Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

2

Under section 501(c),	527, or 4947(a)(1)	of the Internal Reven	ue Code (exce	pt black lung
	benefit trust	or private foundation)	

..... ----.... - 4 -.

		enue Service ► The organization may have to use a copy of this return the 2012 calendar year, or tax year beginning , 2012,			orting requirements.	, 20	specti	on				
	01 11	C Name of organization , 2012		nanig	D Employer identific	,						
B c	heck if ap	pplicable: PROVIDENT, INC.			43-0652630							
	Addre	Poing Bueingen An			15 0052050	,						
	chang		Room/s	uite	E Telephone number							
	-											
_	-				(314) 371-6500							
	Amen				G Gross receipts \$	6	000	,903.				
	returr Applio	F Name and address of principal officer: STEPHANIE FRENCH			H(a) Is this a group retur		Yes	, 903. X No				
	_ pendi	2650 OLIVE STREET ST. LOUIS, MO 63103			affiliates? H(b) Are all affiliates inclu		Yes					
	Tay-ov			527	If "No," attach a list.							
<u>-</u>		empt status: X 501(c)(3) 501(c) ()		527	H(c) Group exemption nu							
<u>у</u>				loor of formo	tion: 1860 M State		nicilo:	MO				
-			L 1	ear or forma		or regar don	nicile:	140				
Гa	rt I	Summary										
	1											
8		MENTAL HEALTH COUNSELING AND LIFE CRISIS SERVICES										
nan												
Governance	•											
ő		Check this box Check this box						1 -				
s S		Number of voting members of the governing body (Part VI, line 1a)						15.				
itie		Number of independent voting members of the governing body (Part VI, line 1b)						15.				
Activities &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			•••••			183.				
ĕ		Total number of volunteers (estimate if necessary)						89.				
		Total unrelated business revenue from Part VIII, column (C), line 12						,743.				
	b	Net unrelated business taxable income from Form 990-T, line 34		<u></u>				,181.				
					Prior Year		ent Ye					
e	8	Contributions and grants (Part VIII, line 1h)		3,326,192.			,378.					
Revenue	9	Program service revenue (Part VIII, line 2g)		1,312,957.			,817.					
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			296,271.		193	,234.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-115,227.			(
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			4,820,193.	4,	884	,429.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			52,452.		22	,686.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0			(
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)_			3,657,860.	4,	347	,095.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0			(
ďX	b	Total fundraising expenses (Part IX, column (D), line 25) ▶214,063	3									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,112,024.	1,	046	,620.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,822,336.	5,	416	,401.				
	19	Revenue less expenses. Subtract line 18 from line 12			-2,143.	_	531	,972.				
t Assets or od Balances				Begir	nning of Current Year	End	of Yea	r				
sets alan	20	Total assets (Part X, line 16)			7,767,164.	7,	050	,411.				
t As d B	21	Total liabilities (Part X, line 26)			4,062,240.	З,	322	,398.				
Fun		Net assets or fund balances. Subtract line 21 from line 20			3,704,924.	3,	728	,013.				
	rt II	Signature Block										
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedul act, and complete. Declaration of preparer (other than officer) is based on all information of whic	les and	statements,	and to the best of my k	nowledge ;	and be	lief, it is				
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch prepa	rer has any k	nowledge.							
Sig		Signature of officer			Date							
He	re											
		Type or print name and title										
		Print/Type preparer's name Preparer's signature	Date		Check if P	TIN						
Paio	1	TROY A. LINDSEY, CPA			self-employed	P010	412	37				
	barer	Firm's name BKD, LLP				016026						
Use	Only	Firm's address ▶ 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733				-231-5						
Mav	the I	RS discuss this return with the preparer shown above? (see instructions)				X Ye		No				
		rwork Reduction Act Notice, see the separate instructions.	<u></u>		<u> </u>			(2012)				
JSA	•						000	(2012)				
2E10	10 1.00			74008				חסעם				
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Form 990 (2012)	PROVID	ENT, INC.	43-0652630 P
, ,	ement of Program Service A	ccomplishments	P
			X
	be the organization's mission		
ATTACHM	•		
ATTACHM			
prior Form 99	0 or 990-EZ?	icant program services during the ye	
If "Yes," desci	ribe these new services on S	chedule O.	
		or make significant changes in h	
If "Yes," desci	ribe these changes on Sched	ule O.	ts three largest program services, as measure
expenses. Se	ection 501(c)(3) and 501(c)(ort the amount of grants and allocations to ot
a (Code:) (Expenses \$ 3, ;	189,860 including grants of \$	22,686.) (Revenue \$856,058.)
	G AND LIFE CRISIS SI		
COUNSELIN	G SERVICES INCLUDE	INDIVIDUAL AND GROUP COUNS	ELING, CASE
MANAGEMEN'	T, AND 24/7 TELEPHOR	NIC SUPPORT FOR ADULTS AND	CHILDREN
		DISORDERS, ADDICTIONS, GAM	
		G THE COMMUNITY AFTER INCA	
-			
		MATELY 2,500 PEOPLE WERE	
		S AN AWARD WINNING SUICIDE	
INTERVENT	ION CRISIS HOTLINE A	AND SUPPORT SERVICE THAT S	ERVED OVER
28,000 PE	OPLE.		
b (Code:) (Expenses \$	359,472. including grants of \$) (Revenue \$)
ATTACHM			
ALIACIII			
c (Code:) (Expenses \$	including grants of \$) (Revenue \$
) (Expenses \$) (Revenue \$)
d Other progra	m services (Describe in Sche	dule O.)	
(Expenses \$	including gra	-	e \$)
e Total progra	m service expenses 🕨	4,249,332.	
A 2.000			Form 990 (
	K927 11/6/2013 1:	46:51 PM V 12-7F	74008 PA

Form 990 (2012)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		37	
	endowments, permanent endowments, or 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,"	11a	x	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	A	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
<u> </u>	If "Yes," complete Schedule G, Part III	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
U	in the termine zea, and the organization attach a copy of its addited infational statements to this retaint?	1200		

Form **990** (2012)

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		37	
	employees? If "Yes," complete Schedule J	23	X	
24 a	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	0.4-		v
	through 24d and complete Schedule K. If "No," go to line 25.	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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		v
	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?	256		Х
20	If "Yes," complete Schedule L, Part I. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
26		26		х
27	disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	Schedule L. Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, rantiv	29		X
30	Did the organization receive more than \$25,000 in horecash contributions in reas, complete Schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
01	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
•=	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	

Form	990 (2012)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 183			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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	PROVIDENT, INC. 43-	06526	630		Page (
Part V					"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.				
	Check if Schedule O contains a response to any question in this Part VI	• • • •		• •	Х
Sectio	on A. Governing Body and Management			Yes	No
4.	nter the number of voting members of the governing body at the end of the tay year $1a$	15		103	
	there are material differences in voting rights among members of the governing body, or if the governing				
	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15			
	Vid any officer, director, trustee, or key employee have a family relationship or a business relationship v ny other officer, director, trustee, or key employee?		2	Х	
	bid the organization delegate control over management duties customarily performed by or under the di		-		
	upervision of officers, directors, or trustees, or key employees to a management company or other person?		3		х
	id the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
	bid the organization make any significant changes to its governing documents since the proof of the organization's assets?		5		Х
	bid the organization become aware during the year of a significant diversion of the organization s assets		6		х
	bid the organization have members, stockholders, or other persons who had the power to elect or app				
	ne or more members of the governing body?		7a		х
	re any governance decisions of the organization reserved to (or subject to approval by) memb				
	tockholders, or persons other than the governing body?		7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken du	•••			
	he year by the following:				
	he governing body?		8a	Х	
	ach committee with authority to act on behalf of the governing body?	•••⊢	8b	Х	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache				
	ne organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
ectior	n B. Policies (This Section B requests information about policies not required by the Internal Reve	enue C	Code	.)	
		_		Yes	No
0a D	bid the organization have local chapters, branches, or affiliates?	[,]	10a		Х
b If	"Yes," did the organization have written policies and procedures governing the activities of such chapt	ers,			
а	ffiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .	•••	10b		
1a H	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	?	11a	X	
b D	escribe in Schedule O the process, if any, used by the organization to review this Form 990.				
	oid the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
ьV	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could g				
	se to conflicts?		12b	Х	
	id the organization regularly and consistently monitor and enforce compliance with the policy? If "N				
	lescribe in Schedule O how this was done		12c	X	
	oid the organization have a written whistleblower policy?	•••	13	X	
	oid the organization have a written document retention and destruction policy?	•••+	14	Х	
	oid the process for determining compensation of the following persons include a review and approva				
	ndependent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi			v	
- T	he organization's CEO, Executive Director, or top management official	L	15a	Х	v
			15b		Х
ьC	Other officers or key employees of the organization	•••	100		
b С lf	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		
b C If I6a D	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Ind the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent			v
b C If I 6a D W	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year?	nent	16a		x
b C If I6a D W b If	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	nent , e its			x
b C If 6a D W b If	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen vith a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	nent e its the	16a		X
b C If 6a D w b If p o	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements?	nent e its the	16a		X
b C If I6a D W b If P O Sectio	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? n C. Disclosure	the	16a 16b		X
b C If 16a D b If o 0 5ectio 17 L	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? n C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ►	the	16a 16b		
b C If 6a D b If 0 0 6 6 6 6 6 7 17 8 8 8	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? n C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ▶ section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	the	16a 16b		
b C lf 6a D b lf p 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? In C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section vailable for public inspection. Indicate how you made these available. Check all that apply.	the	16a 16b		
b C If 6a D w b If p o 5ectio 7 L 8 S a	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen vith a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? m C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its eavilable. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	tion 50	16a 16b)1(c)(3)s o	nly)
b C If 16a D b If 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? n C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ▶ ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec vailable for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, confi	tion 50	16a 16b)1(c)(3)s o	nly)
b C If I6a D b If 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? In C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ▶ cection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec vailable for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, confind financial statements available to the public during the tax year.	the its the its the its the its the its	16a 16b 01(c)(inter	3)s o	nly)
b C If 16a D b If 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard rganization's exempt status with respect to such arrangements? n C. Disclosure ist the states with which a copy of this Form 990 is required to be filed ▶ ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec vailable for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, confi	the its the its the its the its the its	16a 16b 01(c)(inter	3)s o	nly)

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL GIRSCH	2.00									
BOARD MEMBER	0	X						0	0	0
(2) SANFORD B. SCOTT	2.00									
BOARD MEMBER	0	X						0	0	0
(3) LAWRENCE E. THOMAS	2.00									
BOARD MEMBER	0	Х						0	0	0
(4) ANNA A. DOYLE	2.00									
BOARD MEMBER	0	Х						0	0	0
(5) BARBARA BOWMAN	2.00									
BOARD MEMBER	0	Х						0	0	0
(6) BARBARA ABBETT	2.00									
BOARD MEMBER	0	Х						0	0	0
(7) STUART GREENBAUM	3.00									
VICE-CHAIR	0	Х		Х				0	0	0
(8) JOHN E. BUTLER	3.00									
CHAIR	0	Х		Х				0	0	0
(9) RABBI JOSEPH ROSENBLOOM	2.00									
BOARD MEMBER	0	X						0	0	0
(10) RISA ZWERLING	3.00	_								
SECRETARY	0	X		Х				0	0	0
(11)GERALD EARLY	2.00	_								
BOARD MEMBER	0	Х						0	0	0
(12) JACK B. LAY	3.00	_								
TREASURER	0	X		Х				0	0	0
(13) THOMAS WILLIAMSON	2.00	_								
BOARD MEMBER	0	X						0	0	0
(14) RAMON STEWART	2.00	4								
BOARD MEMBER	0	Х						0	0	0
JSA										Form 990 (2012)

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	Directors, Trustees, Ke	ey En	nplo			and I	lig	_	ed Employees	(continue	əd)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	erson	e than c is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	m ar	(F) stimated nount o other npensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org an	rom the janizatio d related anization	d
15) HENRY WEBBER	2.00	-										
BOARD MEMBER	0							C)	0		
16) THOMAS B. MULHEARN	40.00	-		37				140.000			o ,	7 2 0
CEO & PRESIDENT 17) ROCHELLE GRIFFIN	0	-		Χ				148,992.		0	9,7	138
VP OF OPERATIONS	40.00	-		х				59,556.		0	9,5	5/10
18) HEATHER RICH	40.00	-		А				55,550.				
VP OF MARKETING & DEV		-		x				65,220.		0		728
19) SUSAN M. SELF-PORTWIN		-						,				
VP OF CLIENT SERVICES	0	-		x				80,331.		0	9,2	287
20) DENNIS HOFFMANN	40.00											
CFO & VP OF FINANCE	0			Х				105,852.		0	16,6	533
21) GILBERT LEWIS	40.00											
VP OF HUMAN RESOURCES	0			Х				52,137.		0	15,9	39
		-										
1b Sub-total		_						0		0		
c Total from continuation sheets		•••	• • •	• •	• •	• • •		512,088.		0	61,8	
d Total (add lines 1b and 1c)	-				•••			512,088.		0	61,8	
2 Total number of individuals (incl reportable compensation from th	uding but not limited to t	hose					o re		\$100,000 of			
		2	4								Yes	No
3 Did the organization list any employee on line 1a? If "Yes," co										3		X
4 For any individual listed on lin organization and related organization	anizations greater than	n \$15	50,0	00?	i It	"Yes	s,"	complete Schedu	le J for such	4	x	
5 Did any person listed on line for services rendered to the orga	la receive or accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5		X
Section B. Independent Contractor												
 Complete this table for your five compensation from the organiza year. 												
Name a	(A) and business address							(B) Description of se	ervices	(C) Compen		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0
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JEE 1055 3.000

Pa	t VII	Statement of Revenue	spapeo to any quasti	on in this Part VIII			
		Check if Schedule O contains a re	sponse to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ice Revenue and Other Similar Amounts	1a b c f f 2a b c	Fundraising events 1 Related organizations 1	b c d f 119,575.	3,323,378. 1,367,817.	1,367,817.		
Program Service Revenue	d e f g	All other program service revenue Total. Add lines 2a-2f		1,367,817.			
Other Revenue	3 4 5 6a b	Investment income (including dividends, i other similar amounts)	nd proceeds	83,676. 0 0		2,743.	80,933.
	c d 7a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	es (ii) Other 32. 43. 4,831.	0			
	c d 8a	Gain or (loss)		109,558.			109,558.
	c	Less: direct expenses Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activitie:	a	0			
	10a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventor Miscellaneous Revenue	a	0			
	11a b c d e	All other revenue	· · · · · · · · · · · · · · · · · · ·	0			
	12	Total revenue. See instructions	🏓	4,884,429.	1,367,817.	2,743.	190,491.

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Form 990 (2012)

PROVIDENT, INC.

Form 990 (2012)

43-0652630 Page **9**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and Ω organizations in the United States. See Part IV, line 21 . Grants and other assistance to individuals in 2 22,686. 22,686 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 C 0 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 573,961. 207,028 300,984 65,949. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,363 1,363 Other salaries and wages 2,764,766. 2,456,431. 246,680 61,655. 7 8 Pension plan accruals and contributions (include section 495,716 376,745 97,011 21,960. 401(k) and 403(b) employer contributions) 227,709 30,255 194,638 2,816. 9 Other employee benefits 283,580. 229,055. 38,085 16,440. Payroll taxes 10 Fees for services (non-employees): 11 0 a Management 26,461. 26,461 b Legal 49,653. 49,653. c Accounting C d Lobbying Λ e Professional fundraising services. See Part IV, line 17 f Investment management fees 14,815. 14,815 g Other. (If line 11g amount exceeds 10% of line 25, column 97,096. 56,845 39,835 416. (A) amount, list line 11g expenses on Schedule O.) 27,257 19,797 2,760 4,700. 12 Advertising and promotion 192,656. 153,844. 29,108 9,704. 13 Office expenses 69,520 63,480. 2,999. 3,041. Information technology 14 0 15 Royalties 294,495 325,823. 31,328 16 Occupancy 489. 39,548. 39,059 17 Travel 18 Payments of travel or entertainment expenses Ω for any federal, state, or local public officials 13,626 2,843. 6,649 4,134 Conferences, conventions, and meetings 19 27,444. 13,363. 14,081 20 Interest C 21 Payments to affiliates 51,200. 44,176 7,024 22 Depreciation, depletion, and amortization 42,076. 32,148. 9,928. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 29,483. 5,753. 23,730. BAD EDBT b DUES & SUBSCRIPTIONS 21,758 16,184 5,254 320. 18,204 2,611 c AWARDS & INCENTIVES 15,593. d _____ e All other expenses _____ 4,249,332 953,006 214,063. 5,416,401 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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following SOP 98-2 (ASC 958-720)

Page	1	1
· ~go		

Part X					Page I
	Check if Schedule O contains a response to	any question in this Par	t X		
			(A) Beginning of year	(B) of year
1	Cash - non-interest-bearing		3,301.	1	3,080.
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		2,356,158.	3 2,3	394,905
4	Accounts receivable, net	[304,448.	4 2	210,359
5	Loans and other receivables from current and for	mer officers, directors,			
	trustees, key employees, and highest com	pensated employees.			
	Complete Part II of Schedule L		0	5	
6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), a and sponsoring organizations of section 501(c)(9) volunts organizations (see instructions). Complete Part II of Schedu	nd contributing employers ary employees' beneficiary	0	6	
1 7	Notes and loans receivable, net		0	7	
Assets 8 2	Inventories for sale or use		0	8	
9	Prepaid expenses and deferred charges		36,192.	9	62,443
10 a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D 1	0a 3,167,923.			
b	Less: accumulated depreciation	0b 2,309,941.	863,068.1	0c 8	357,982
11			3,268,988. 1	1 2,7	02,956
12	Investments - other securities. See Part IV, line 11		935,009. 1	12 8	318,686
13	Investments - program-related. See Part IV, line 11		0 1	3	
14	Intangible assets		0 1	14	
15	Other assets. See Part IV, line 11		0 1	15	
16	Total assets. Add lines 1 through 15 (must equal lin		7,767,164. 1	16 7,0	50,411
17	Accounts payable and accrued expenses		440,520. 1		295,539
18	Grants payable		0 1	8	
19	Deferred revenue		37,213. 1	19	44,376
20	Tax-exempt bond liabilities		0 2	20	
ທ 21	Escrow or custodial account liability. Complete Part	IV of Schedule D	0 2	21	
21 Z2 Z2	Loans and other payables to current and form				
abi	trustees, key employees, highest compensa				
Ĕ	disqualified persons. Complete Part II of Schedule L		0 2	22	
23	Secured mortgages and notes payable to unrelated		1,014,385. 2	23 8	323,958
24	Unsecured notes and loans payable to unrelated thin		0 2	24	
25	Other liabilities (including federal income tax, pa				
	parties, and other liabilities not included on lines 1				
	of Schedule D		2,570,122. 2	25 2,1	.58,525
26	Total liabilities. Add lines 17 through 25		4,062,240. 2	26 3,3	322,398
ses	Organizations that follow SFAS 117 (ASC 958), ch complete lines 27 through 29, and lines 33 and 34				
Fund Balances 82 83 65 83 70	Unrestricted net assets		1,243,541.	27 1,2	270,108
m 28	Temporarily restricted net assets		2,398,383.	28 2,3	394,905
멷 29	Permanently restricted net assets	<u></u>	63,000. 2	29	63,000
	Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	heck here 🕨 🔄 and			
	Capital stock or trust principal, or current funds		3	30	
30 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or equip	ment fund		31	
	Retained earnings, endowment, accumulated incom	ie, or other funds	3	32	
50 Not	Total net assets or fund balances				28,013
34	Total liabilities and net assets/fund balances				50,411.
					990 (2012

Form **990** (2012)

Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,8	84,4	1 29.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,4	16,4	<u>101.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,7	04,9	924.
5	Net unrealized gains (losses) on investments	5		2	03,4	184.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	51,5	577.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,7	28,0)13.
Part						
	Check if Schedule O contains a response to any question in this Part XII	• •		••		
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," en	xplair	n in			
0	Schedule O.			-		37
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?	د. امیا (می		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	plied				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	na			
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
_		: h. t.				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accourt	-	,	2c	х	
			I			
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	vhigii				
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	n in			
Ja	the Single Audit Act and OMB Circular A-133?			3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
						·

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

Name of	the organization							Emplo	yer iden			ber	
	DENT, INC.										2630		
Part I		-	s (All organizations mu						uctions	5.			
	- · ·		cause it is: (For lines 1 th	•		•		'					
1			association of churches		bed in s	section	170(b)(1)(A)(i)	-				
2	-	• •	(1)(A)(ii). (Attach Schedu	,									
3			ervice organization descr			-							
4			erated in conjunction w	ith a h	nospita	I descr	ibed in	sectio	n 170(b	o)(1)(/	\)(iii) .	Enter	the
	hospital's name, ci												
5	An organization or section 170(b)(1)(nefit of a college or univ	versity	owned	d or ope	erated I	oy a go	vernme	ental u	nit des	scribe	⊧d in
6			or governmental unit des	cribod	in soc	tion 170	VP/1/	A)(\/)					
6 7 X	5	-	es a substantial part of it						it or fr	om th	0 0000		ublic
	described in section	-		is supp		nn a yu		fillar ur		JIII UI	s gene	a a p	
8	7		on 170(b)(1)(A)(vi). (Com	nolata I	Dart II)								
9	-		es: (1) more than 331/39				contrik	utione	momb	orchin	foos	and a	rocc
J	-	-	exempt functions - sub									-	
	•		ome and unrelated busi	•				• • •					
			ne 30, 1975. See section						11 011	iunj i		usine	3303
10	- · · ·	-	ted exclusively to test for	•				')				
11	-		rated exclusively for the		-				-	or t	o carr	v out	the
••	-		pported organizations de			-						-	
		• •	es the type of supporting				. , .	'		• • •	• •		
	a Type I	b Type II	c Type III-Functio	-					I-Non-fu	-		tearat	ted
е			the organization is not	-	-			• •			•	•	
			gers and other than one			-		-	-			-	
	509(a)(1) or sectio		golo and other than one	01 1110	no par	onory ou	pponto	a organ	Lationic		11000		20011
f			n determination from th	e IRS	that it	is a T	vpe I. T	vpe II.	or Typ	e III s	uppor	tina	
	organization, check						, , , , , , , , , , , , , , , , , , ,	, ype,	с ур	• •		g	
g			nization accepted any gif	t or co	ntribut	ion from	anv of	the				(]
5	following persons?	-					, <u>,</u>						
	• ·		ectly controls, either alor	ne or t	toaeth	er with	persor	s desc	ribed in	n (ii)		Yes	No
		-	dy of the supported organ		-					()	11g(i)		
			scribed in (i) above?		• •						11g(ii)		
			son described in (i) or (ii) a	bove?							11g(iii)		
h			ut the supported organiz).						L	1 1	
(i)	Name of supported	(ii) EIN	(iii) Type of organization		, Is the	(v) Did y	ou notify	(vi)	s the	(vii) /	Amount o	of mone	etary
.,	organization		(described on lines 1-9 above or IRC section	organi	zation in listed in		anization		zation in		suppo	ort	
			(see instructions)	your g	overning ment?		. (i) of upport?		rganized U.S.?				
				Yes	No	Yes	No	Yes	No	1			
(-		
(A)													
(B)													
(5)													
(C)													
(D)													
(E)													
Total													

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

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Open to Public

Inspection

2

2

Schedule A (Form 990 or 990-EZ) 2012

Page 2

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,565,722.	2,507,650.	2,491,150.	3,326,192.	3,323,378.	14,214,092.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	2,565,722.	2,507,650.	2,491,150.	3,326,192.	3,323,378.	14,214,092.		
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).						<u> </u>		
6	Public support. Subtract line 5 from line 4.						14,214,092.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	2,565,722.	2,507,650.	2,491,150.	3,326,192.	3,323,378.	14,214,092.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	166,216.	156,549.	91,344.	125,695.	80,932.	620,736.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		10,121.	10,369.	3,140.	2,181.	25,811.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,153.		-22,664.	-115,227.		-130,738.		
11	Total support. Add lines 7 through 10						14,729,901.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	11,163,246.		
13	First five years. If the Form 990 is for organization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)		
Sec	tion C. Computation of Public Sup	port Percenta	ge						
14	Public support percentage for 2012 (li					14	96.50%		
15	Public support percentage from 2011					15	94.89%		
16a	331/3% support test - 2012. If the o	-							
	this box and stop here. The organization								
b	331/3% support test - 2011. If the c								
47.	check this box and stop here. The orga								
1 <i>1</i> a	17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
b	b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
18	supported organization Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	,		
					s	chedule A (Form 9	90 or 990-EZ) 2012		

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Schedule A (Form 990 or 990-EZ) 2012

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

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

4	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
1 a	Amounts included on lines 1, 2, and 3							
b	received from disqualified persons							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year		,					
-	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)							·
	tion B. Total Support			() 00 (0	()) () () ()			
aleı	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012	(f) Total
9	Amounts from line 6							<u> </u>
υa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
1	Net income from unrelated business							
•								
	activities not included in line 10b, whether or not the business is regularly carried on							
2	whether or not the business is regularly carried on							
2	whether or not the business is regularly carried on Other income. Do not include gain or							
2	whether or not the business is regularly carried on							
	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 IV.)							
	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 IV.) Total support. (Add lines 9, 10c, 11,							
3	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.)	the organizatio	a's first second	third fourth or	fifth tax year a	<u> </u>	ection 501	c)(3)
3	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	-			•			
3 4	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here				•			
3 4 ec	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup	port Percenta	age					· · · · ►
3 4 5	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8,	port Percenta column (f) divide	age ed by line 13, colun	nn (f))		15		▶
3 4 <u>ec</u> 5 6	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche	port Percenta column (f) divide dule A, Part III, lin	age ed by line 13, colun ne 15	nn (f))				· · · · ►
3 4 <u>ec</u> 5 6 <u>ec</u>	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer	port Percenta column (f) divide dule A, Part III, lin t Income Pe r	age ed by line 13, colun ne 15 centage	nn (f))		15 16		····► □ % %
3 4 <u>ec</u> 5 6 <u>ec</u> 7	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line	port Percenta column (f) divide dule A, Part III, lin ti Income Per ne 10c, column (age ed by line 13, colun ne 15 centage (f) divided by line 1	nn (f)) 3, column (f))	·····	15 16 17		· · · · ▶ □ % %
3 4 5 6 6 7 8	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage from 2012 (line Investment income percentage from 2011 Sche	port Percenta column (f) divide dule A, Part III, lin the Income Per ne 10c, column (Schedule A, Part	age ed by line 13, colun ne 15 centage (f) divided by line 1 III, line 17	nn (f)) 3, column (f))	·····	15 16 17 18	· · · · · · · · · · · · · · · · · · ·	· · · · ▶ □ % % %
3 4 5 6 6 7 8	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org	port Percenta column (f) divide dule A, Part III, lin t Income Per ne 10c, column (Schedule A, Part ganization did n	age ed by line 13, colun ne 15 centage (f) divided by line 1 III, line 17 ot check the box	nn (f)) 3, column (f)) ; on line 14, and	d line 15 is more	15 16 17 18 e than	331/3 %, a	▶
13 14 15 16 17 18 19 a	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check the	port Percenta column (f) divide dule A, Part III, lin ti Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto	age ed by line 13, colun he 15 centage (f) divided by line 1 III, line 17 ot check the box p here. The orga	nn (f)) 3, column (f)) 3 on line 14, and anization qualifier	d line 15 is more s as a publicly s	15 16 17 18 e than support	331/3 %, a	· · · · ▶ □ % % % and line ization ▶ □
13 14 15 16 Sec 17 18 19 a	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (lin 17 is not more than 331/3%, check thi 331/3% support tests - 2011. If the organization	port Percenta column (f) divide dule A, Part III, lin tt Income Per ne 10c, column (Schedule A, Part ganization did ne is box and sto inization did not	age ed by line 13, colun he 15 centage (f) divided by line 1 III, line 17 ot check the box p here. The orga check a box on I	nn (f)) 3, column (f)) 3 on line 14, and anization qualifier line 14 or line 15	d line 15 is more s as a publicly Da, and line 16 is	15 16 17 18 e than suppo more	331/3 %, a rted organi than 331/3	▶ % % % % % % 3%, and
15 16 Sec 17 18 19 a	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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check the	port Percenta column (f) divide dule A, Part III, lin tt Income Per ne 10c, column (Schedule A, Part ganization did no is box and sto inization did not this box and s	age ed by line 13, colum he 15 centage (f) divided by line 1 III, line 17 ot check the box p here. The orga check a box on I top here. The orga	nn (f)) 3, column (f)) 3, column (f)) 5 on line 14, and anization qualifie 14 or line 15 ganization qualifi	d line 15 is more s as a publicly Da, and line 16 is es as a publicly	15 16 17 18 e than suppor more suppo	331/3 %, a rted organi than 331/3 rted organi	· · · · ▶ % % % and line ization ▶ 3%, and ization ▶

Page 4

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

TOTAL SUPPORT - OTHER INCOME

PART II, SECTION B, LINE 10

OTHER INCOME INCLUDES OTHER REVENUE EXCLUDED FROM TAX.

Schedule B

Name of the organizatio				
Department of the Treasury Internal Revenue Service				
or 990-PF)				
(Form 990, 990-EZ,				

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

43-0652630

PROVIDENT,	INC.
FILOVIDDINI,	TINC .

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page **2**

Employer identification number 43-0652630

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 1 _	UNITED WAY OF GREATER ST. LOUIS		Person X Payroll
	910 N. 11TH STREET	\$ 2,290,838.	Noncash
	ST. LOUIS, MO 63101		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2 _	CHILDRENS SERVICE FUND		Person X
	222 SOUTH MERAMEC AVENUE, SUITE 202	\$ 710,432.	Payroll Noncash
	CLAYTON, MO_63105		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is

Name of organization **PROVIDENT**, INC.

Page 3 Employer identification number 43-0652630

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part II	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No.		(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.		(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash 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
		\$	

JSA 2E1254 1.000

	Form 990, 990-EZ, or 990-PF) (2012)			Page 4			
Name of org	ganization PROVIDENT, INC.			Employer identification number			
tl F	Exclusively religious, charitable, etc., hat total more than \$1,000 for the y for organizations completing Part III, e contributions of \$1,000 or less for the	ear. Complete colur enter the total of excl	nns (a) through (<i>lusively</i> religious,	e) and the following line entry. charitable, etc.,			
L	Jse duplicate copies of Part III if addition	•		•••••••••••••••••••••••••••••••••••••••			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
-		(e) Transf	er of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2012)			

SCHEL	DULE	D
(Form	990)	

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public

	artment of the Treasury mal Revenue Service		Form 990. ► See separa		•	Inspection
_	e of the organization					tification number
PR	OVIDENT, INC.				43-065	2630
-		tions Maintaining Donor Advi	ised Funds or Other S	imilar Funds o	or Accounts. C	omplete if the
		ion answered "Yes" to Form 9				•
			(a) Donor advised	d funds	(b) Funds	and other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3		from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor a	advisors in writing that th	ne assets held i	n donor advised	
	funds are the orga	inization's property, subject to the	e organization's exclusive	legal control?		🗀 Yes 🗀 No
6		on inform all grantees, donors, ar				
	only for charitable	purposes and not for the benefi	t of the donor or donor a	dvisor, or for an	y other purpose	;
	conferring imperm	issible private benefit?	<u> </u>		<u></u>	· · · · Yes · No
Ра					Form 990, Par	t IV, line 7.
1	Purpose(s) of con	servation easements held by the	e organization (check all the	at apply).		
		of land for public use (e.g., recre	eation or education)			y important land area
		f natural habitat		Preservation	of a certified his	storic structure
_		of open space				
2		through 2d if the organization he	eld a qualified conservation	on contribution i	in the form of a	conservation
	easement on the r	ast day of the tax year.			Held at	the End of the Tax Year
_	Total such as of a					
a ⊾		onservation easements				
b C		tricted by conservation easements vation easements on a certified				
d		vation easements included in (c)			- 20	
u		isted in the National Register	-		2d	
3		vation easements modified, tran				anization during the
°.			oronoa, roioacoa, oxing			
4		where property subject to conse	rvation easement is locate	ed 🕨		
5		ation have a written policy regard				
-		forcement of the conservation ea				Yes No
6		er hours devoted to monitoring, ir				
	▶				5	,
7	Amount of expens	es incurred in monitoring, inspec	ting, and enforcing cons	ervation easeme	ents during the y	ear
8	Does each conser	rvation easement reported on line	e 2(d) above satisfy the r	equirements of s	section 170(h)(4)	(B)
	(i) and section 170	0(h)(4)(B)(ii)?				YesNo
9	In Part XIII, descri	be how the organization reports	conservation easements	in its revenue ar	nd expense state	ment, and
		d include, if applicable, the text of	8	anization's finan	cial statements	that describes the
		counting for conservation easeme			<u>.</u>	
Ра		tions Maintaining Collections if the organization answered			er Similar Ass	ets.
	•					
1a	If the organization	n elected, as permitted under SF orical treasures, or other simila	FAS 116 (ASC 958), not ar assets held for public	to report in its	revenue stater	nent and balance sheet earch in furtherance of
	public service, pro	vide, in Part XIII, the text of the fo	potnote to its financial sta	itements that de	escribes these ite	ems.
b		n elected, as permitted under s				
		orical treasures, or other simila		exhibition, ed	ucation, or res	earch in furtherance of
		vide the following amounts relati	•			r 🕈
		uded in Form 990, Part VIII, line 1				
2		d in Form 990, Part X n received or held works of a				
2	•	n received or neid works of all sequired to be reported under S				incial gain, provide the
а		d in Form 990, Part VIII, line 1				₽ \$
b		Form 990, Part X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.								
JSA 2E1268 1.000								
2212001.000		11/6/2013	1:46:51 PM	V 12-7F	7400			

Schedule D (Form 990) 2012

Sche	edule D (Form 990) 2012											Page 2
Pai	rt III Organizations Mai	intaining	Collections of	f Art, His	storical	Treasures	s, or Ot	her Simi	ar Ass	ets (co	ontinı	ied)
3	Using the organization's ac collection items (check all th		accession, and o	other recor	ds, cheo	k any of th	ne follow	ving that a	re a sigi	nificant	use o	of its
а	Public exhibition			d	Loan	or exchang	e progra	ms				
b	Scholarly research			e	Other							
С	Preservation for future	e generatio	ns									
4	Provide a description of the	e organizat	tion's collections	and expla	ain how	they furthe	r the or	ganization's	s exemp	t purpo	ose in	Part
	XIII.											
5	During the year, did the orga	anization so	olicit or receive of	donations c	of art, his	torical treas	ures, or	other simila	ar			_
	assets to be sold to raise fun					-				Yes		No
Pai	rt IV Escrow and Custo line 9, or reported					ganization	answe	red "Yes"	to Forr	n 990.	, Part	IV,
1a	Is the organization an agent				-							7
	included on Form 990, Part	X?							L	Yes	s	No
b	If "Yes," explain the arrange	ement in Par	rt XIII and compl	ete the foll	owing ta	ble:						
_	Beginning balance							A	mount			
C L												
d												
e f												
2a										Yes		No
	If "Yes," explain the arrange										`⊢	
	rt V Endowment Funds											
ı aı	nt v Endowment i unda		(a) Current year	(b) Pric		(c) Two ye		(d) Three y		(e) Fou	ur vears	back
1a	Beginning of year balance .		4,203,997.		6,178.		5,768.		1,090.			,396.
			1,200,227		3,425.			0,00	.,	/	100	
	Net investment earnings, ga				0,1201							
	and losses		401,548.	-4	5,882.	48	5,015.	1,056	5,028.	-2.	573	,109.
d	Grants or scholarships				-,			,	,	,		
	Other expenditures for facili											
	and programs		1,083,903.	66	9,724.	89	5,605.	1,094	1,350.	1,	531	,197.
f	Administrative expenses											
g			3,521,642.	4,20	3,997.	4,91	5,178.	5,325	5,768.	5,	364	,090.
2	Provide the estimated perce	entage of th	e current vear e	nd balance	e (line 1a	, column (a) held as	:		1		
а	Board designated or quasi-e	-			, U		,					
b	Permanent endowment			-								
	Temporarily restricted endo		%									
	The percentages in lines 2a	1, 2b, and $2c$	c should equal 1	00%.								
3a	Are there endowment funds	not in the	possession of th	ne organiza	ation that	are held a	nd admir	nistered for	the			
	organization by:										Yes	No
	(i) unrelated organizations .									3a(i)		Х
	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the rela	0		•						3b		
4	Describe in Part XIII the inte											
Pai	rt VI Land, Buildings, ar	nd Equipn	nent. See Forr	n 990, Pa	rt X, line	e 10.	1					
	Description of property	/	(a) Cost or (invest	other basis tment)		or other basis other)		cumulated eciation	(d) Book v	alue	
1a	Land					88,667						567.
b	0					569,329.		52,616.		7	716,	
С	1					243,005		34,294.				711.
d	1.1				1,	266,922.	1,2	23,031.			43,8	391.
e	Other											
Tota	al. Add lines 1a through 1e. (C	Column (d)	must equal Form	n 990, Part	X, colum	n (B), line 1	0(c).)				357,9	982.

Schedule D (Form 990) 2012

Schedule D (Fo				Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	l derivatives			
	held equity interests			
(3) Other				
(A) LIMI	ITED PARTNERSHIPS	818,686.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	818,686.		
Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li			
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col. (B) I		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X			
<u>1.</u>	(a) Description of liability	(b) Book value	e	
	al income taxes	0.150.5		
	YED PENSION LIABILTY	2,158,5	525.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,158,5	525.	
2 EINI 40 /A	SC 740) Footpote In Part XIII, provide the text	of the feetnets to the e	rappization's financial statements that r	oporto the organization's

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

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	า	
1	Total revenue, gains, and other support per audited financial statements	1	5,687,358.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 203,484.		
b	Donated services and use of facilities 262,683.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 351,577.		
е	Add lines 2a through 2d	2e	817,744.
3	Subtract line 2e from line 1	3	4,869,614.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 14,815.		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	14,815.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,884,429.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn	
1	Total expenses and losses per audited financial statements	1	5,664,269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 262, 683.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	262,683.
3	Subtract line 2e from line 1	3	5,401,586.
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 4a 14,815.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	14,815.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,416,401.
Part		-	
Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.	/, line vide a	s 1b and 2b; ny additional
SE	E PAGE 5		
			·

Schedule D (Form 990) 2012

USE OF ENDOWMENT FUNDS

PART V, LINE 4

PROVIDENT'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR THE PURPOSE OF

FUNDING THE ORGANIZATION'S OPERATIONS AND FUTURE SUSTAINABILITY.

PART XI, LINE 2D

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990

MINIMUM PENSION LIABILITY ADJUSTMENT: \$351,577

Schedule D (Form 990) 2012

SCHEE	DULE I
(Form	990)

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

OMB No. 1545-0047 2012 Open to Public Inspection

Employer identification number

43-0652630

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

PROVIDENT, INC.

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	└── No
-		

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) _								
_(2)								
_(3)								
_(4) _								
_(5)								
_(6)								
_(7) _								
_(8)								
_(9)								
(10)								
(11)								
(12)								
<u>3</u> E	nter total number of section 501(c)(3) and go nter total number of other organizations liste	d in the line	1 table	ed in the line 1 tabl	le		<u></u>	
For Pa	aperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.				Schedu	le I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BASIC NEEDS ASSISTANCE - CLOTHING, RENT, TRANSPORT	178.	22,686.			
• BASIC NEEDS ASSISTANCE - CLOTHING, KENT, TRANSPORT	178.	22,000.			
2					
3					
4					
7					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

PART I, LINE 2

PROVIDENT PROVIDES ASSISTANCE TO INDIVIDUALS AS PART OF CASE MANAGEMENT

UNDER GRANTS TO WORK WITH SPECIFIED GROUPS FROM SPONSOR ORGANIZATIONS.

PROVIDENT MUST ACCOUNT FOR AMOUNTS SPENT TO THOSE SPONSOR ORGANIZATIONS,

AND ALSO USES BUDGETS AND INTERNAL ACCOUNTING BY PROGRAM TO IDENTIFY AND

CONTROL EXPENDITURES.

	EDULE J n 990)	Compensation Information 01 For certain Officers, Directors, Trustees, Key Employees, and Highest 01 Compensated Employees 01 Complete if the organization answered "Yes" to Form 990, 01						
	nent of the Treasury Revenue Service	Attach to Form	Part IV, line 23. 990. ► See separate instructions.	C	open to Inspe			
	of the organization			Employer identification				
PROV	/IDENT, IN	с.		43-065263	0			
Part	Questio	ns Regarding Compensation						
1a	990, Part VII, First-cla		rovided any of the following to or for a person o provide any relevant information regardin Housing allowance or residence for Payments for business use of person	g these items. personal use		Yes	No	
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees				
		onary spending account	Personal services (e.g., maid, chauf	ieur, chef)				
b 2	If any of the or reimburse explain Did the organ	boxes on line 1a are checked, did the ment or provision of all of the ex nization require substantiation prior to	ne organization follow a written policy re kpenses described above? If "No," con reimbursing or allowing expenses incurr regarding the items checked in line 1a?	egarding payment nplete Part III to red by all officers,				
	unectors, trus							
3	organization's related organ X Comper Indepen X Form 99	CEO/Executive Director. Check all th ization to establish compensation of th sation committee dent compensation consultant 00 of other organizations	nization used to establish the compensati at apply. Do not check any boxes for metho be CEO/Executive Director, but explain in P X Written employment contract X Compensation survey or study X Approval by the board or compensation	ods used by a Part III. ation committee				
4			Part VII, Section A, line 1a, with respect to	the filing				
а		or a related organization: verance payment or change-of-control p	ayment?		4a		х	
b	Participate in	or receive payment from a suppleme	ental nonqualified retirement plan?		4b		X	
	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		X	
5	Only section For persons I	501(c)(3) and 501(c)(4) organizations isted in Form 990, Part VII, Section A,	rovide the applicable amounts for each is must complete lines 5-9. line 1a, did the organization pay or accrue					
		n contingent on the revenues of:			_			
a L	i ne organizat				5a		X	
b		rganization? e 5a or 5b, describe in Part III.			5b		X	
6	For persons li compensatior	isted in Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue	-				
а	The organizat	ion?			6a		X	
b	Any related o	rganization? e 6a or 6b, describe in Part III.			6b		X	
7			n A, line 1a, did the organization prov	ide any non-fixed				
8	payments not Were any am to the initial	described in lines 5 and 6? If "Yes," de nounts reported in Form 990, Part VII contract exception described in	escribe in Part III I, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? I	that was subject f "Yes," describe	7		x x	
9	If "Yes" to li	ine 8, did the organization also fol	low the rebuttable presumption proceed	lure described in				
			<u> </u>		9			
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for F	orm 990.	Sched	ule J (Fo	orm 990	0) 2012	

Page 2

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
THOMAS B. MULHEARN	(i) 135,516.	10,000.	3,476.	1,491.	8,247.	158,730.	10,000
	(ii) (iii)	D0	0	0	0	(D
	(i)						
2	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)	++		+			
	(ii)						
	(i)						
	(ii)						
	(i)	++					
	(ii) (i)						
	(i)	++		+			
	(ii)						
	(i)	++					
	(ii) (i)						
	(i) (ii)	++		+			
	(i)						
	(i) (ii) _	++		+			
	(i) (ii)	++		+			

Schedule J (Form 990) 2012

Page 3

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 990-EZ.



PROVIDENT, INC

FAMILY OR BUSINESS RELATIONSHIP WITH OFFICER, DIRECTOR, OR KEY EMPLOYEE

FORM 990, PART VI, SECTION A, LINE 2

JOHN E. BUTLER AND THOMAS WILLIAMSON HAVE A BUSINESS RELATIONSHIP.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, QUESTION 11B PRIOR TO FILING FORM 990 WITH THE IRS, THE RETURN IS REVIEWED IN DETAIL BY THE CFO, FINANCE DIRECTOR, AND THE FINANCE COMMITTEE BEFORE BEING PRESENTED TO THE MEMBERS OF THE BOARD FOR FINAL APPROVAL.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST TO THE BOARD CHAIR ANNUALLY, INCLUDING BOARD MEMBERSHIPS ON, SUBSTANTIAL FINANCIAL INTERESTS IN, OR EMPLOYMENT OF THE OFFICER, DIRECTOR OR KEY EMPLOYEE OR A RELATIVE OF THE OFFICER, DIRECTOR OR KEY EMPLOYEE BY ANY ORGANIZATION DOING BUSINESS WITH THE AGENCY. THE CHAIR DETERMINES WHETHER UNACCEPTABLE CONFLICTS EXIST AND ARRANGE WITH THE OFFICER, DIRECTOR OR KEY EMPLOYEE TO CEASE ANY INAPPROPRIATE ACTIVITY. UNSETTLED MATTERS ARE REPORTED TO THE BOARD FOR APPROPRIATE ACTION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15A/B

PROVIDENT, INC. CONDUCTS A SALARY SURVEY AT LEAST EVERY OTHER YEAR AND

COMPARES ITS RATE OF PAY WITH OTHER SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS SETS THE SALARY FOR THE CEO AND MONITORS AND EVALUATES THE CEO'S PERFORMANCE ANNUALLY. FOR OTHER OFFICERS AND KEY EMPLOYEES, PROVIDENT PERFORMS ANNUAL PERFORMANCE REVIEWS WHICH ARE ASSIGNED A NUMERICAL AVERAGE WHICH THEN DICTATES THE SUGGESTED AMOUNT OF SALARY ADJUSTMENT FOR A GIVEN POSITION. MANAGERS THEN COMPARE THE RECOMMENDED SALARY ADJUSTMENT AGAINST THEIR EXPECTATIONS AND SALARY SURVEY RESULTS FROM COMPARABLE ORGANIZATIONS AND SUGGEST ANY SALARY ADJUSTMENT. SUGGESTIONS FOR SALARY ADJUSTMENT ARE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT AND APPROVED BY THE CEO AND CFO JOINTLY.

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI, LINE 9

MINIMUM PENSION LIABILITY ADJUSTMENT: \$351,577

ATTACHMENT 1

74008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF PROVIDENT IS TO STRENGTHEN FAMILIES TO PROVIDE YOUTH THE OPPORTUNITY AND RESOURCES TO SUCCEED AND TO ASSIST COMMUNITIES TO BE STABLE AND PRODUCTIVE. WE DO THIS BY PROVIDING PREVENTION AND TREATMENT SERVICES THAT HAVE THE GREATEST POTENTIAL FOR POSITIVE IMPACT. WE ARE DEDICATED TO PROVIDING SUPERIOR VALUE TO OUR CUSTOMERS BY DEVELOPING INNOVATIVE HIGH-QUALITY SERVICES FOR OUR CLIENTS.

JSA

Page 2

Employer identification number 43-0652630

Page 2

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNITY SERVICES.

OUT OF SCHOOL OUTREACH AND PREVENTIVE SERVICES ARE DESIGNED TO IMPROVE THE MENTAL AND BEHAVIORAL HEALTH OF AT-RISK CHILDREN AND THEIR FAMILIES IN EIGHT URBAN ELEMENTARY SCHOOLS THROUGH COUNSELING, CASE MANAGEMENT AND PSYCHO-EDUCATIONAL PREVENTIVE PROGRAMS. A TOTAL OF 630 CHILDREN WERE DIRECTLY SERVED IN 2012. PROGRAMS RUN FROM 3:00 - 6:00 PM AND PROVIDE A HOT MEAL, TUTORING, MENTORING, AND ENRICHMENT ACTIVITIES SUCH AS DANCE INSTRUCTION, KARATE, POETRY AND MUSICAL TRAINING. OUR DEDICATED AFTER SCHOOL DIRECTORS AND STAFF ARE PASSIONATE ABOUT PROVIDING THE BEST POSSIBLE EXPERIENCES TO YOUNG CHILDREN IN ORDER TO TEACH THEM LIFE SKILLS AND BROADEN THEIR HORIZONS.

Schedule O (Form 990 or 990-EZ) 2012

43-0652630

SCHEDULE R (Form 990)	Related Organizations		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	 Complete if the organization answered Attach to Form 990. 		Open to Public Inspection			
Name of the organization PROVIDENT, INC					Employer id 43-065	dentification number
Part I Identifica	ation of Disregarded Entities (Complete if the organization	answered "Yes" to	Form 990, Part I	V, line 33.)		
N	(a) ame, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)						
_(2)						

	or foreign country)		entity
_(1)			
_(2)			
_(3)			
_(4)			
_(5)			
_(6)			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

	nore related orga		s ilealed as a pa	arthership during the	ian year.)	1			1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) nortionate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)												
_(2)												
<u>(3)</u>												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) 2650 OLIVE INC FORMERLY PROVIDENT CARE 43-1874884	_							
2650 OLIVE STREET ST. LOUIS, MO 63103	HOME HEALTH CARE	MO	PROVIDENT, INC.	C CORP	0	0	100.0000	х
_(2)	-							
(3)	-							
(4)	-							
(5)	-							
(6)	-							
	-							

Schedule R (Form 990) 2012

JSA 2E1308 3.000

43-0652630

Schedule R (Form 990) 2012

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Par	rt IV, line 34, 35b, or 36.)				
No	te. Con	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1		the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ted in Parts II-IV?				
а	Recei	pt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, g	rant, or capital contribution to related organization(s)				1b		X
С	Gift, g	rrant, or capital contribution from related organization(s)				1c		X
d	Loans	or loan guarantees to or for related organization(s)				1d		X
е	Loans	or loan guarantees by related organization(s)				1e		X
f	Divide	ends from related organization(s)				1f		X
g	Sale o	of assets to related organization(s)				1g		X
h	Purch	ase of assets from related organization(s)				1h		X
i	Excha	nge of assets with related organization(s)				<u>1i</u>		X
j	Lease	of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease	of facilities, equipment, or other assets from related organization(s)				1k		X
I	Perfo	mance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Perfo	mance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharir	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharir	ng of paid employees with related organization(s)				10		X
	Daim					4		X
p a	Reimi	bursement paid to related organization(s) for expenses				1p		X
q	Reimi	pursement paid by related organization(s) for expenses				1q		
r	Other	transfer of cash or property to related organization(s)				1r		X
s	Other	transfer of cash or property from related organization(s)				1s		X
2		answer to any of the above is "Yes," see the instructions for information on who must complete t					I	
-		(a)	(b)	(c)		(d)		
		Name of other organization	Transaction	Amount involved	Method o amou			ıg
			type (a-s)		amou	nt invo	Jivea	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)					0	(F -)	- 000	
JSA					Schedule R		1 990)	2012

Page 3

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

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

(a) Name, address, and EIN of entity	(state or foreign in country) unr		Predominant Are all partners Share		(f) Share of total income	Share of Share of		h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1 6111 1000)	Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

Schedule R (F	orm 990) 2012
Part VII	Supplemental Information

Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2012

Form	990-T	Exem	ot Organization B	usiness In	com	e Tax Returi	ו (and proxy	tax under section	6033(e))	<u>OMB No. 1545-0687</u> എന്നെ ച റ
	tment of the Treasury al Revenue Service		For calendar year 2012 ending	or other tax y , 20	ear beg		ee separate i			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (ox if na	me changed and	see instruction	s.)		oyer identification number oyees' trust, see instructions.)
B Exe	empt under section	1	PROVIDENT, I	INC.						
Х	501(C)(3)	Print	Number, street, and roo	om or suite no.	lf a P.O	. box, see instruct	ions.		43-0	652630
	408(e) 220(e)	or Type								lated business activity codes
	408A 530(a)		2650 OLIVE S	STREET					(see in	nstructions.)
	529(a)	_	City or town, state, and							
	ok value of all assets and of year		ST. LOUIS, N						5259	90
			up exemption number	<u>`</u>	,		1		1	
			eck organization type					,	_ 401(a)	trust Other trust
			rimary unrelated busin corporation a subsidia							Yes X No
	o , ,		identifying number of			• •	t-subsidiary d	controlled group?		
			STEPHANIE FRE		iporau	011. F	Telephon	ne number 🕨 3	14-37	1-6500
			or Business Incor			(A) Inc		(B) Expen		(C) Net
1a	Gross receipts or			-						
b	Less returns and allowa	-		c Balance ▶	1c					
2	Cost of goods so	ld (Sched	ule A, line 7)		2					
3	Gross profit. Sub	tract line	2 from line 1c		3					
4a	Capital gain net i	ncome (a	ttach Schedule D)		4a					
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach F	orm 4797)	4b					
С	Capital loss dedu	ction for t	rusts		4c					
5			ps and S corporations (att		5		2,743.	ATCH 1		2,743
6					6					
7			come (Schedule E)		7					
8		-	ties, and rents from							
•					8					
9			section 501(c)(7),							
10			ncome (Schedule I)		9 10					
11	• •		dule J)		11					
12			tions; attach statement		12					
13			ough 12		13		2,743.			2,743
_			Taken Elsewhere			ns for limita		leductions) (e	xcept fo	
			be directly conne	•				, (•	,
14	Compensation of	officers,	directors, and trustees	(Schedule K))				14	
15										
16	Repairs and mair	ntenance							16	
17										
18										1 5 0
19										
20		•	see instructions for lim	,			1		20	
21			4562)							
22			on Schedule A and el						22b	
23 24										
24 25			compensation plans s							
26			Schedule I)							
27			chedule J)							
28			statement)							11.0
29			es 14 through 28							F.C.0
30	Unrelated busine	ss taxabl	e income before net o	operating loss	s dedu	ction. Subtract	ine 29 from l	line 13	30	0 1 0 1
31	Net operating los	s deducti	on (limited to the amo	ount on line 3	0)				31	
32	Unrelated busine	ss taxabl	e income before spec	ific deduction	n. Sub	ract line 31 fror	n line 30 🔒		32	
33			ally \$1,000, but see li						33	1,000
34			le income. Subtract li			0				
Eer P	enter the smaller	of zero o	r line 32			<u></u>			34	•
510 1.0	aperwork Reduction			. [1]	T7 7	0 7 7		74000		Form 990-T (2012
	1969CD K92	47 TT	/0/∠∪⊥3 ⊥:46	:51 PM	V	2-7F		74008		PAGE

-	90-T (20	PROV	IDENT, INC.					43-	0652630	F	Page 2
Part		Tax Computation									
35	Organi	zations taxable as corpor	ations (see insi	tructions fo	or tax comp	utation). Co	ontrolled group				
		rs (sections 1561 and 1563) che									
а	Enter y	our share of the \$50,000, \$25	,000, and \$9,925	5,000 taxab	le income br	ackets (in t	hat order):				
	(1) \$	(2)	5		(3) \$						
b	Enter or	rganization's share of: (1) Additiona	al 5% tax (not more	e than \$11,7	(50)	\$					
	(2) Addi	tional 3% tax (not more than \$10	0,000)		, , , , , , , , , , , , , , , , , , ,	\$					
с		tax on the amount on line 34						► 35c			177.
36	Trusts	taxable at trust rates	(see instructio					n			
	the amo	ount on line 34 from: 📃 Tax rat	te schedule or	Sched	ule D (Form 10)41)	1	▶ 36			
37		ax (see instructions)									
		ive minimum tax									
39	Total. A	dd lines 37 and 38 to line 35c or	36, whichever appl	lies				39			177.
Part		Tax and Payments	· · · · · ·					. 00			
		tax credit (corporations attach Fo	orm 1118 [,] trusts att	tach Form 11	16)	40a					
	•	redits (see instructions)			/	40b		-			
		business credit. Attach Form 380				40c		-			
		or prior year minimum tax (attach						-			
		edits. Add lines 40a through 40d						40e			
41		t line 40e from line 39									177.
		kes. Check if from: Form 4255									<u> </u>
		x. Add lines 41 and 42		-							177.
43						1	126				<u> </u>
		ts: A 2011 overpayment credited					120				
		stimated tax payments					250				
	•	osited with Form 8868					230	/.			
	Ũ	organizations: Tax paid or withhe		,				-			
	•	withholding (see instructions)						-			
		or small employer health insurance				441		-			
g		redits and payments:	Form 2439								
		orm 4136						_			276
	-	ayments. Add lines 44a through 4	•								376.
46		ed tax penalty (see instructions).						46			
47		. If line 45 is less than the total o									100
48		yment. If line 45 is larger than the			amount overpa			48			199.
49 Dor		e amount of line 48 you want: Credited			Oth or Infe	-	9. Refunded	75			
Part		Statements Regarding					1	/	<i>a</i>		
		ime during the 2012 calendar ye				0		-		Yes	No
		(bank, securities, or other) in a for		-	•	ave to file Fo	orm TD F 90-22.	I, Repor	t of Foreign		37
		d Financial Accounts. If "Yes," ent		-							X X
2		the tax year, did the organization				ntor of, or tra	ansteror to, a for	eign trus	it?		
-		see instructions for other forms th	ι,	•							
		e amount of tax-exempt interest		0	· ·						<u> </u>
		A - Cost of Goods Sold.	Enter method of								
1		ry at beginning of year _ 1		6							
2		es 2		7	-		Subtract line				
3		labor 3					here and in				
4 a		al section 263A costs									
-		statement) 4a		8			ction 263A (· ·	Yes	No
		osts (attach statement) 4b					acquired for				37
5		dd lines 1 through 4b . 5 penalties of perjury, I declare that I haw	o ovamined this seture	including			ats and to the hos			oliof :	X
C :	correc	t, and complete. Declaration of preparer (other						. u my kr	owieuge and b	ener, it	is true,
Sign			I						IRS discuss		
Here		ature of officer		Date	Title				preparer sh		
	Sign	ature of officer				Dota		see instruc	tions)? X Ye	s	No
Paid		Print/Type preparer's name		parer's signatu		Date			f	1100	
Prep	arer	TROY A. LINDSEY, CPA	7					-employe			
Use		Firm's name BKD, LLP							44-0160		
		Firm's address > 211 N. BRO					Pho	ne no.	314-232		
		ST. LOUIS	, MO 63102-	-2/33					Form 9	90-T	(2012)

Page 3

Form 990-T (2012)	PROVID	EN'I', Il	NC.				43-0	652630 Page
Schedule C - Rent Incom	e (From Real P	roperty	and Personal Prope	erty	Leased W	ith Real Prope	erty)	i aye
(see instructions) 1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or acc	rued					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		perce	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)		
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)						(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►		
Schedule E - Unrelated D			see instructions)		I			
			2. Gross income from	or	3. D	eductions directly co		
1. Description of debt-financed property		allocable to debt-financed (a) Stra					y Other deductions attach statement)	
(1)					(ditae	in statementy	(0	
(2)								
(3)								
(4)								
4. Amount of average	5 Average adju	sted hasis						
acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)		6. Column 4 divided by column 5					Ilocable deductions n 6 x total of columns 3(a) and 3(b))
(1)		,		%				
(2)				%				
(3)				%				
<u>(4)</u>				%				
<u>(</u> +)				/0	Enter here Part I, line	and on page 1, 7, column (A).	Enter h Part I.	ere and on page 1, line 7, column (B).
Totals						.,		
Total dividends-received deduct								
Schedule F - Interest, An	nuities, Royalti	es, and	Rents From Contro	lled	Organizat	ions (see instru	uctions)	
			Exempt Controlled Or		-	, , , , , , , , , , , , , , , , , , ,	/	
1. Name of controlled organization	2. Employe identification nu	r –	3. Net unrelated income (loss) (see instructions)	4. T	otal of specifie ayments made	of specified included in the controlling conne		6. Deductions directly connected with incom in column 5
(1)								
(2)								
(3)								
(4)								
\'/								l

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G - Investment li	ncome of a Sec					• • • • • • • •	
1. Description of income	2. Amount of	income	3. Deductions directly connected (attach statement)			5. Total deduction and set-asides (col. plus col. 4)	
1)							
2)							
3)							
4)							
.,	Enter here and					Enter here and on p	
	Part I, line 9, co	olumn (A).				Part I, line 9, colum	
otals							
Schedule I - Exploited Exercised	empt Activity In	come, Other		ncome (see instru	uctions)		
		3. Expenses	4. Net income (loss) from			7. Excess exer	
	2. Gross unrelated	directly	unrelated trade or	5. Gross income	6. Expenses	expenses	
1. Description of exploited activity	business income	connected with production of	business (column 2 minus column	from activity that is not unrelated	attributable to	(column 6 mir column 5, but	
	from trade or business	unrelated	3). If a gain,	business income	column 5	more than	
	Buointooo	business income	e compute cols. 5 through 7.			column 4).	
1)							
2)							
3)							
4)							
	Enter here and on	Enter here and o	n	·		Enter here an	
	page 1, Part I, line 10, col. (A).	page 1, Part I, line 10, col. (B)				on page 1, Part II, line 2	
otals ▶		ппо то, сон (В)				Fait II, line 20.	
Schedule J - Advertising Ir	ncome (see instr	uctions)					
Part I Income From Per			olidated Basis				
	•						
	2 0 0 0 0 0		4. Advertising			7. Excess reade	
1. Name of periodical	2. Gross advertising	3. Direct	gain or (loss) (col. 2 minus col. 3). If	5. Circulation	6. Readership	costs (columr minus column 5	
·	income	advertising cost	a gain, compute	income	costs	not more that	
			cols. 5 through 7.			column 4).	
1)							
2)			-			-	
3)			-			-	
4)						_	
")							
otals (carry to Part II, line (5))							
Part II Income From Per	riodicals Report	ed on a Sepa	rate Basis (For ea	h periodical list	ted in Part II, f	ill in columns 2	
through 7 on a lin	e-by-line basis.)						
	2 0 0 0 0 0		4. Advertising			 Excess reader costs (column 	
1. Name of periodical	2. Gross advertising	3. Direct	gain or (loss) (col. 2 minus col. 3). If	5. Circulation	6. Readership	minus column 5	
	income	advertising cost	a gain, compute	income	costs	not more that	
			cols. 5 through 7.			column 4).	
1)			1				
2)						1	
2) 3)							
2) 3) 4)							
2) 3) 4)	Enter here and on	Enter here and c	n			Enter here a	
2) 3) 4)	page 1, Part I,	page 1, Part I				on page 1,	
2) 3) 4) Fotals from Part I	page 1, Part I, line 11, col. (A).						
2) 3) 4) Totals from Part I Totals, Part II (lines 1-5) ►	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)				on page 1,	
2) 3) 4) Totals from Part I Totals, Part II (lines 1-5)► Schedule K - Compensation	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)	Trustees (see instr	3. Percent o		on page 1, Part II, line 2	
2) 3) 4) Totals from Part I Totals, Part II (lines 1-5) ►	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)			to 4. Comp	on page 1, Part II, line 2	
2) 3) 4) otals from Part I otals, Part II (lines 1-5)	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)	Trustees (see instr	3. Percent o time devoted	to 4. Comp un	on page 1, Part II, line 2 ensation attributable	
2) 3) 4) Totals from Part I Totals, Part II (lines 1-5) ► Schedule K - Compensation 1. Name 1)	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)	Trustees (see instr	3. Percent o time devoted	to 4. Comp un	on page 1, Part II, line 2 ensation attributable	
2) 3) 4) Totals from Part I Totals, Part II (lines 1-5) ► Schedule K - Compensation 1. Name 1) 2)	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)	Trustees (see instr	3. Percent o time devoted	to 4. Comp un %	on page 1, Part II, line 2 ensation attributable	
1) 2) 3)	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)	Trustees (see instr	3. Percent o time devoted	4. Comp un % %	on page 1, Part II, line 2 ensation attributable	
2) 3) 4) Totals from Part I Totals, Part II (lines 1-5) ► Schedule K - Compensation 1. Name 1) 2)	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B)	Trustees (see insti 2. Title	3. Percent o time devoted business	to 4. Comp un %	on page 1, Part II, line 2 ensation attributable	

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

COMMON SENSE PARTNERS II, L.P. #93-1275634	1,656.
COMMON SENSE LONG-BIASED II, L.P. #20-0392545	1,087.
INCOME (LOSS) FROM PARTNERSHIPS	2,743.

1969CD K927 11/6/2013 1:46:51 PM V 12-7F 74008

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL	FEES			412.
PART II	- LINE 2	28 - OTHER	DEDUCTIONS	412.