Form	990
Departn	nent of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

<u>20013</u>

A F	or th	ne 2013 calendar year, or tax year beginning , 2013, a	nd ending		, 20
_		C Name of organization		D Employer ider	ntification number
Bc	heck if ap	PROVIDENT, INC.		43-0652	630
	Addre chang	Doing Business As			
	-		oom/suite	E Telephone nu	mber
	Initial	return 2650 OLIVE STREET		(314) 371	-6500
	Termi	City or town, state or province, country, and ZIP or foreign postal code			
	Amen			G Gross receipts	\$ 5,803,107.
		eation F Name and address of principal officer. STEVEN SULLITION		H(a) Is this a group	return for Yes X No
	_ pendi	2650 OLIVE STREET ST. LOUIS, MO 63103		subordinates? H(b) Are all subordin	
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
J	Websi	ite: WWW.PROVIDENTSTL.ORG		H(c) Group exempt	ion number
		of organization: X Corporation Trust Association Other	L Year of forma		State of legal domicile: MO
	art I	Summary	1		
		Briefly describe the organization's mission or most significant activities: HELPING	TNDTVTDU	ALS AND FAM	ITLIES TO A
e	'	BRIGHTER FUTURE THROUGH COUNSELING, CRISIS INTERVE			
anc		SUPPORT PROGRAMS.			
ern	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed of	of more than 259	24 of its not assots	
Governance		Number of voting members of the governing body (Part VI, line 1a)		1	3 19.
ంర					4 18.
Activities		Number of independent voting members of the governing body (Part VI, line 1b)			5 175.
vit		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			6 173.
Acti	6	Total number of volunteers (estimate if necessary)			
		Total unrelated business revenue from Part VIII, column (C), line 12			
	a	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	7b 11,333. Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		3,323,378	
	9	Program service revenue (Part VIII, line 2g)	•••••	1,367,817	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		193,234	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4 004 404	0 -7,292.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,884,429	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,686	5. 13,622.
		Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,347,095	5. 3,826,844.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0 (
Т, В	b	Total fundraising expenses (Part IX, column (D), line 25) ▶132,812.			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,046,620	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,416,401	
		Revenue less expenses. Subtract line 18 from line 12		-531,972	
Net Assets or Fund Balances				inning of Current Ye	
sset	20	Total assets (Part X, line 16)		7,050,411	
dB	21	Total liabilities (Part X, line 26)		3,322,398	
я,	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	3,728,013	4,891,281.
	rt II	Signature Block			
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules ect, and complete. Declaration of preparer (other than officer) is based on all information of which	and statements,	and to the best of knowledge	my knowledge and belief, it is
				11/17/	/2014
C i.					2014
Sig He		Signature of officer		Date	
пе	re	STEPHANIE R. FRENCH, DIRECTOR OF FINANCE			
		Type or print name and title			
Det	-	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paio Pro	a parer	TROY A LINDSEY		self-employed	101011100/
	e Only	Firm's name ▶BKD, LLP		Firm's EIN 🕨 44	l-0160260
		Firm's address >211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733		Phone no. 31	L4-231-5544
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)	<u></u> .	<u> </u>	. X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2013)

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or				
print	PROVIDENT, INC.	43-0652630				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)				
due date for filing your	2650 OLIVE STREET					
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	ST. LOUIS, MO 63103					

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of **>** STEPHANIE FRENCH

Т	elephone No. ▶ 314 371-6500 FAX No. ▶			
	the organization does not have an office or place of business in the United States, check this box			
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
	he whole group, check this box ▶ □ . If it is for part of the group, check this box ▶		_ and attach	
	t with the names and EINs of all members the extension is for.			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until 08/15, 20 14, to file the exempt organization return for the organization named al	oove	e. The exter	ision is
	for the organization's return for:			
	► X calendar year 20 13 or			
	tax year beginning, 20, and ending,	20		
		-		
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return	n		
	Change in accounting period			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	C
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	C
с				
	(Electronic Federal Tax Payment System). See instructions.	30	\$	ſ

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ► X Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If	you are	filing for a	an Automatic 3-l	Month Extension,	complete only	y Part I (on page 1).

Part	: 11	Additional (Not Automatic) 3-Month Ex	xtension o	f Time. Only file the original	(no copies nee	ded).	
				Enter f	iler's identifying n	umber, s	ee instructions
		Name of exempt organization or other filer, see in	structions.	Emp	oloyer identification	number	(EIN) or
Туре	or						
print		PROVIDENT, INC.			43-06526	30	
File by the Number, street, and room or suite no. If a P.O. box, see instructions.		ctions. Soci	ial security number	(SSN)			
due da	te for						
filing ye return.		City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instruc	tions.	ST. LOUIS, MO 63103					
Enter	the Re	eturn code for the return that this application	is for (file a	separate application for each re	eturn)		01
Appl	lication	l de la constante de	Return	Application			Return
ls Fo	or		Code	Is For			Code
Forn	n 990 c	r Form 990-EZ	01				
Forn	n 990-E	3L	02	Form 1041-A			08
Forn	n 4720	(individual)	03	Form 4720 (other than individ	ual)		09
Form	n 990-P	F	04	Form 5227			10
Forn	n 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
		(trust other than above)	06	Form 8870			12
STOP	?! Do n	ot complete Part II if you were not already	granted ar	automatic 3-month extension	on a previously	filed Fo	rm 8868.
• Th	e book	s are in the care of ▶ _{STEPHANIE} FRENCH	I				
Те	lephon	e No. ► 314 371-6500	I	Fax No. 🕨			
		anization does not have an office or place of					
• If t	his is fo	or a Group Return, enter the organization's fo	ur digit Gro	up Exemption Number (GEN)		If t	this is
for th	e whole	e group, check this box \ldots . It is the second sec	f it is for pa	rt of the group, check this box.	· · · · · ▶ ∟	and a	ttach a
		names and EINs of all members the extension					
		st an additional 3-month extension of time u			<u>7</u> , 20 <u>14</u> .		
		endar year 2013 , or other tax year beginni			ding		, 20
6		ax year entered in line 5 is for less than 12 m	onths, cheo	k reason: Initial return	Final retur	n	
	·	hange in accounting period					
		n detail why you need the extension ADDIT			CUMULATE THE	1	
	INFOR	MATION NECESSARY TO FILE A COM	PLETE A	ND ACCURATE RETURN.			
		application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tentative	-		
		undable credits. See instructions.				3a \$	0
		application is for Forms 990-PF, 990-T,		-			
		ted tax payments made. Include any pri	ior year c	verpayment allowed as a cr			
		t paid previously with Form 8868.				3b \$	0
		e Due. Subtract line 8b from line 8a. Include		ent with this form, if required, b			
	(Electro	onic Federal Tax Payment System). See instru	ictions.		8	3c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2014)

	PROVIDE	ENT, INC.	43-	-0652630
Form 990 (2013) Part III Stater	want of December Consist A			Pa
	nent of Program Service A	ccomplishments esponse or note to any line in this Part	Ш	
	e the organization's mission	· · · · · · · · · · · · · · · · · · ·		
•	0	LIES TO A BRIGHTER FUTURE	ТНВОЦСН	
		ON AND COMMUNITY SUPPORT		
	,			
-		icant program services during the year		
prior Form 990 If "Yes," descril) or 990-EZ? be these new services on Se	chedule O.		Yes X
•		or make significant changes in h		m Yes X
lf "Yes," descril	be these changes on Sched			<i>r</i> ices, as measured
		 organizations are required to represent to represent the representation of the reported of the reported. 	ort the amount of grants and	allocations to oth
a (Code:) (Expenses \$ AND LIFE CRISIS SE	46, 984. including grants of \$	13, 622.) (Revenue \$	632,879.)
		NDIVIDUAL AND GROUP COUNS	ELING, CASE	
-		NIC SUPPORT FOR ADULTS AND		
WHO DEAL W	ITH MENTAL HEALTH I	DISORDERS, ADDICTIONS, GAM	BLING,	
DOMESTIC V	IOLENCE, REENTERING	G THE COMMUNITY AFTER INCA	RCERATION,	
AND ANGER	MANAGEMENT. MORE TH	IAN 2,700 PEOPLE WERE DIRE	CTLY SERVED	
IN 2013. L	IFE CRISIS SERVICES	S IS AN AWARD WINNING CRIS	IS	
INTERVENTI	ON/SUICIDE PREVENTI	ON HOTLINE AND SUPPORT SE	RVICE THAT	
SERVED OVE	R 30,000 PEOPLE IN	2013.		
b (Code:) (Expenses \$	18,279_ including grants of \$) (Revenue \$	564,058.)
ATTACHME				
<u></u>				
c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
d Other program	services (Describe in Sche	dule O.)		
(Expenses \$	including gra	ints of \$) (Revenue	\$)	
e Total program	service expenses	3,765,263.		
A 2.000				Form 990 (2
	x927 11/14/2014 7:	45:49 AM V 13-7.5F	74008	PAG

Ves 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 X 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer (I'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 war? II 'Yes,' complete Schedule C. Part I. 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? II 'Yes,' complete Schedule C. 5 X 6 X 1 4 X 9 Did the organization maintain any done advised funds or any similar funds or accounts for which donors have the inginto provide advice on the distribution or investment of amounts in such funds or accounts for which donors the environment, historic al cares, or historical treasures, or other similar asset? II 'Yes,' organizet Schedule D. Part II. 7 X 9 X 10 X 10 X 10 14 the organization report an amount in Part X, Ime 21, for secrory or outputs Schedule D, Part V 10 X	Part	IV Checklist of Required Schedules			
complete Schedule A 1 1 1 1 1 1 1 1 2 X 3 Did the organization engage in direct or indirect political campaign activities, or have a section 501(h) election in effect during the tax year 11*/ves." complete Schedule C, Part 1. 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 11*/ves." complete Schedule C, Part 1. 4 X 5 Is the organization asetton 501(c)(4). 501(c)(5). or 501(c)(6) organization inter receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 11*/ves," complete Schedule C, Part 1. 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If *Ves," complete Schedule D, Part 1. 7 X 7 Did the organization receive or or did a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If *Ves," complete Schedule D, Part 1. 7 X 7 Did the organization receive an amount in Part X, line 21, for escrow or custoidial account liability, serve as a custodial no sence? If *Ves," complete Schedule D, Part V 9 X 10 Did the organization				Yes	No
2 Is the organization required to complete Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities, or have a section 501(c) (3) organizations. Did the organization engage in lobbying activities, or have 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 II 4 X 5 Is the organization assection 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 doner advised funds or any similar funds or accounts for which doners have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which doners have the organization reports of historic structures? If "Yes," complete Schedule D, Part II 6 X 7 Ud the organization reports on amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide croit counseling, debt management, credit repart, or debt neganization, directly or through a related organization, report N 10 X 10 It the organization report an amount for laws. Schedule D, Part V 10 X 10 It doreganization report an amount for laws. Schedule D, Part V	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2 Is the organization required to complete Schedule P. Schedule of Contributors (see instructions)?		complete Schedule A	1	Х	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in exposition to candidates for public officer M ''res' complete Schedule C, Part I. 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 ''res' complete Schedule C, Part II. 5 Is the organization asaction 501(c)(4, 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If ''res', complete Schedule C, Part II. 6 Did the organization advice on the distribution or investment of amounts in such funds or accounts? If ''res', complete Schedule D, Part II. 7 Did the organization advice on the distribution or investment of amounts in such funds or accounts? If ''res', complete Schedule D, Part II. 7 Did the organization advice on the distribution or investment of amounts in such funds or accounts? If ''res', complete Schedule D, Part II. 8 Did the organization advice on the disconcertation essenters'. Investment of amounts in such funds or accounts? If ''res', complete Schedule D, Part II. 9 Did the organization advice on the disconcertation concessing, debt management, oredi reserve organization advice on the otherwise subschole D, Part II. 9 Did the organization advice on the following questions is 'Yes', 'then complete Schedule D, Part VI. 10 Did the organization advice on the otholwing usations is 'Yes', 'then complete Schedule D, Part VI. 10 Did the organization advice on the advice since the following questions is 'Yes', 'then complete Schedule D, Part VI. 11 Did the organization advice on the otholwing usations is 'Yes', 'then complete Schedule D, Part VI. 11 Did the organization advice on the advice sincethore securities in Part X, line 107 If ''Yes', 'complete Sche	2		2	Х	
candidates for public office? // *%e* completes Schedule C, Part I. 3 X 4 Section 501(Q) or granutation. Did the organization engalm in lobbying activities, or have a section 501(h) 4 X 5 Is the organization a section 501(c)(14), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // */ssc complete Schedule C, Part II. 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? // * 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve opes pace, the environment, historic attructures? // */ssc complete Schedule D, Part II. 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 parker Schedule D, Part V 9 X 10 Did the organization report an amount for lowing questions is "Yes," tonne complete Schedule D, Part V 10 X 11 the organization report an amount for investments-order socialis account liability: serve as a custodian for amount for investments-program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15 // */ssc complete Schedule D, Part V 10 X <	3				
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(b), else the infect during the tax year? If 'res' complete Schedule C, Part II. X 5 Is the organization ascetion 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 'res,' complete Schedule C, Part II. S X 6 Did the organization advise of the distribution or investment of amounts in such funds or accounts? If 'res,' complete Schedule D, Part I. 6 X 7 Did the organization report an amount in Part X, line 21, for escrow or outsodial account liability; serve as a custodian for amounts not listed in Part X, icor provide credic counseling, delt management, credit repair, or debt negonization adviser to any of the following questions is "Yes," complete Schedule D, Part II. 8 X 9 Did the organization advise or the dilowing questions is "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 9 X 11 If the organization in Part X, line 12 mints: Six or more of its total assets reported in Part X, line 13 mints: Six or more of its total assets reported in Part X, line 197 If "Yes," complete Schedule D, Part X 10 X 12 If the organization report an amount for land, buildings, and e	-		3		Х
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization assention 501(c)(d), 501(c)(d), 501(c)(d), 601(c)(d), 601(c)(d)	4		-		
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 "Ves," complete Schedule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "es," complete Schedule D, Part II. 6 7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "ves," complete Schedule D, Part II. 7 8 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, ior provide credit counseling, delt management. credit repair, or debt negonization, and particular on any serve to any of the following questions is "Yes," then complete Schedule D, Part VI. 9 × 10 Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 × 11 If the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 × 11 If de organization report an amount for linestments-program related in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 × 11 If de	-		4		x
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 5 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 II. 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures? If "Yes," complete Schedule D, Part II. 7 8 Did the organization maintain collections of works of an, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 9 Did the organization report an amount in Part X, ine 21, for escrew or custodial account liability; serve as a custodian for amounts or guasi-endowners? If "Yes," complete Schedule D, Part V. 9 10 Did the organization, endownersit, or quasi-endowners? If "Yes," complete Schedule D, Part V. 10 11 It erganization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V. 10 11 M the organization report an amount for larks, for program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. 10 2 Did the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sche	F		-		
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 "%s," 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, historical networks of art, historical treasures, or other similar assets? If "Yes," a provide advice on the distribution or anount and histed in Part X, line 21, for secrow or custodial account liability serve as a custodian for amounts not listed in Part X, or provide organization, high assets? If "Yes," and the organization report an amount for and the following questions is "Yes," then complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments-order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Pa	Э				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advector on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 <li8< li=""> <li9< li=""> 7<</li9<></li8<>			_		v
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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X, f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	u		114		x
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13 Is the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14 Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II 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 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X <t< th=""><th>b</th><th></th><th></th><th></th><th></th></t<>	b				
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If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19				
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
	20 a				
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form **990** (2013)

JSA

Form 99	00 (2013)			Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
	to defease any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	0.5 -		v
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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)			
•	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 M	29		Х
30	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,	- 50		
31		31		х
20	Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		25
32		32		х
	complete Schedule N, Part II	32		Λ
33		22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
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		
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		Х	

Form 990 (2013)

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	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 175			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
5 -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	50		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
Ua	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).			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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 7h		Х
o o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		Λ
0	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.	-		
	Did the organization make any taxable distributions under section 4966?	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)	4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	138		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA				

Form §	990 (2013) PROVIDENT, INC. 43-0652	2630		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	V	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		Х
•	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a L	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ə.)	<u> </u>
			Yes	No
10a	Did 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 chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright_{-1}			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t organization: ► STEPHANIE FRENCH 2650 OLIVE STREET, ST. LOUIS, MO 63103 314-371-6500	he		
JSA	CIGUILECTION ► SIEFINANIE FRENCH 2000 OLIVE SIREEI, SI. LUUIS, MU 03103 314-3/1-0300	Form	990	(2013)
				,)

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Part VII	Compensation of (Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contra	octors								

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

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

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

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

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

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

• List all of the organization's **former** officers, key employees, 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 hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than c is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MICHAEL GIRSCH	2.00									
BOARD MEMBER		X						0	0	0
(2)SANFORD_SCOTT	2.00									
BOARD MEMBER		Х						0	0	0
(3)LAWRENCE THOMAS	2.00									
BOARD MEMBER		Х						0	0	0
(4)ANNA_DOYLE BOARD MEMBER	2.00	Х						0	0	0
(5)BARBARA BOWMAN BOARD MEMBER	2.00	Х						C	0	0
(6)BARBARA ABBETT VICE CHAIR/INTERIM EXEC DIRECT	40.00	Х		Х				68,308.	0	575.
(7)STUART GREENBAUM CHAIR	3.00	Х		Х				C	0	0
(8)JOHN BUTLER IMMEDIATE PAST CHAIR	2.00	X						C	0	0
(9)KATE BECKER BOARD MEMBER	2.00	X						C	0	0
(10)RISA ZWERLING SECRETARY	3.00	X		Х				C	0	0
(11)GERALD EARLY BOARD MEMBER	2.00	X						C	0	0
(12)JACK LAY TREASURER	3.00	X		Х				C	0	0
(13)THOMAS WILLIAMSON BOARD MEMBER	2.00	X						0	0	0
(14)DENISE BENTELE BOARD MEMBER	2.00	X						0	0	0

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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 						(C)			(D)	(E)			(F)	
Image: Second Secon			hours per week (list any	box, office	unles	neck ss pei	ition more rson	is both	an	Reportable compensation from	Reporta compensatio relate	on from d	am (timated rount of other	on
 Control MEMBER Control Member Member Contret Member Contret Member <li< th=""><th></th><th></th><th>related organizations below dotted</th><th>Individual trustee or director</th><th>Institutional trustee</th><th>Officer</th><th>Key employee</th><th>Highest compensated employee</th><th>Former</th><th>organization</th><th></th><th></th><th>orga and</th><th>anizatio d relateo</th><th></th></li<>			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			orga and	anizatio d relateo	
6) ROBERT FREUND 2.00 x 0 0 BOARD MEMBER 2.00 x 0 0 IDDENTS HORTHAIN 40.00 x 116,730.0 14,80.0 21 STEPHANIE FRENCH 40.00 x 66,943.0 9,28.0 ID BOLTO OF FINANCE 1 40.00 x 252,970.0 0 27,58.0 21 Total (add lines th and to) 10 252,970.0 0			2.00												
EOARD MEMBER x 0 0 7) MARY STILLMAN 2.00 x 0 0 BOARD MEMBER x 0 0 0 BOARD MEMBER 2.00 0 0 0 BOARD MEMBER 2.00 0 0 0 BOARD MEMBER 2.00 0 0 0 CEO & PRESIDENT 1/1 - 5/31/13 X 69,297. 3,49 VP OF PINANCE 1/1 - 10/30/13 X 116,730. 0 14,80: 2) STEPHANIE FRENCH 40.00 X 66,943. 9,28			2.00												
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 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	c Total from c	ontinuation sheets to Part VII, S	Section A						►			0			
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Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 2 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 3 2 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. 4 2 (A) (B) (C)						d at	oove	e) who	o re	eceived more than	\$100,000 0	of			
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employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the orc	anization list any former offi	cer directo	or or	tru	ister	e l	kev e	emn	olovee or highes	t compens	ated		100	
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exettion B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) 													3		Χ
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													4		Σ
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any pers	son listed on line 1a receive or	accrue co	mpen	satio	on f	rom	n any	un	related organization	on or indivi	dual	5		Σ
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)															
		s table for your five highest con													
	1 Complete thi compensatio	n from the organization. Report	compensati	011101				,		0			13 10		
	1 Complete thi compensatio		compensation												

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 JSA 3E1055 1.000

		Check if Schedule O c						••••••
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	2,289,127.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am C	с	Fundraising events		24,468.				
ilar İlar	d	Related organizations						
ns, Sim	е	Government grants (contribu		655,437.				
er :	f	All other contributions, gifts, grar	nts,					
Q t i		and similar amounts not include	d above . 1f	186,416.				
nd Dd	g	Noncash contributions included	in lines 1a-1f: \$	16,774.				
	h	Total. Add lines 1a-1f		. <u></u> ▶	3,155,448.			
Program Service Revenue				Business Code				
eve	2a	COUNSELING SERVICES		624100	1,196,937.	1,196,937.		
e R	b							
Z	c							
١S	d							
ran	е							
rog	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f			1,196,937.			
	3	Investment income (includir			45.550		10 7 10	
		other similar amounts)			47,753.		12,749.	35,004
	4	Income from investment of	•		0			
	5	Royalties	(i) Real	(ii) Personal	0			
	6a	Gross rents						
	b	Less: rental expenses						
	c d	Rental income or (loss) Net rental income or (loss			0			
	u		(i) Securities	(ii) Other	0			
	7a	Gross amount from sales of assets other than inventory	1,397,434.	450.				
	b	Less: cost or other basis	1,00,1,1011	100.				
		and sales expenses	1,589,608.	2,035.				
	c	Gain or (loss)						
		Net gain or (loss)			-193,759.			-193,759
Φ		Gross income from fundra						
nu		events (not including \$	-					
<u>Š</u> Ve		of contributions reported on						
Å		See Part IV, line 18		5,085.				
Other Revenue	b	Less: direct expenses						
<u>e</u>	с	Net income or (loss) from fu			-7,292.			-7,292
-	9a	Gross income from gaming	activities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from ga	aming activities .	. <u></u> ▶	0			
	10a	Gross sales of invent returns and allowances						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sa			0			
		Miscellaneous Rever	nue	Business Code				
	11a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instruction	ons		4 100 007	1 100 007	10 740	1 0 4 7

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Form 990 (2013)

Form **990** (2013)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (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 ſ organizations in the United States. See Part IV, line 21 . 2 Grants and other assistance to individuals in 13,622. 13,622. 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 ſ 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 349,434. 62,803. 286,631 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,828,605. 2,486,303. 253,832 88,470. 8 Pension plan accruals and contributions (include section 153,944. 116,063. 31,483 6,398. 401(k) and 403(b) employer contributions) 26,283 1,927. 226,840 198,630 9 Other employee benefits 268,021. 218,152. 40,411. 9,458. Payroll taxes 10 11 Fees for services (non-employees): a Management 18,764. 1,479 17,285. b Legal 52,607. 52,607. c Accounting d Lobbying (Ω e Professional fundraising services. See Part IV, line 17 10,900. 10,900 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 134,045. 47,301 85,794 950. (A) amount, list line 11g expenses on Schedule O.) 21,852. 1,415 6,225. 12 Advertising and promotion 29,492. 161,071. 112,848. 34,048 14,175. 13 Office expenses 82,842. 78,765. 3,201 876. 14 Information technology 15 Royalties 327,400. 294,477. 32,923 Occupancy 16 1,149. 30,149. 29,000. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 25,106. 4,401 1,646. 19,059 Conferences, conventions, and meetings 19 19,872. 19,872. Interest 20 21 Payments to affiliates 54,288. 47,734 6,554 Depreciation, depletion, and amortization 22 14,848. 10,131. 4,717. Insurance 23 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.) aDUES & SUBSCRIPTIONS 18,367. 5,335. 11,664 1,368. 14,394 1,709. 12,515 170. bAWARDS & INCENTIVES С d _____ e All other expenses _____ 3,765,263 936,536 132,812. 4,834,611 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

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JSA 3E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990 (2013)

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Page **11**

	n 990 (rt X						Page 11
r a		Check if Schedule O contains a response o	r note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,080.	1	178,299.
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			2,394,905.	3	2,306,810
	4	Accounts receivable, net			210,359.	4	163,406
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest c	omper	sated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	, and o untary e edule L	ontributing employers employees' beneficiary	0	5 6	
ssets	7	Notes and loans receivable, net			0	7	
A SS	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			62,443.	9	67,430
	10 a	Land, buildings, and equipment: cost or		-			
			10a	2,543,244.			
	b	Less: accumulated depreciation			857,982.	10c	818,282
	11	Investments - publicly traded securities			2,702,956.		2,795,214
	12	Investments - other securities. See Part IV, line 11			818,686.		598,237
	13	Investments - program-related. See Part IV, line 1			, 0		,
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11	• • •		0		
	16	Total assets. Add lines 1 through 15 (must equal			7,050,411.	16	6,927,678
	17	Accounts payable and accrued expenses			295,539.	17	223,685
	18	Grants payable			0		2207000
	19	Deferred revenue	• • •		44,376.		115,658
	20	Deferred revenue					110,000
~	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P	ort IV/ c	f Sabadula D	0		
i	22	Loans and other payables to current and fu			0	21	
	~~	trustees, key employees, highest comper					
Liabilities					0	22	
	~~	disqualified persons. Complete Part II of Schedule			823,958.	22	651,458
	23	Secured mortgages and notes payable to unrelat			023,930.		
	24 25	Unsecured notes and loans payable to unrelated			0	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			0 1 E 0 E 0 E	0.5	1 045 506
		of Schedule D	• • •	•••••	2,158,525.	25	1,045,596
	26	Total liabilities. Add lines 17 through 25			3,322,398.	26	2,036,397
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		and 🕨 🔺 and			
an	27	Unrestricted net assets			1,270,108.	27	2,521,471
Bal	28	Temporarily restricted net assets			2,394,905.	28	2,306,810
g	29	Permanently restricted net assets		<u></u>	63,000.	29	63,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.), chec	k here 🕨 🔄 and			
ţs	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ	uipmer	t fund		31	
As	32	Retained earnings, endowment, accumulated inc	ome. d	or other funds		32	
let	33	Total net assets or fund balances			3,728,013.	33	4,891,281
-	34	Total liabilities and net assets/fund balances			7,050,411.	34	6,927,678
_					,,,		Form 990 (2013

Form 990	(2013)			Pa	age 12	
Part >						
	Check if Schedule O contains a response or note to any line in this Part XI				Χ	
1 7	Total revenue (must equal Part VIII, column (A), line 12)	1		199,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,834,611.		
3 F	Revenue less expenses. Subtract line 2 from line 1	3		-635,524		
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	З,	728,		
5 1	Net unrealized gains (losses) on investments	5		630 ,	492.	
6 [Donated services and use of facilities	6			0	
7	nvestment expenses	7			0	
8 F	Prior period adjustments	8			0	
9 (Other changes in net assets or fund balances (explain in Schedule O)	9	1,	168,	300.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4,	891,	281.	
Part X						
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
I	f the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	in			
5	Schedule O.					
2a ∖	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
I	f "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	or			
r	eviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b \	Nere the organization's financial statements audited by an independent accountant?		2b	X		
	f "Yes," check a box below to indicate whether the financial statements for the year were audi		a			
	separate basis, consolidated basis, or both:					
	X Separate basis Separate basis Both consolidated and separate basis					
c	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		20	Х		
	f the organization changed either its oversight process or selection process during the tax year, e		in			
	Schedule O.	•				
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	in			
	he Single Audit Act and OMB Circular A-133?		3a		Х	
	f "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th	ne			
	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)

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.

	ent of the Treasu	y ▶Int	formation about Sch	► Attach to Form 990 edule A (Form 990 or 990-I	or Fori EZ) and	n 990-l its ins	EZ. tructions	is at wv	vw.irs.ge	ov/form9	990.	Open to Inspec	
Name of	f the organizat	ion							Emplo	yer iden	tificat	ion numb	er
PROVI	DENT, INC	2.								43	-065	52630	
Part I	Reason	for Pub	lic Charity Statu	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions	5.		
The org	ganization is	not a priv	vate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church,	conventi	ion of churches, or	association of churches	describ	ed in s	section	170(b)(1)(A)(i)).			
2	A school o	lescribe	d in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	A hospital	or a coo	operative hospital s	ervice organization descr	ibed in	sectio	on 170(b	o)(1)(A)	(iii).				
4	A medica	l researd	ch organization op	erated in conjunction w	ith a h	lospita	l descr	ibed in	sectio	n 170(b	b)(1)((A)(iii) . E	Enter the
			ty, and state:										
5	An organi	zation o	perated for the be	nefit of a college or univ	ersity	owned	l or ope	erated b	by a go	vernme	ental	unit des	cribed in
	_ section 17	'0(b)(1)(A)(iv). (Complete F	Part II.)									
6	A federal,	state, o	r local government	or governmental unit des	cribed	in sec t	tion 170)(b)(1)(/	A)(v).				
7 X	An organi	zation th	at normally receive	es a substantial part of it	s supp	ort fro	om a go	vernme	ental ur	nit or fro	om tł	ne genei	al public
	7			(Complete Part II.)									
8		-		on 170(b)(1)(A)(vi). (Com	-								
9			•	es: (1) more than 331/39								•	•
	-			exempt functions - sub			-						
		-		ome and unrelated busi				-		n 511	tax)	from bu	isinesses
		-	-	ne 30, 1975. See section									
10	-			ted exclusively to test for		-				-			
11	-			rated exclusively for the			-					-	
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									section			
					-						-		
•	- <u> </u>	vpel		c Type III-Functio	-	-			••			onally int	•
e		-	-	e organization is not con			-	-	-			-	-
			-	other than one or more	publici	y supp	oned o	irganiza	tions c	iescribe	a m	section :	509(a)(1)
	or section			n determination from th		that it	ia a T			or Tur	~ 111	oupport	n.a.
f											e m	support	
a	Since Aug		N LITIS DUX	nization accepted any gif	t or co	otribut	ion from		the		• • •		[]
g	following p			nization accepted any gir		illibul		i any oi	uie				
	• •			tly controls, either alone	or tog	othor 1	with ne	rsons d	escribe	d in (ii)	and	Ì	Yes No
				the supported organizati								11g(i)	
	(iii) A fam	ilv mem	ber of a person de	scribed in (i) above?	•	• • •	• • • •			• • • •	• • •	11g(ii)	
	(iii) A 359	6 contro	lled entity of a pers	on described in (i) or (ii) a	hove?							11g(iii)	
h				ut the supported organiz									
	Name of supp		(ii) EIN	(iii) Type of organization	T	ls the	(v) Did y	ou notify	(vi)	Is the	(vii)	Amount of	monetary
()	organization		((described on lines 1-9	organia	zation in listed in	the org	anization	organi	zation in	(,	suppo	
				above or IRC section (see instructions))	your go	overning ment?) of your port?		organized U.S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(D)													
(B)													
(\mathbf{C})													
(C)													
(D)													
(5)													
(E)													
					L						<u> </u>		

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

Total

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047 2013

Schedule A (Form 990 or 990-EZ) 2013

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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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,507,650.	2,491,150.	3,326,192.	3,323,378.	3,155,448.	14,803,818.				
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	2,507,650.	2,491,150.	3,326,192.	3,323,378.	3,155,448.	14,803,818.				
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>0</u>				
6	Public support. Subtract line 5 from line 4.						14,803,818.				
	tion B. Total Support			Г							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,507,650.	2,491,150.	3,326,192.	3,323,378.	3,155,448.	14,803,818.				
9	sources	156,549.	91,344.	125,695.	80,932.	35,004.	489,524.				
	activities, whether or not the business is regularly carried on	10,121.	10,369.	3,140.	2,181.	12,333.	38,144.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-22,664.	-115,227.		-7,292.	-145,183.				
11	Total support. Add lines 7 through 10						15,186,303.				
12	Gross receipts from related activities, etc. (s	ee instructions) .			l	12	9,513,872.				
13	First five years. If the Form 990 is for organization, check this box and stop here										
Sec	tion C. Computation of Public Sup	port Percenta	ge								
14	Public support percentage for 2013 (li		•			14	97.48%				
15	Public support percentage from 2012					15	96.50%				
16a	331/3% support test - 2013. If the o	-									
	this box and stop here. The organization										
b	331/3% support test - 2012. If the c										
47.	check this box and stop here. The orga										
17a	a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported										
h	organization 10%-facts-and-circumstances test -						▶□				
b	15 is 10% or more, and if the orga Explain in Part IV how the organizati supported organization	anization meets on meets the "	the "facts-and facts-and-circum	l-circumstances" istances" test.	test, check th The organization	is box and sto n qualifies as a	p here.				
18	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					
					<u></u> .						

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3 (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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3 (f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11,						
13							
14	and 12.) First five years. If the Form 990 is for	the organizatio	 n's first_second	third fourth or	fifth tax year a	l section	501(c)(3)
14	organization, check this box and stop here						
Sec	tion C. Computation of Public Sur					<u></u>	
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investme						,,,
17	Investment income percentage for 2013 (li			13 column (f))		17	%
18	Investment income percentage for 2012 (in					18	%
	331/3% support tests - 2013. If the or						
190	17 is not more than 331/3%, check th						
h	331/3% support tests - 2012. If the orga		-				
U	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	o 1			• —
JSA		01 0100A		,,			Form 990 or 990-EZ) 2013
3E122	1.000 1969CD K927 11/14/2014 7	:45:49 AM	V 13-7.5F	· 7	4008	·	PAGE 10

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

TOTAL SUPPORT - OTHER INCOME

PART II, SECTION B, LINE 10

OTHER INCOME INCLUDES OTHER REVENUE EXCLUDED FROM TAX.

Schedule A (Form 990 or 990-EZ) 2013

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the orga	anizatior
PROVIDENT,	INC.

Employer identification number

43-0652630

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 its Form 990-PF, Part I, line 2, 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.

Name of organization PROVIDENT, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	UNITED WAY OF GREATER ST. LOUIS	-	Person	
	910 N. 11TH STREET	\$2,289,127.	Payroll Noncash	
	ST. LOUIS, MO 63101	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2_	CHILDRENS SERVICE FUND	_	Person	
	222 SOUTH MERAMEC AVENUE, SUITE 202	\$488,316.	Payroll Noncash	
	CLAYTON, MO 63105	_	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3_	MISSOURI FOUNDATION FOR HEALTH	_	Person X	
	415 SOUTH 18TH STREET	\$86,062.	Payroll Noncash	
	ST. LOUIS, MO 63103	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		- - \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization **PROVIDENT**, INC.

Employer identification number 43-0652630

Page 3

Part II N	oncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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me of ora:	orm 990, 990-EZ, or 990-PF) (2013) anization PROVIDENT, INC.		Pa Employer identification number
			43-0652630
t F c	hat total more than \$1,000 for the y For organizations completing Part III, e contributions of \$1,000 or less for the	enter the total of <i>exclusive</i> e year. (Enter this information	to section 501(c)(7), (8), or (10) organizations a) through (e) and the following line entry. //y religious, charitable, etc., tion once. See instructions.) ► \$
	Jse duplicate copies of Part III if additi	onal space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	 t
-	Transferee's name, address, an	d 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 gif	t
-	Transferee's name, address, an	d 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 gif	t
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No.		(a) Use of city	(d) Departmention of how sift is hold
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (

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SCHED	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 Form 990.

2 13 **Open to Public**

OMB No. 1545-0047

	artment of the Treasury	Nunformation about Cabadul	Attach to Form 990.			Open to Public
	nal Revenue Service e of the organization	Information about Schedule	e D (Form 990) and its instruction	ns is at www.irs	-	Inspection
	-				43-0652	
	OVIDENT, INC. rtl Organizati	ons Maintaining Donor Advis	od Euroda or Othor Similar			2030
га		f the organization answered "			ccounts.	
			(a) Donor advised fund		(b) Funds a	and other accounts
1	Total number at o	nd of year				
2		utions to (during year)				
2 3		from (during year)				
3 4		at end of year				
. 5		on inform all donors and donor	advisors in writing that the as	ssets held in (donor advised	
,	•	inization's property, subject to the	•			Yes No
6		on inform all grantees, donors, a				
•	-	purposes and not for the benefi	-	-		
		nissible private benefit?				Yes No
Ра	rt I Conservati	on Easements. Complete if t	he organization answered "	'Yes" to Forr	n 990, Part IV	/, line 7.
1		servation easements held by the			,	
	Preservation	of land for public use (e.g., recr	eation or education)	reservation of	f an historically	important land area
		f natural habitat		reservation of	f a certified his	toric structure
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation co	ontribution in	the form of a c	onservation
	easement on the	last day of the tax year.				
					Held at t	he End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage res	tricted by conservation easements	8		2b	
С	Number of conser	vation easements on a certified	historic structure included in (a	a)	2c	
d	Number of conser	vation easements included in (c)	acquired after 8/17/06, and	not on a		
		isted in the National Register			2d	
3	Number of conser	vation easements modified, tran	sferred, released, extinguishe	ed, or termina	ated by the orga	nization during the
	tax year ►					
4		where property subject to conse				
5	-	ation have a written policy regard		•	-	
		forcement of the conservation ea				
6	Staff and voluntee	er hours devoted to monitoring, in	nspecting, and enforcing cons	servation ease	ements during t	he year
_	•					
7		ses incurred in monitoring, inspec	cting, and enforcing conservat	tion easemen	its during the ye	ear
_	▶\$					
8		rvation easement reported on lin				
		D(h)(4)(B)(ii)? ibe how the organization reports	concernation economicate in its			
9		d include, if applicable, the text of			•	
		counting for conservation easeme			ai statements ti	
Ра	<u> </u>	tions Maintaining Collections		es. or Other	Similar Asse	ts.
		e if the organization answered				
1a	If the organization	n elected, as permitted under SI	FAS 116 (ASC 958) not to r	report in its r	evenue statem	ent and balance sheet
	works of art, hist	orical treasures, or other simila	ar assets held for public ext	hibition, educ	ation, or rese	arch in furtherance of
F		vide, in Part XIII, the text of the for				
b		n elected, as permitted under a corical treasures, or other simila				
		vide the following amounts relat				
		uded in Form 990, Part VIII, line	•			\$
		ed in Form 990, Part X				
2		n received or held works of a				
	•	s required to be reported under S				=
а		d in Form 990, Part VIII, line 1				• \$
h		Form 990 Part X				¢ ¢

Schedule D (Form 990) 2013

_	dule D (Form 990) 2013	an Callestiana of	Aut Historical 7		on Othon Cim	len Acco	te (equation	Page 2
Par	t III Organizations Maintainii	ng Collections of	Art, Historical I	reasures,	or Other Sim	llar Asse	ts (contini	uea)
3	Using the organization's acquisition collection items (check all that app			-	-	are a sigr	nificant use	of its
a	Public exhibition			or exchange				
b	Scholarly research		e Other					
c	Preservation for future gene							
4	Provide a description of the organ	nization's collections	and explain now	they further	the organizatio	n's exemp	t purpose i	n Part
5	XIII.	n aclicit ar racciva a	lonations of art hist	origal tragg	rea or other aim	ilor		
5	During the year, did the organization assets to be sold to raise funds rath						Yes	No
Par	t IV Escrow and Custodial Ar							
- ai	or reported an amount or					1 0111 00	o, r arrr,	
1a	Is the organization an agent, truste					not		_
	included on Form 990, Part X?					L	Yes	No
D	If "Yes," explain the arrangement ir	Part XIII and compl	ete the following tar		1	Amount		
c	Beginning balance			1c		Amount		
о Ь	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement ir							
	t V Endowment Funds. Com							
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three	years back	(e) Four yea	rs back
1a	Beginning of year balance	3,521,642.	4,203,997.	4,916	,178. 5,3	25,768.	5,364	1,090.
b	Contributions			3	,425.			
С	Net investment earnings, gains,							
	and losses	486,070.	401,548.	-45	,882. 4	86,015.	1,050	5 , 028.
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	614,261.	1,083,903.	669	,724. 8	95,605.	1,094	1,350.
f	Administrative expenses							
g	End of year balance	3,393,451.	3,521,642.			16,178.	5,325	5,768.
2	Provide the estimated percentage			, column (a))	held as:			
a	Board designated or quasi-endown		- %					
	Permanent endowment <u>1.8</u> Temporarily restricted endowment	3600 % ► %						
C	The percentages in lines 2a, 2b, ar	· ·	00%					
30	Are there endowment funds not in			are held an	d administered fo	or the		
Ja	organization by:		ie organization that				Yes	s No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related or	panizations listed as	required on Schedul	e R?			3b	
4	Describe in Part XIII the intended u							
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.						
	Complete if the organiza Description of property	Ition answered "Ye (a) Cost or (invest	other basis (b) Cost	or other basis	11a. See Form (c) Accumulated depreciation		t X, line 10 d) Book value	
1a	Land	``		88,667.	·		88,	667.
b	Buildings		1,5	574,333.	884,155	•		178.
с	Leasehold improvements			23,670.	19,193	•	4,	,477.
d	Equipment	[856,574.	821,614	•	34,	960.
	Other							
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Forn	n 990, Part X, colum	n (B), line 10	D(c).)	•	818,	282.
						Sched	ule D (Form 9	90) 2013

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	-0111 990) 2013		Fage
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
	ITED PARTNERSHIPS	598,237.	FMV
(B)		00072071	1110
<u>(B)</u> (C)			
(D) (E)			
(E) (F)			
<u>(G)</u>			
(H)		E00 007	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	598,237.	
Part VIII		"Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.		
		"Yes" to Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
	· · ·	Description	(b) Book value
(1)	(0)	Decemption	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) lii	ne 15)	
Part X	Other Liabilities.		
T art A		"Yes" to Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	e
	al income taxes		
	UED PENSION LIABILTY	1,045,5	596.
(3)	-	,,	
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,045,5	596
1 ULAI. (COIUIT	11 (Δ) 111031 Equal 1 0111 990, Fait A, COI. (D) 1118 25.)	▶ 1,045,5	

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 JSA 3E1270 1.000 1969CD K927 11/14/2014 7:45:49 AM V 13-7.5F

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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Schedule D (Form 990) 2013

PROVIDENT,	INC.
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Schedu	le D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	6,305,679.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments2a630, 492.		
b	Donated services and use of facilities2b306, 323.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 1,180,677.		
е	Add lines 2a through 2d	2e	2,117,492.
3	Subtract line 2e from line 1	3	4,188,187.
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 10, 900.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	10,900.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,199,087.
Part		rn.	
1	Total expenses and losses per audited financial statements	1	5,142,411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	0,112,111.
a			
b			
c	Other losses		
d	Other (Describe in Part XIII.) 2d 12,377.		
	Add lines 2e through 2d	20	318,700.
е 3	Subtract line 2e from line 1	2e 3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	4,823,711.
a L			
b	Other (Describe in Part XIII.)		10 000
c F	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	4c	10,900.
5		5	4,834,611.
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V li	ne //· Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		
	, FAGE J		
_			

Schedule D (Form 990) 2013 PROVIDENT, INC.		43-0652630
Part XIII Supplemental Information (continued)		
USE OF ENDOWMENT FUNDS		
PART V, LINE 4		
PROVIDENT'S ENDOWMENT CONSISTS OF FUNDS	ESTABLISHED FOR THE PURPOSE OF	
FUNDING THE ORGANIZATION'S OPERATIONS A	ND FUTURE SUSTAINABILITY.	
OTHER REVENUE INCLUDED ON LINE 1 BUT NO	T ON FORM 990	
PART XI, LINE 2D		
MINIMUM PENSION LIABILITY ADJUSTMENT	\$1,168,300	
SPECIAL EVENTS	12,377	
TOTAL	\$1,180,677	
OTHER EXPENSES INCLUDED ON LINE 1 BUT N	OT ON FORM 990	
PART XII, LINE 2D		
SPECIAL EVENTS	\$12 , 377	

Schedule D (Form 990) 2013

Page 5

Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	19, or if the	2013					
Department of the Treasury		Attach t	o Form 990	or Form 990)-EZ.		Open to Public
Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its in	structions is at www.ir	s.gov/form990.	Inspection
Name of the organization						Employer identificati	on number
PROVIDENT, INC.						43-065263	
	i ng Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicitat	tions	e	Solic	itation of	non-government g	rants	
b Internet and	email solicitations	f			government grants		
c Phone solici	tations	g			ising events		
d 🗌 In-person so	olicitations	Ū.	·		0		
b If "Yes," list the t	tion have a written of s listed in Form 990 en highest paid indi least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

74008

Schedule G (Form 990 or 990-EZ) 2013

	-
D	2
Page	~

 Part II
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 5K ROOSTER RUN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	29,553.			29,553.
"	2	Less: Contributions	24,468.			24,468.
		Gross income (line 1 minus				
		line 2)	5,085.			5,085.
	4	Cash prizes				
	5	Noncash prizes	517.			517.
Direct Expenses	6	Rent/facility costs	1,000.			1,000.
t Exp	7	Food and beverages	851.			851.
Direc	8	Entertainment				
	9	Other direct expenses	10,009.			10,009.
	10	Direct expense summary. Add lines 4	l through 9 in column (d)		►	12,377.
		Net income summary. Subtract line 1				-7,292.
Ра	rt I	Gaming. Complete if the orgation than \$15,000 on Form 990-E		es" to Form 990, Par	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses		Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes%	
		Direct expense summary. Add lines 2	2 through 5 in column (d)			

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization operates gaming activities:

- a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," explain:
- 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

EROVIDENI, INC.	PROVI	DENT	, INC.
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Sched	ule G (Form 990 or 990-EZ) 2013 Page 3							
11	Does the organization operate gaming activities with nonmembers?							
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable gaming?							
13	Indicate the percentage of gaming activity operated in:							
а	The organization's facility							
b	An outside facility							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and							
	records:							
	Name							
	Address							
15 a	Does the organization have a contract with a third party from whom the organization receives gaming							
	revenue?							
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the							
	amount of gaming revenue retained by the third party ► \$							
С	If "Yes," enter name and address of the third party:							
	Nome N							
	Name							
	Address ►							
16	Gaming manager information:							
	Name							
	Gaming manager compensation ► \$							
	Description of services provided							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license? Yes No							
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations							
Dee	or spent in the organization's own exempt activities during the tax year s							
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any							
	additional information (see instructions).							

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I Grants and Other Assistance to Organizations,			OMB No. 1545-0047	
(Form 990) Governments, and Individuals in the United States			2013	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.			
Department of the Treasury	Attach to Form 990.		Open to Public	
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection	
Name of the organization		Employer ident	ification number	
PROVIDENT, INC.		43-0652	630	
Part I General Informat	ion on Grants and Assistance			
1 Does the organization ma	aintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or	assistance, a	ind	
the selection criteria used	to award the grants or assistance?		X Yes No	
	rganization'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)	-						
 2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations lister 	ed in the line	1 table	ed in the line 1 tab	le		• • • • • • • • • • • • • • • • • • •	
For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.					ıle I (Form 990) (2013)
JSA							

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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
1 BASIC NEEDS ASSISTANCE - CLOTHING, RENT, TRANSPORT	108.	13,622.			
2					
-					
3					
4					
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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



CONTRIBUTION OF CAR

FORM 990, PART V, LINE 7H

THE ORGANIZATION RECEIVED A CONTRIBUTION OF A VAN FROM A 501(C)(3)

ORGANIZATION; AS A RESULT, A FORM 1098-C WAS NOT REQUIRED TO BE FILED.

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION AMENDED ITS BYLAWS ON DECEMBER 4, 2013. THE ORGANIZATION AMENDED ARTICLE III, SECTION 3.03(D); ARTICLE V, SECTION 5.05; ARTICLE VI, SECTION 6.02(C); AND ARTICLE VII, SECTION 7.03 TO CHANGE QUORUM FROM TWO-THIRDS (2/3) TO A MAJORITY (ANY NUMBER EXCEEDING ONE HALF (1/2) OF DIRECTORS PRESENT).

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 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 EXECUTIVE DIRECTOR AND MONITORS AND EVALUATES 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 EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE JOINTLY.

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

74008

Page 2

REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

MINIMUM PENSION LIABILITY ADJUSTMENT \$1,168,300

ATTACHMENT 1

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

COMMMUNITY 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 688 CHILDREN WERE DIRECTLY SERVED IN 2013. 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) 2013

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2014 Estimated Tax	· A	
B. Enter 100 % of Line A		
C. Enter 100 % of tax on 2013 FORM 990-T C 1,7	0.	
D. Required Annual Payment (Smaller of lines B or C)	. D	1,700.
E. Income tax withheld (if applicable)	. E	
F. Balance (As rounded to the nearest multiple of)		1 = 0 0

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2013 overpayment	(d) Total amount paid and
			credit applied	credited (add (b) and (c))
1	04/15/2014		425.	425.
2	06/16/2014		425.	425.
3	09/15/2014	500.		500.
4	12/15/2014	301.	49.	350.
Total		801.	899.	1,700.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

orm	990-T	EX	empt Organization (and proxy ta					ırn	ОМВ	No. 1545-0687	
		For caler	ndar year 2013 or other tax year begin	ning_	, 201: ate instructions.	3, and endi	ng	,20.	²⁰ · 2013		
	nent of the Treasury		formation about Form 990-T and	its in	structions is avail	ilable at W			Open to		
nternal	Revenue Service	Do Do	not enter SSN numbers on this form		ay be made public me changed and se	, ,				Public Inspection for) Organizations Only fication number	
\	Check box if address changed	_	Name of organization (Check b	ox II na	me changed and se	e instruction	is.)			see instructions.)	
	npt under section	Duint	PROVIDENT, INC.								
	501(C)(3)	Print or							652630		
	108(e) 220(e)	Type							instructions.)	ess activity code	
	408A 530(a)		2650 OLIVE STREET City or town, state or province, count	y and	ZIP or foreign posta			_			
	529(a) value of all assets		ST. LOUIS, MO 63103	y, ana 2		loue		5259	90		
	nd of year	F Gro	up exemption number (See instruct	tions.)	▶			0200			
	6,927,678.		ck organization type ► X 501			501(c) trust	401(a) trust	Other tru	
l De	scribe the organiz	zation's p	rimary unrelated business activity.	> PA	RTNERSHIP	INCOME					
Du	ring the tax year,	was the	corporation a subsidiary in an affi	iated g	roup or a parent-	subsidiary	controlled group	?	▶	Yes X	
lf "	Yes," enter the na		identifying number of the parent co	rporati	on. 🕨						
	e books are in care		STEPHANIE FRENCH		1		ne number 🕨	314-37	1-6500		
			or Business Income	1	(A) Inco	me	(B) Expe	enses		(C) Net	
	Gross receipts or s										
	Less returns and allowa		c Balance ▶ ule A, line 7)								
			2 from line 1c	2							
			ttach Form 8949 and Schedule D)	- 3 - 4a							
		•	Part II, line 17) (attach Form 4797)	4b							
			rusts	40							
			os and S corporations (attach statement)		12	2,749.	ATCH	1		12,74	
				6						i	
			come (Schedule E)	7							
8	Interest, annuities, roya	lties, and rer	nts from controlled organizations (Schedule F)	8							
9	Investment income of a	a section 50 ⁻	1(c)(7), (9), or (17) organization (Schedule G)	9							
	• •	-	ncome (Schedule I)	10							
			lule J)	11					_		
			tions; attach schedule.)		1.0				_	10 74	
			^{bugh 12} Taken Elsewhere (See inst			2,749.		/Eveent	for cont	12,74	
Part			be directly connected with				,	(Except	for contr	ibutions,	
4			directors, and trustees (Schedule K					14			
7	Bad debts							17			
			See instructions for limitation rules.)		1	1	• • • • • • • •	20			
			4562) on Schedule A and elsewhere on r								
								221			
			compensation plans								
			Schedule I)								
			chedule J)								
			chedule)							41	
			s 14 through 28							41	
9		ess taxab	le income before net operating	loss	deduction. Sub	tract line	29 from line	13 30		12,33	
0				2				31			
60 61			on (limited to the amount on line 3								
80 81 82	Unrelated busine	ss taxable	e income before specific deductio	n. Subt	tract line 31 from	line 30 🔒		32			
80 81 82 83	Unrelated busines Specific deductio	ss taxable n (Gener	e income before specific deductio ally \$1,000, but see line 33 instruc	n. Subt ctions f	tract line 31 from or exceptions.)	line 30		32		12,33	
80 81 82 83 84	Unrelated busine: Specific deductio Unrelated busine	ss taxable n (Gener ess taxa	e income before specific deductio	n. Subl ctions f rom lin	tract line 31 from or exceptions.) _ ne 32. If line 3	line 30 33 is grea	ater than line	32 33 32,			

1969CD K927 11/14/2014 7:45:49 AM V 13-7.5F (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

► All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number see instructions to file income tax returns

		Enter mer e laentrying hamber, see met dettene
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	PROVIDENT, INC.	43-0652630
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	2650 OLIVE STREET	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ST. LOUIS, MO 63103	

07 Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ STEPHANIE FRENCH

Т	elephone No. ▶ _ 314_371-6500 FAX No. ▶				
	the organization does not have an office or place of business in the United States, check this box				
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			. If this is	
	he whole group, check this box ► . If it is for part of the group, check this box ►		ar	nd attach	1
<u>a list</u>	t with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	until11/17_, 20_14 _, to file the exempt organization return for the organization named a	bove	e. [.]	The exte	nsion is
	for the organization's return for:				
	► X calendar year 20 <u>13</u> or				
	tax year beginning, 20, and ending,	20		·	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	n			
	Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	3a	\$	2	2,599.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		199.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS				
	(Electronic Federal Tax Payment System). See instructions.	3c	\$	2	2,400.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 9	990-T (2	013) PROVI	DENT, INC.			43-0	652630	Page 2
Par		Tax Computation						
35	Organ	izations Taxable as Corpor	ations. See instructic	ons for tax compute	ation. Controlled gro	oup		
		rs (sections 1561 and 1563) chec						
а	Enter y	our share of the \$50,000, \$25,	000, and \$9,925,000	taxable_income_brack	ets (in that order):			
	(1) \$	(2)		(3) \$				
		rganization's share of: (1) Additional	5% tax (not more than	\$11,750)	\$			
	(2) Add	itional 3% tax (not more than \$100	.000)	• ,, • • • • • •	\$			
			,			▶ 35c		1,700.
36	Trusts	Taxable at Trust Rates.		for tax computati		on		
	the am	ount on line 34 from: 🚺 Tax rate	e schedule or S	chedule D (Form 10/1)		▶ 36		
37		ax. See instructions						
		tive minimum tax						
39	Total A	Add lines 37 and 38 to line 35c or 3	6 whichever applies			39		1,700.
Par		Tax and Payments		<u> </u>				± / /001
		tax credit (corporations attach For	rm 1119; tructo ottoch Eo	rm 1116) 40	•			
	•	· ·		/ · · · · -				
		credits (see instructions)						
		I business credit. Attach Form 3800						
		or prior year minimum tax (attach I						
		redits. Add lines 40a through 40d						1 700
41		ct line 40e from line 39						1,700.
42			Form 8611 Form					
43	Total ta	ax. Add lines 41 and 42						1,700.
44 a	Payme	nts: A 2012 overpayment credited t	o 2013		a 1	.99.		
b	2013 e	stimated tax payments			b			
С	Tax dep	oosited with Form 8868			c 2,4	00.		
d	Foreigr	n organizations: Tax paid or withhele	d at source (see instructio	ns)	d			
е	Backup	withholding (see instructions)			e			
f	Credit f	or small employer health insurance	premiums (Attach Form	8941) 44	f			
g	Other of	credits and payments:	Form 2439					
	F	form 4136		Total 🕨 44	g			
45		ayments. Add lines 44a through 44				45		2,599.
46	-	ted tax penalty (see instructions). C	-					
47		e. If line 45 is less than the total of						
48		yment. If line 45 is larger than the						899.
49		e amount of line 48 you want: Credited			899. Refunde			
Part	V	Statements Regarding (Certain Activities	and Other Inform	nation (see instru			
		time during the 2013 calendar yea					financial	Yes No
		t (bank, securities, or other) in a fore	-		-		-	
		nd Financial Accounts. If YES, enter	• •				-	Х
		the tax year, did the organization r			of or transferor to a	foreign trust	2	X
-		see instructions for other forms the				ioreigir traot	· · · · ·	
•	,	he amount of tax-exempt interest re	0 ,					
$\frac{3}{Sch}$		A - Cost of Goods Sold.	0					
				1	d of year	6		
1		ry at beginning of year 1			d of year			
		ses 2			is sold. Subtract			
3		labor 3		-	5. Enter here and			
4 a		nal section 263A costs					<u>, , г</u>	Vee N
		schedule) 4a		-	of section 263A		· -	Yes No
		costs (attach schedule) 4b			uced or acquired			
5		Add lines 1 through 4b 5		to the organizati	on?	• • • • • •	<u>••••</u>	X
<u>.</u> .	corre	r penalties of perjury, I declare that I have ct, and complete. Declaration of preparer (other	examined this return, including than taxpayer) is based on all in	g accompanying schedules a formation of which preparer has a schedules a schedules a schedules a schedules a schedules a schedules a schedu	and statements, and to the as any knowledge.	Dest of my kno	wieage and be	aller, it is true,
Sigr						May the	IRS discuss	this return
Here					TOR OF FINANCE	with the	preparer sho	ow <u>n b</u> elow
	Sigr	nature of officer	Date	Title		(see instruction	ons)? X Yes	s No
Dala		Print/Type preparer's name	Preparer's si	ignature	Date	Check if	PTIN	
Paid	orer	TROY A LINDSEY				self-employed		
Prep	arer Only	Firm's name 🕨 BKD, LLP				Firm's EIN 🕨	44-0160)260
036		Firm's address > 211 N. BRO.	ADWAY, SUITE 60	0		Phone no.	314-231	-5544
		ST. LOUIS,	MO 63102-2733				Form 99	0-T (2013)

Page 3

Form 990-T (2013)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)
1. Description of property

(1)			
(2)			
(3)			
(4)			

(4)											
	2. Rent receiv	/ed or accru	ied								
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percen	From real and personal pro tage of rent for personal pro or if the rent is based on pro	operty e	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of co	olumns 2(a) and 2(b). Enter				(b) Total deduction Enter here and on					
here and on page 1, Part I, line 6	., .	,				Part I, line 6, colu		•			
Schedule E - Unrelated D			ee instructions)				() -				
			2. Gross income from	or	3. De	ductions directly co					
1. Description of deb	ot-financed property		allocable to debt-finance		(a) Straight	debt-finan line depreciation					
			property			schedule)		Other deductions attach schedule)			
(1)											
(2)											
(3)											
(4)											
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	4. Amount of average acquisition debt on or allocable to debt-financed5. Average adjust of or allocable debt-financed			6. Column 4 divided by column 5				 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 			
	(attach sche	uule)	,	0/							
<u>(1)</u> (2)				%							
(2)											
(3)				%							
(4)				%	Enter have	and an name 1	F istor b	are and an name 1			
Totals					Part I, line	and on page 1, 7, column (A).		here and on page 1, line 7, column (B).			
Total dividends-received deduct	ions included in co	olumn 8	<u></u>	<u></u>	<u></u>	<u> </u>					
Schedule F - Interest, Anr	nuities, Royalti	-			-	ons (see instru	ictions)				
		E	xempt Controlled Or	ganiza	ations			1			
1. Name of controlled organization	2. Employer identification nu		3. Net unrelated income (loss) (see instructions)		tal of specified	I included in the controlling connected wit					
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	hizations					1					
7. Taxable Income	8. Net unrelate (loss) (see insti		9. Total of specific payments made		includ	rt of column 9 that is ed in the controlling ation's gross income	coi	1. Deductions directly nnected with income in column 10			
<u>(1)</u>											
(2)											
(3)											
(4)											
					Add	columns 5 and 10.	A	dd columns 6 and 11.			

Form **990-T** (2013)

Enter here and on page 1, Part I, line 8, column (B).

Totals

►

.

Enter here and on page 1, Part I, line 8, column (A).

			3. Deductions	anization (see ins		5. Total deductio			
1. Description of income	2. Amount of	income	directly connected (attach schedule)		4. Set-asides (attach schedule)				
1)			(plus col. 4)			
2)									
3)									
4)									
·/	Enter here and	on page 1.				Enter here and on p			
	Part I, line 9, c					Part I, line 9, colum			
otals									
Schedule I - Exploited Exe	ompt Activity In	como Othor	Than Advortising	Incomo (coo instr	uctions)				
		come, other	4. Net income						
	2. Gross	3. Expenses	(loss) from			7. Excess exer			
	unrelated	directly connected wit	h unrelated trade or business (column	 Gross income from activity that 	6. Expenses attributable to	expenses (column 6 mir			
1. Description of exploited activity	business income from trade or	production of unrelated		is not unrelated business income	column 5	column 5, but more than			
	business	business incon	3). If a gain, compute cols. 5	business income		column 4).			
			through 7.			,			
1)									
2)									
3)									
4)									
,	Enter here and on	Enter here and	on			Enter here a			
	page 1, Part I,	page 1, Part I	,			on page 1,			
	line 10, col. (A).	line 10, col. (B).			Part II, line 2			
Totals									
Schedule J - Advertising Ir									
Part I Income From Per	iodicals Report	ed on a Con	solidated Basis						
			4. Advertising			7. Excess reade			
	2. Gross		gain or (loss) (col.			costs (colum			
1. Name of periodical	advertising	 Direct advertising cos 		5. Circulation income	6. Readership	minus column s			
	income	advertising cos	a gain, compute	income	costs	not more the			
			cols. 5 through 7.			column 4).			
1)									
1)						_			
2)					_	_			
3)									
4)									
otals (carry to Part II, line (5))									
		ted on a Se	eparate Basis (For	each periodical	listed in Part	II, fill in colur			
Totals (carry to Part II, line (5)) ■ Part II Income From Pe 2 through 7 on a	riodicals Repo	rted on a Se	eparate Basis (For	each periodical	listed in Part	II, fill in colur			
Part II Income From Pe	riodicals Repo	rted on a Se S.)		each periodical	listed in Part				
Part II Income From Pe	riodicals Repoi line-by-line basis	rted on a Se S.)	4. Advertising	each periodical	listed in Part	7. Excess reade			
Part II Income From Pe 2 through 7 on a	riodicals Reportine-by-line basis 2. Gross	3.) 3. Direct	4. Advertising gain or (loss) (col.	5. Circulation	6. Readership	7. Excess reade costs (colum			
Part II Income From Pe	riodicals Repoi line-by-line basis	5.)	4. Advertising gain or (loss) (col. 2 minus col. 3). If			7. Excess reade costs (colum minus column			
Part II Income From Pe 2 through 7 on a	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess read costs (colum minus column not more that			
Income From Pe 2 through 7 on a 1. Name of periodical	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more tha			
Part II Income From Pe 2 through 7 on a	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more tha			
Income From Pe 2 through 7 on a 1. Name of periodical	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (column minus column s not more tha			
Part II Income From Peresson 2 through 7 on a 1. Name of periodical 1) 2)	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	II, fill in colur 7. Excess reade costs (column minus column 5 not more tha column 4).			
Part II Income From Pe 2 through 7 on a 1. Name of periodical	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more tha			
Part II Income From Pe 2 through 7 on a 1. Name of periodical 1) 2) 3) 4)	riodicals Repo line-by-line basis 2. Gross advertising	3.) 3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (column minus column s not more tha			
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Part II Income From Pe 2 through 7 on a 1. Name of periodical 1) 2) 3) 4)	2. Gross advertising income	3. Direct advertising cos	ts 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation	6. Readership	7. Excess read costs (colum minus column 1 not more thi column 4)			
Part II Income From Perevent 2 2 through 7 on a 1. Name of periodical 1) 2) 3) 4) Totals from Part I	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	S.) 3. Direct advertising cos	ts 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation	6. Readership	7. Excess reade costs (colum minus column 4 not more tha column 4)			
Part II Income From Perevent	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership	7. Excess reade costs (column minus column 5 not more tha			
Part II Income From Perevent	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess reade costs (column minus column 5 not more tha column 4).			
Part II Income From Pe 2 through 7 on a 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess reade costs (column minus column f not more tha column 4) Enter here a on page 1 Part II, line 2 ensation attributable			
Part II Income From Perevent	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess reade costs (colum minus column 4 not more tha column 4)			
Part II Income From Perevent	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		6. Readership costs	7. Excess reade costs (column minus column f not more tha column 4) Enter here a on page 1 Part II, line 2 ensation attributable			
Part II Income From Perevent	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		6. Readership costs	7. Excess reade costs (column minus column f not more tha column 4) Enter here a on page 1 Part II, line 2 ensation attributable			
Part II Income From Perez 1 2 through 7 on a left 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) 2)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		6. Readership costs	7. Excess read costs (colum minus column 1 not more tha column 4)			
Part II Income From Perez 1 2 through 7 on a left 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) 2) 3)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		6. Readership costs	7. Excess read costs (colum minus column 1 not more tha column 4)			
Part II Income From Perez 2 through 7 on a left 2 through 7 on a left 1. Name of periodical 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) 2) 3) 4) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation 1. Name 1) 2) 3) 4)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		6. Readership costs	7. Excess reade costs (column minus column f not more tha column 4) Enter here a on page 1 Part II, line 2 ensation attributable			
Part II Income From Perez 1 2 through 7 on a left 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) 2) 3)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		6. Readership costs	7. Excess reade costs (column minus column f not more tha column 4) Enter here a 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	4,522.
COMMON SENSE LONG-BIASED II, L.P. #20-0392545	8,227.
INCOME (LOSS) FROM PARTNERSHIPS	12,749.

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ATTACHMENT 2

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

PROFESSIONAL	FEES	416.
PART II	- LINE 28 - OTHER DEDUCTIONS	416.