THE DOX OH				
а		Type I. A supporting orga	* *					-	aivina				
u		the supported organization	•	·	•	-							
		organization. You must o		• • • •	majority o	in the direc	nors or trustees	or the st	аррогинд				
b		Type II. A supporting org			ion with its	s supporte	ed organization(s), by hay	vina				
_		control or management o	•				-						
		organization(s). You mus					····-g-						
С		Type III functionally inte			in connect	tion with, a	and functionally	integrate	ed with,				
		its supported organization					•	Ü	,				
d		Type III non-functionally	y integrated. A sup	porting organization oper	ated in cor	nnection v	vith its supporte	ed organiz	zation(s)				
		that is not functionally int	tegrated. The organi	ization generally must sat	isfy a distri	ibution red	quirement and a	ın attentiv	veness				
		requirement (see instructi	tions). You must co	mplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III					
		functionally integrated, or	r Type III non-function	onally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) lo the ergs	anization listed			T (2) A (3)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of n support (see inst	,	(vi) Amount of other support (see instructions)				
		- Organization		above (see instructions))	Yes	No	Support (See Inst		Support (See instructions)				
			+										
_			1										
Tota	 al	<u> </u>											

332021 12-21-23

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi						
	Public support percentage for 2023 (column (f))		14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the	-					
47.	and stop here. The organization qual	•			- 40 40 40-		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organi	zation
1.	meets the facts-and-circumstances to	-				170 and line 15 :-	L
r	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle Private foundation. If the organization		-				
10	1 Tivate loundation. If the organization	AT GIG HOL CHECK A	DON OF HIE TO, TO	a, 100, 17a, 01 171	o, oricon triis bux a		(Form 990) 2023

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	clow, picase comp	icte i art ii.j					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not					• •		
	include any "unusual grants.")	235,064.	477,938.	2527169.	332,739.	555,812.	4128722.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13650538.	9181762.	11931048.	12664330.	11368278.	58795956.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization'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							
	Total. Add lines 1 through 5	13885602.	9659700.	14458217.	12997069.	11924090.	62924678.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	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						0.	
c	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						62924678.	
	ction B. Total Support			T	Ι		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2019 13885602.	(b) 2020	(c) 2021	(d) 2022 12997069.	(e) 2023	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				270,956.			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,	,		
c	Add lines 10a and 10b	399,963.	513,717.	214,626.	270,956.	590,055.	1989317.	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,490. 14376055.	298,354. 10471771.			47,306. 12561451.		
	First 5 years. If the Form 990 is for the							
- •				,		(,(,)	· —	
Sec	ction C. Computation of Publ							
15	Public support percentage for 2023 (line 8, column (f), d	ivided by line 13, o	column (f))		15	96.23 %	
	Public support percentage from 2022		•			16	96.73 %	
	ction D. Computation of Inves		•					
17	Investment income percentage for 20	023 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	3.04 %	
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	2.37 %	
19:	a 33 1/3% support tests - 2023. 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							
	The experience of 4/00/ should this have and stop have The experience and life and a sublish association							
							v	
		nd stop here. The e organization did n	organization quali ot check a box on	fies as a publicly so line 14 or line 19a	upported organiza , and line 16 is mo	tion re than 33 1/3%, a	md X	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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 Part VI.
- **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 **Part VI.**
- c 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c	3a		
3c			
3c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a 10b	5a		
5c 6 7 8 9a 9b 9c 10a 10b	Eh		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a	50		
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a			
9c 10a 10b	9a		
9c 10a 10b			
10a	9b		
10a			
10b	9с		
10b			
10b			
	10a		
			<u> </u>

332024 12-21-23

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. 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-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	DULE	Α,	PART	III,	LINE 12	, EXP	LANATION	FOR	OTHER	INCOME:
MISCE	ELLAN	IEOU	JS							
2019	AMOU	JNT :	\$	44,0	93.					
2020	AMOU	JNT :	\$	296,	604.					
2021	AMOU	JNT :	\$	22,6	92.					
2022	JOMA	JNT :	\$	17,4	46.					
2023	JOMA	JNT :	\$	47,3	06.					
SPEC	IAL E	EVEI	1T							
2019	JOMA	JNT :	\$	46,3	97.					
2020	JOMA	JNT :	\$	1,75	0.					
2021	AMOU	JNT :	\$	-10.						

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

]	23-7239408						
Organization type (chec	< one):						
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501 General Rule For an organizat property) from a	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ng \$5,000 or more (in money or					
Special Rules							
sections 509(a)(contributor, duri	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contribution is checked, enter purpose. Don't o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P ling requirements of Schedule B (Form 990).	**					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

23-7239408

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll 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 Occupate Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

PROACT, INC.

23-7239408

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(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
(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
(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
323453 12-26	00		Schedule B (Form 990) (2023)

Page **4**

Employer identification number

Schedule B (Form 990) (2023)

Name of organization

PROACT, 23-7239408 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

PROACT, INC. **Employer identification number** 23-7239408

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	ınds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	erring
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С				
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,	and not	
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
	year	-		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	that describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			^
2	If the organization received or held works of art, historical trea-	sures, or other similar a	ssets for financial gair	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions		<u></u>	Schedule D (Form 990) 2023

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Complete if the organization answered Tes on Form 990, Part IV, line TTa. See Form 990, Part X, line TO.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		660,055.		660,055.			
b Buildings		4,423,170.	2,795,783.	1,627,387.			
c Leasehold improvements							
d Equipment		2,500,424.	2,286,898.	213,526.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	2,500,968.						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PROACT, INC	•	23	-7239408 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	on Form 000 Dort IV line	11d Con Form 000 Port V line 15	
Complete if the organization answered "Yes" (Description	Tru. See Form 990, Part X, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
. (a) Description of liability	5111 G1111 GGG, 1 G111 1V, III 1G	110 01 111. Occ 1 01111 000, 1 are X, 1110 20	(b) Book value
			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITY			873,998.
			013,330.
(3)			
(4)			
<u>(6)</u>			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

<u>Sche</u>	edule D (Form 990) 2023 PROACT, INC.		<u> 25-</u>	1239400	Page
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	13,047,	<u>,015</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	485,840.			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		,840
3	Subtract line 2e from line 1		3	12,561,	<u>,175</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,561,	<u>, 175</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per R	etur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	11,425,	<u>,687</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		0
3	Subtract line 2e from line 1		3	11,425,	<u>,687</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	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	11,425,	<u>,687</u>

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.

PART X, LINE 2:

INCOME TAX - THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.



SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number PROACT, INC. 23-7239408 **Questions Regarding Compensation**

			Yes	No					
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,								
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel Housing allowance or residence for personal use								
	Travel for companions Payments for business use of personal residence								
	Tax indemnification and gross-up payments Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	If any of the boxes on 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								
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?								
3	Indicate which, if any, of the following the 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.								
	X Compensation committee Written employment contract								
	Independent compensation consultant X Compensation survey or study								
	Form 990 of other organizations X Approval by the board or compensation committee								
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a related organization:								
а	Receive a severance payment or change-of-control payment?	4a		X					
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X					
С	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.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the revenues of:								
а	The organization?	5a		X					
b	Any related organization?								
	If "Yes" on line 5a or 5b, describe in Part III.								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the net earnings of:								
а	The organization?	6a		X					
b	Any related organization?	6b		X					
	If "Yes" on line 6a or 6b, describe in Part III.								
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
	not described on lines 5 and 6? If "Yes," describe in Part III								
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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		X					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?	9							

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

Schedule J (Form 990) 2023

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 on 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 aren't 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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JUDIE FOSTER-LUPKIN	(i)	151,269.	0.	0.	15,710.	5,115.	172,094.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i) (ii)								
	(II)						<u> </u>	<u> </u>	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023 Open to Public

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Pul
Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 23-7239408 PROACT, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISABILITIES IN THE AREAS OF EMPLOYMENT, LIFE SKILLS, AND COMMUNITY INCLUSION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IS PUBLISHED AND SENT TO INTERESTED PARTIES VIA EMAIL. THE NEWSLETTERS ARE ALSO ON OUR WEBSITE PROACTING.ORG. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - 990 WILL BE PRESENTED AT THE BOARD MEETING IN AUGUST. FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED AT MANAGEMENT AND BOARD MEETINGS FORM 990, PART VI, SECTION B, LINE 15: BOARD AND CEO REVIEW OF PERFORMANCE. FORM 990, PART VI, SECTION C, LINE 19: NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023