Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A 11	Ji tile	2014 Calendar year, or tax year begi	, 2014	, and ending	D 5			, 20				
B Ch	eck if appli	C Name of organization			- 1			ation number				
	Address	PROVIDENT, INC.			$ ^{4}$	3-0652	263	0				
	change	Doing business as										
	Name ch	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		ephone nui						
	Initial re											
	Final ret terminat		and ZIP or foreign postal code									
	Amende return	ST. LOUIS, MO 63103			G Gr	oss receip	ts \$	9,917,727.				
	Applicati pending	F Name and address of principal officer:	STEVEN SULLIVAN			s this a grou		rn for Yes X No				
		2650 OLIVE STREET ST.	LOUIS, MO 63103			Are all subord		ncluded? Yes No				
I T	ax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	- 1	f "No," attac	ch a list	t. (see instructions)				
Jν	Vebsite	► WWW.PROVIDENTSTL.ORG			H(c) @	Group exemp	ption n	umber				
K F	orm of	organization: X Corporation Trust	Association Other >	L Year of for	mation: 1	860 M	State	of legal domicile: MO				
Pa	rt I	Summary	•			·						
		riefly describe the organization's mission o	or most significant activities: HELPII	NG INDIVID	UALS A	ND FA	MIL	IES TO A				
au	_	UPPORT PROGRAMS.										
ern	2 C	heck this box if the organization of										
Governance		umber of voting members of the governing					3	20.				
		umber of independent voting members of					4	19.				
Activities &		otal number of individuals employed in cal-					5	171.				
Ξ		otal number of volunteers (estimate if neces					6	104.				
Act		otal unrelated business revenue from Part V	**				7a	1,867.				
		et unrelated business taxable income from					7b	-583.				
-	D IV	et unrelated business taxable income nom	1 01111 330-1, IIIIe 34			r Year	17.5	Current Year				
	8 C	entributions and grants (Part VIII line 1h)		<u> </u>		L55,44	Ω	4,409,390.				
ne		ontributions and grants (Part VIII, line 1h)				L96,93	_	328,953.				
Revenue	9 P	rogram service revenue (Part VIII, line 2g)					_					
		evestment income (Part VIII, column (A), lin			L46,00	_	466,469.					
		ther revenue (Part VIII, column (A), lines 5			4 1	-7,29	_	-35,914.				
		otal revenue - add lines 8 through 11 (mus			4,	L99,08	_	5,168,898.				
		rants and similar amounts paid (Part IX, col		13,622.			56,909.					
		enefits paid to or for members (Part IX, colu		0			0					
es		alaries, other compensation, employee ben		3,826,844.			3,449,444.					
Expenses		rofessional fundraising fees (Part IX, columi	n (A), line 11e)				0	0				
Ϋ́		otal fundraising expenses (Part IX, column (
		ther expenses (Part IX, column (A), lines 11				994,14	_	958,757.				
		otal expenses. Add lines 13-17 (must equa				334,61		4,465,110.				
-	19 R	evenue less expenses. Subtract line 18 fror	n line 12		-6	535,52	4.	703,788.				
s or				Ве	ginning of	Current Y	ear/	End of Year				
set	20 T	otal assets (Part X, line 16)			6,9	927,67	8.	6,473,342.				
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			2,0	36,39	7.	2,359,722.				
F E	22 N	et assets or fund balances. Subtract line 2	1 from line 20		4,8	391,28	1.	4,113,620.				
Par	t II	Signature Block										
Unde	er penal	ties of perjury, I declare that I have examined th	nis return, including accompanying sched	ules and statement	s, and to t	he best of	f my l	knowledge and belief, it is				
true,	correct	and complete. Declaration of preparer (other tha	n officer) is based on all information of wh	ich preparer has an	iy knowlea(je.						
Sigr		Signature of officer				Date						
Her	9	\										
		Type or print name and title										
	- 1	Print/Type preparer's name	Preparer's signature	Date		heck	if F	PTIN				
Paid		ROY A LINDSEY				elf-employ	'	P01041237				
Prep	arer 📙	Firm's name ▶BKD, LLP	1	l				0160260				
Use	only 📙							231-5544				
May		Firm's address ▶211 N. BROADWAY, SUITE 6 S discuss this return with the preparer show			Phone		· + -t -					
		ork Reduction Act Notice see the senara						X Yes No				

Form **990** (2014)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X 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 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. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 43-0652630 PROVIDENT, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 2650 OLIVE STREET filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ST. LOUIS, MO 63103 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) 0.3 Form 4720 (other than individual) 0.9 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) Form 8870 12 • The books are in the care of ▶STEPHANIE FRENCH, 2650 OLIVE STREET, ST. LOUIS, MO 63103 Telephone No. ► 314 371-6500 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 14 or tax year beginning _____, 20 ___, and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return 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 |\$ 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. 0 c 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. 0

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

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

Form **8868** (Rev. 1-2014)

Form 8868 (Rev. 1-2014) Page 2 Х • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box 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 an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or PROVIDENT, INC. 43-0652630 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the 2650 OLIVE STREET due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions ST. LOUIS, MO 63103 Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 10 Form 5227 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 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ►_{STEPHANIE} FRENCH, 2650 OLIVE STREET, ST. LOUIS, MO 63103 371-6500 Telephone No. ► 314 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. 11/15,2015. I request an additional 3-month extension of time until 5 For calendar year 2014, or other tax year beginning , 20 , and ending 20 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 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 and any amount paid previously with Form 8868. 8b | \$ 0 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c |\$ 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)

PROVIDENT, INC. 43-0652630 Page 2 Form 990 (2014) Part III Statement of Program Service Accomplishments

	Check if Sch	iedule O contains	s a response or note to any line in t	nis Part III	X
1	Briefly describe the o	rganization's mis	sion:		
	HELPING INDIVI	DUALS AND FA	MILIES TO A BRIGHTER FU	TURE THROUGH	
	COUNSELING, CR	ISIS INTERVE	NTION AND COMMUNITY SUF	PORT PROGRAMS.	
2		0-EZ?		the year which were not listed on	the Yes X No
3	Did the organization	n cease conduc		es in how it conducts, any progr	ram Yes X No
4	Describe the organize expenses. Section 50	zation's program 01(c)(3) and 501	service accomplishments for ea	ach of its three largest program se I to report the amount of grants ar	
4a	· ——·	(Expenses \$	2,172,170. including grants of \$	_{56,909.}) (Revenue \$	183,549)
	ATTACHMENT :	1			
	(0.1	(F) (D	
4b	(Code:) _ATTACHMENT :	(Expenses \$	757,732. including grants of \$) (Revenue \$	145,404.
	ATTACHMENT	<u> </u>			
40	: (Code:)	(Evnance ¢	including grants of C	\ /Payanua ¢	\
40	ATTACHMENT		820,801. including grants of \$) (Revenue \$)
	ATTACIMENT	5			
4-1	Other pregram as = :	non (Donariba in C	ahadula O \		
40	Other program service (Expenses \$			Revenue \$	
46	Total program service			, , , , , , , , , , , , , , , , , , ,	

Form **990** (2014)

Form 990 (2014)
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Part	Checklist of Required Schedules		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	le the consciention described in section 504(a)(a) on 4047(a)(4) (athor) there are involved formulation(a) If II)(a) II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
•	complete Schedule A.	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	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			
	domestic 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 or for domestic individuals 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			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		Х
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Λ
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
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			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D		35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	220		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	2.		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	$\alpha \alpha \alpha$	

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rai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 171			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va		6a		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	UD		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C	required to file Form 8282?	7c		Х
٦	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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		

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

	Check it Schedule O contains a response of note to any line in this Part VI				X				
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	1a :	20						
	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	L 9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-	ationship with							
	any other officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or ur	der the direc	t						
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?	4		X				
5									
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoin	t						
	one or more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members	,						
	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during	1						
	the year by the following:								
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		t						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenu	ıe Cod	e <i>.)</i>					
				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 per	irposes?	10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat could give							
	rise to conflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,	"						
	describe in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review ar	d approval by	,						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?							
а	The organization's CEO, Executive Director, or top management official		15a	X					
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangemen	t 📗						
	with a taxable entity during the year?		16a		Х				
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		:						
	organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶_IL_′								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	on 501(c)(3)s	only)				
available for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Upon request Other (explain in School)	edule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of i	nterest	policy	, and				
	financial statements available to the public during the tax year.			,					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and reco	rds:▶						
	CTEDUANTE EDENICU 2650 OTTUE CTEET CT LOUIC MO 62102	71_6500							

JSA 4E1042 1.000 Form 990 (2014) PROVIDENT, INC. 43-0652630 Page **7**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)MICHAEL_GIRSCH BOARD MEMBER	2.00	Х						C	0	0
_(2)SANFORD_SCOTT BOARD_MEMBER	2.00	X						C	0	0
(3)LAWRENCE THOMAS BOARD MEMBER	2.00	X						C	0	0
(4)ANNA DOYLE BOARD MEMBER	2.00	X						C	0	0
(5)BARBARA BOWMAN BOARD MEMBER	2.00	X						C	0	0
(6)BARBARA ABBETT VICE CHAIR/INTERIM EXEC DIRECT	40.00	X		Х				20,145.	0	201.
(7)STUART GREENBAUM CHAIR	3.00	Х		Х					0	0
(8)JOHN BUTLER IMMEDIATE PAST CHAIR	2.00	X						C	0	0
(9)KATE BECKER BOARD MEMBER	2.00	Х						C	0	0
(10)RISA ZWERLING SECRETARY	3.00	Х		Х				C	0	0
(11)GERALD EARLY BOARD MEMBER	2.00	Х						C	0	0
(12)JACK LAY TREASURER	3.00	Х		Х				C		0
(13)THOMAS WILLIAMSON BOARD MEMBER	2.00	Х						C	0	0
(14)RABBI ELIZABETH HERSH BOARD MEMBER	2.00	Х						C	0	0

Form **990** (2014)

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Complete this table	Part VII Section A. Officers, Directors, Tr	ustees. Ke	v En	olar	vee	2S. i	and H	lial	hest Compensat	ed Employees (d		Page 8
Name and title Name and title	, ,		<u> </u>									
Dentise Bentels Dentise B												
Part Complement Compleme			,									
15 DENISE BENTELE		1 '	1									on
15. DENISE BENTELE				$\overline{}$								
15. DENISE BENTELE			dire	iti l	fice	y en	thes	rme		(11 2, 1000 111100)	_	
BOARD MEMBER			ual	tion	,	olqn	st co	_				
BOARD MEMBER		line)	trust	al ta		yee	mpe				organization	10
15 DENISE BENTELE			ee	stee			nsa				1	
BOARD MEMBER				U .			ted					
16 UJJWAL RAMTEKKAR 2.00		+									1	_
BOARD MEMBER			X						0	0		
17) ROBERT FREUND 2.00		+									1	_
BOARD MEMBER		-	X		_				0	0		
18) MARY STILLMAN BOARD MEMBER 0		+									1	_
BOARD MEMBER 2.00 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	X						0	0		
19) RAMON STEWART BOARD MEMBER 0 X 0 O 0 BOARD MEMBER 0 X 0 DISTEVEN SULLIVAN 40.00 PRESIDENT & EXECUTIVE DIRECTOR 0 X 0 BOARD MEMBER 0 X 134,648. 0 1,125. 22) STEPHANIE FRENCH DIRECTOR OF FINANCE 0 X 0 89,544. 0 DIRECTOR OF FINANCE 0 X 0 89,544. 0 DIRECTOR OF FINANCE 0 10,226. 1b Sub-total c Total from continuation sheets to Part VII, Section A 224,192. 0 11,351. d Total quad lines 1b and 1c) 244,337. 0 11,552. 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Ves No 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		+									1	,
BOARD MEMBER		-	X		_				U	U		
## Page 12.00 ## BOARD MEMBER ## BOARD MEMBER ## BOARD MEMBER ## DO		+									1	,
BOARD MEMBER		-	X						U	U		
21) STEVEN SULLIVAN PRESIDENT & EXECUTIVE DIRECTOR 0 X 134,648. 0 1,125. 22) STEPHANIE FRENCH 40.00 DIRECTOR OF FINANCE 0 X 89,544. 0 10,226. 1b Sub-total		2.00									1	,
PRESIDENT & EXECUTIVE DIRECTOR 0		40.00	X						U	U		
DIRECTOR OF FINANCE		+			v				124 640			2 E
DIRECTOR OF FINANCE 0					Λ				134,046.	U		. 45.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 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 Yes No Tyes No Ty		+			v				90 511	0	10.2	26
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 224,192. 3 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 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 X 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	DIRECTOR OF FINANCE	0			Λ				09,344.	0		20.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 224,192. 3 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 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 X 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		+									1	
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1b Sub-total								20,145.	0	2	01.
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 Yes No Joid 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	c Total from continuation sheets to Part VII, S	Section A						\blacktriangleright	224,192.	0	11,3	51.
reportable compensation from the organization 1 Yes No 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	d Total (add lines 1b and 1c)							\blacktriangleright	244,337.	0	11,5	52.
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	` ` •		hose	liste	d ab	oove	e) who	re	eceived more than	\$100,000 of		
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	reportable compensation from the organizatio	n 🕨		L								
employee on line 1a? If "Yes," complete Schedule J for such individual											Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 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 X 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												
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sched	lule J for su	ch ina	lividu	ıal .						3	_X
individual	4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	omp	pen	sation	ar	nd other compens	sation from the		
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 X 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									complete Schedu	le J for such		Y
for services rendered to the organization? If "Yes," complete Schedule J for such person									roloted ergesizeti		4	- 21
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											5	X
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		co, comple	10 001	ieuu	10.0	101	Sucii	U U I.	3011			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax	· · · · · · · · · · · · · · · · · · ·	npensated in	ndepe	ende	nt o	conf	tractor	rs t	hat received more	e than \$100,000 o	 of	
year.	year.						-			-		

(A) Name and business address	(B) Description of services	(C) 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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Revenue and Other Similar Amounts	1a b c d e f	Federated campaigns	2,289,127. 87,701. 1,629,226. 403,336. 62,981. Business Code 624100	4,409,390.	328,953.		
Program Service Revenue	c d e f	All other program service revenue Total. Add lines 2a-2f		328,953.			
	3 4 5 6a b	Investment income (including divider and other similar amounts)	proceeds	63,455.		1,867.	61,588.
	c d 7a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 5,105,914.	(ii) Other	0			
Other Revenue	d 8a b	Net gain or (loss) Gross income from fundraising events (not including \$ 87,701. of contributions reported on line 1c). See Part IV, line 18	10,015.	403,014.			403,014.
ō		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19a Less: direct expensesb		-35,914.			-35,914.
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0			
	С	Less: cost of goods sold	Business Code	0			
	11a b c d	All other revenue					
	e 12	Total. Add lines 11a-11d		0 5,168,898.	328,953.	1,867.	428,688.

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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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations	0								
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22	56,909.	56,909.							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
	Compensation of current officers, directors, trustees, and key employees	255,889.	130,800.	118,300.	6,789.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	2,692,989.	2,430,226.	131,189.	131,574.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	281,171.	264,226.	9,582.	7,363.					
10	Payroll taxes	219,395.	191,121.	17,765.	10,509.					
11	Fees for services (non-employees):									
а	Management	0								
	Legal	16,559.	856.	15,703.						
	Accounting	54,808.		54,808.						
	Lobbying	0								
	Professional fundraising services. See Part IV, line 17.	8,456.		8,456.						
	f Investment management fees	0,430.		0,430.						
ç	Other. (If line 11g amount exceeds 10% of line 25, column	104,530.	46,280.	57,250.	1,000.					
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	29,984.	22,116.	1,595.	6,273.					
13	Office expenses	181,960.	137,116.	34,367.	10,477.					
14	Information technology	84,386.	79,314.	829.	4,243.					
15	Royalties	0								
16	Occupancy	276,916.	254,123.	22,793.						
17	Travel	29,707.	28,259.		1,448.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	17,877.	14,861.	2,411.	605.					
20	Interest	18,457.	89.	18,368.						
21	Payments to affiliates	0	F2 201	4 540						
22	Depreciation, depletion, and amortization	58,029.	53,381.	4,648.						
23	Insurance	4,499.		4,499.						
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.)									
	DUES & SUBSCRIPTIONS	17,045.	1,387.	15,658.						
•	AWARDS & INCENTIVES	7,313.	1,358.	3,034.	2,921.					
	BAD DEBT EXPENSE	48,231.	38,281.	•	9,950.					
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	4,465,110.	3,750,703.	521,255.	193,152.					
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									
JSA	following SOP 98-2 (ASC 958-720)	0			F 000 (004.4)					

JSA 4E1052 1.000

Form **990** (2014)

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PROVIDENT, INC.

Part X **Balance Sheet**

Form 990 (2014)

ше	III	Datatice Stieet					
		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			178,299.	1	195,133.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			2,306,810.	3	2,119,745.
	4	Accounts receivable, net	163,406.	4	307,969.		
	5	Loans and other receivables from current and					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		trustees, key employees, and highest co					
		Complete Part II of Schodule I	•		0	5	0
	6	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) voluorganizations (see instructions). Complete Part II of Sche	mary e edule l	employees beneficiary	0	6	0
ets	7	Notes and loans receivable, net	Jaalo E		0	7	0
Assets	8	Inventories for sale or use			0	8	0
٩	9	Prepaid expenses and deferred charges			67,430.	9	74,976.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	2,636,488.			
	b	Less: accumulated depreciation	10b	1,782,991.	818,282.	10c	853,497.
	11				2,795,214.	11	2,912,366.
	12	Investments - other securities. See Part IV, line 11			598,237.	12	9,656.
	13	Investments - program-related. See Part IV, line 11	١			13	0
	14	Intangible assets		14	0		
	15	Other assets. See Part IV, line 11			15	0	
	16	Total assets. Add lines 1 through 15 (must equal			6,927,678.		6,473,342.
	17	Accounts payable and accrued expenses			223,685.	17	225,636.
	18	Grants payable			18	0	
	19	Deferred revenue	115,658.	19	51,743.		
	20	Tax-exempt bond liabilities				20	0
Liabilities	21	Escrow or custodial account liability. Complete Pa			0	21	0
ij	22	Loans and other payables to current and for					
-ia		trustees, key employees, highest compen			0		
	00	disqualified persons. Complete Part II of Schedule			651,458.	22	F22 0F0
	23	Secured mortgages and notes payable to unrelate			051,458.	23	523,958.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,				24	0
	25	parties, and other liabilities not included on lines					
		of Schedule D			1,045,596.	25	1,558,385.
	26	Total liabilities. Add lines 17 through 25			2,036,397.	26	2,359,722.
_		Organizations that follow SFAS 117 (ASC 958),	check				
Fund Balances		complete lines 27 through 29, and lines 33 and	34.				
<u>a</u> n	27	Unrestricted net assets			2,521,471.	27	1,930,875.
Ba	28	Temporarily restricted net assets			2,306,810.	28	2,119,745.
pu	29	Permanently restricted net assets		63,000.	29	63,000.	
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	k here 🕨 💹 and			
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ		t fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco	ome, d	or other funds		32	
S	33	Total net assets or fund balances		[4,891,281.	33	4,113,620.
	34	Total liabilities and net assets/fund balances			6,927,678.	34	6,473,342.
							Farm 000 (2014)

Form **990** (2014)

Form 990 (2014) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,1	68,8	398.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,4	65,1	10.
3	Revenue less expenses. Subtract line 2 from line 1	3			03,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,8	91,2	281.
5	Net unrealized gains (losses) on investments	5		-4	36,2	225.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	-1,0	45,2	224.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,1	13,6	20.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			ı		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ıplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		٠ ١			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in 📗			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in 📗			3.5
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the	.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uts.		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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Inspection

Employer identification number

PRO	OVID	ENT,	INC.					43	-0652630
Pa	rt I	Rea	ason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	S.
The	orgai	nizatio	on is not a private fou	ındation because it	is: (For lines 1 throu	gh 11, ch	neck only	one box.)	
1		A chu	rch, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hos	pital or a cooperative	hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).	
4		A med	dical research organi	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
	I	hospit	tal's name, city, and s	tate:					
5		An or	ganization operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described ir
	:	sectio	on 170(b)(1)(A)(iv). (Complete Part II.)					
6	$\bigsqcup '$	A fede	eral, state, or local go	overnment or gove	rnmental unit describe	ed in sec t	tion 170((b)(1)(A)(v).	
7	X	An or	ganization that norm	ally receives a sub	ostantial part of its su	upport fr	om a go	vernmental unit or fr	om the general public
	(descr	ibed in section 170(b)(1)(A)(vi). (Compl	ete Part II.)				
8		A con	nmunity trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	e Part II.)			
9		An or	ganization that norm	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross
	ı	receip	ots from activities rel	lated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	ore than 331/3% of its
			=					•	tax) from businesses
			-		975. See section 509		-	· ·	
10			•	•	usively to test for publ	-			
11				•	-	-			rry out the purposes of
				•			•		ction 509(a)(3). Check
	t	7	=					and complete lines 11	=
а				•	•	-		orted organization(s),	
				. ,	• • • • • • • • • • • • • • • • • • • •	elect a m	najority o	of the directors or trus	stees of the supporting
		7 -	anization. You must c	-					
b								supported organization	
			-		=	the sam	ne persor	ns that control or mar	nage the supported
		1 -	anization(s). You mus	=					
С								n with, and functiona	lly integrated with,
					ns). You must comple				
d			-			-		ection with its suppor	
								oution requirement an	d an attentiveness
_		7 .	· ·	•	omplete Part IV, Sect			hat it is a Type I, Type	II. Tuno III
е			•					• • • • • • • • • • • • • • • • • • • •	п, туре ш
f	Ente		number of supported	• •	ionally integrated sup	-	organiza		
a			he following informati						
					(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,			(-,	(described on lines 1-9	listed in yo	our governing	support (see	other support (see
					above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
					, , , , , ,	Yes	No		
(A)									
(B)									
(B)									
(C)									
(•)									
(D)									
						1			
(E)									
Tot	.								

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **2**

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,491,150.	3,326,192.	3,323,378.	3,155,448.	4,409,390.	16,705,558.
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	2,491,150.	3,326,192.	3,323,378.	3,155,448.	4,409,390.	16,705,558.
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)						0
6	Public support. Subtract line 5 from line 4.						16,705,558.
_	tion B. Total Support						10,703,330.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,491,150.	3,326,192.	3,323,378.	3,155,448.	4,409,390.	16,705,558.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,344.	125,695.	80,932.	35,004.	61,588.	394,563.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,369.	3,140.	2,181.	12,333.	-583.	27,440.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-22,664.	-115,227.		-7,292.	-35,914.	-181,097.
11	Total support. Add lines 7 through 10						16,946,464.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	6,951,848.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2014 (li		•			14	98.58%
15	Public support percentage from 2013					15	97.48%
16a	331/3% support test - 2014. If the o	-					.
	this box and stop here. The organization						
D	331/3% support test - 2013. If the co						
170	check this box and stop here. The organical states and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check this box and stop here. The organical states are the check	•					
11a	10% or more, and if the organization	_					
	Part VI how the organization meets t					-	•
	organization						·· • □
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organization in Part VI how the organization	on meets the "	facts-and-circum	stances" test.	The organization	n qualifies as a	-
40	supported organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2014 Page **3**

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	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	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						
r	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .	<u> </u>	<u></u> .		▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2014 (lin					17	%
18	Investment income percentage from 2013 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2013. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions ►

Schedule A (Form 990 or 990-EZ) 2014 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2014

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Part	Supporting Organizations (continued)			
	Hardler and the first and the state of the state of the first firs		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h		11b		
		11c		
	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
00011	sir or Typo ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ructi	ons):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	ional		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	iuiis). 		No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	1, 1, 5	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
J.	•	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	in the second of	-~		

Schedule A (Form 990 or 990-EZ) 2014 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con			
Section A - Adjusted Net Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			
				A (Form 000 or 000 E7) 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page 8

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).

SCHEDULE A, PART II, SECTION B, LINE 10

TOTAL SUPPORT - OTHER INCOME

OTHER INCOME INCLUDES OTHER REVENUE EXCLUDED FROM TAX.

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2014

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization PROVIDENT, INC. 43-0652630 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year
▶ \$ ______

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).

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

74008

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

Part I Cor	tributors (see	e instructions).	Use duplicate	copies of Part I	if additional s	pace is needed.
------------	----------------	------------------	---------------	------------------	-----------------	-----------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	UNITED WAY OF GREATER ST. LOUIS 910 N. 11TH STREET ST. LOUIS, MO 63101	\$2,289,127.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2 _	CHILDRENS SERVICE FUND 222 SOUTH MERAMEC AVENUE, SUITE 202 CLAYTON, MO 63105	\$827,211.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3 _	AREA RESOURCES FOR COMMUNITY & HUMAN SVC 539 NORTH GRAND BLVD., 6TH FLOOR ST. LOUIS, MO 63103	\$502,014.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization PROVIDENT, INC.

Employer identification number

43-0652630

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	

		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(d)

Date received

(a) No.

from

Part I

(b)

Description of noncash property given

(c)

FMV (or estimate)

(see instructions)

Name of organization PROVIDENT, INC.

Employer identification number
43-0652630

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

		mpleting Part III, enter the	ttor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etcononce. See instructions.) ► \$					
(a) No.		•						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	I					
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	I					
	(5)							
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee					
(a) No.								
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ΓαΙΙΙ								
	(e) Transfer of gift							
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee					

SCHEDULE 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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	o c. a.o c. gamaanon	
PRO	OVIDENT, INC.	43-0652630
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	• • • • • • • • • • • • • • • • • • • •
O	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
De	conferring impermissible private benefit?	
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n, handling of
	violations, and enforcement of the conservation easements it holds?	L
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
	>	-
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	▶ \$	5
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of secti	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	V N-
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its rev	venue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revieworks of art, historical treasures, or other similar assets held for public exhibition, educations are supported by the organization of the organization	tion, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa	tion, or research in furtherance of
	public service, provide the following amounts relating to these items:	•
	(i) Revenue included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	. .
a	Revenue included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X	> \$

43-0652630

Page 2

PROVIDENT, INC.

Schedule D (Form 990) 2014

Par	rt III Organizations Maintaining	Collections of	Art, Histo	rical Tre	asures	or Oth	er Similar Ass	ets (co	ntinu	ed)
3	Using the organization's acquisition,	accession, and o	ther records	s, check a	any of th	ne follow	ing that are a si	gnificant	use	of its
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	_					
b	Scholarly research		e	Other						
С	Preservation for future generation									
4	Provide a description of the organiza	ation's collections	and explain	n how the	ey furthe	r the org	ganization's exem	pt purpo	se in	Part
	XIII.									
5	During the year, did the organization s									_
	assets to be sold to raise funds rather									No
Par	rt IV Escrow and Custodial Arrai			organiza	ation an	swered	"Yes" to Form 9	90, Part	IV, li	ne 9,
	or reported an amount on F	orm 990, Part X	, line 21.							
				,						
1 a	Is the organization an agent, trustee,									٦
	included on Form 990, Part X?							Yes	,	No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the follo	wing table	:					
	B						Amount			
С.	Beginning balance					_				
d	Additions during the year									
e	Distributions during the year									
f	Ending balance							1 1		
	· · · · 9 · · · · · · · · · · · · · · · · · · ·							Yes	, –	No
	If "Yes," explain the arrangement in P									
Par	t V Endowment Funds. Comple						<u> </u>			
1.	Paginning of year balance	(a) Current year	(b) Prior y		(c) Two ye		(d) Three years back			
	Beginning of year balance	3,393,451.	3,521,	,042.	4,20	3,997.	4,916,178	_	325	<u>,768</u> .
	Contributions						3,425	•		
C	Net investment earnings, gains,	20 242	106	070	40	1 E 4 O	4E 000		106	015
	and losses Grants or scholarships	30,243.	400	,070.	40	1,548.	-45,882	•	400	<u>,015</u> .
	Other expenditures for facilities									
е	·	501,672.	611	261	1 00	3,903.	669,724		005	605
£	and programs Administrative expenses	301,072.	014	,261.	1,00	3,903.	009,724	-	095	<u>,605</u> .
	End of year balance	2,922,022.	3,393,	1 E 1	2 52	1,642.	4,203,997	1	016	,178.
g 2	Provide the estimated percentage of t					-		•	910	, 1 / 0.
	Board designated or quasi-endowmen	•	,	ille 1g, co	Jiumm (a	i) rieid as				
a h	Permanent endowment > 2.160		_ /6							
C	Temporarily restricted endowment	% %								
·	The percentages in lines 2a, 2b, and		nn%							
3 a	Are there endowment funds not in the	•		on that ar	e held a	nd admir	istered for the			
ou	organization by:	possession or an	o organizati	on that ar	o noia a	na aanin			Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organ	nizations listed as r	equired on S	Schedule R	??			3b		- 21
4	Describe in Part XIII the intended use							. [0.5		
Par	TAME Land, Buildings, and Equipm	nent.								
· ai	Complete if the organization	n answered "Yes		990, Part	t IV, line	11a. Se	ee Form 990, Pa			
	Description of property	(a) Cost or o		(b) Cost or o othe)			eciation	(d) Book v	alue	
1a	Land	,	<i>'</i>		8,667.	аері	55.4001		88	667.
	Buildings				2,825.	9	16,488.			337.
	Leasehold improvements				3,670.		21,139.			531.
	Equipment				1,326.		45,364.			962.
	Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	†	-,			·
	al. Add lines 1a through 1e. (Column (d		990. Part X.	column (B). line 1	O(c),)	•		353.	497.
		,	,		,,	1-77			/	- • •

Schedule D (Form 990) 2014

Page 3

Part VII	Complete if the organization answered	d "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) Financi	al derivatives		
	-held equity interests		
/ / / /			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(<u>H)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		d "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)	(I)		
-	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	1 "Ves" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(a) De	SCIPTION	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) i	ine 15.)	
Part X		d "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book valu	ue
	ral income taxes		
	UED PENSION LIABILTY	1,558,	385.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	// // // // // // // // // // // // //	1 550	205
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the

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

JSA 4E1270 1.000

PROVIDENT, INC. 43-0652630 Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 4,216,542. Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 491,620 Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 45,929 Add lines 2a through 2d 101,324. Subtract line 2e from line 1 4,115,218. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 1,045,224. Add lines 4a and 4b 1,053,680. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5,168,898. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 4,994,203. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 491,620 2a **b** Prior year adjustments Other losses 2c d Other (Describe in Part XIII.) 45,929 Add lines 2a through 2d 537,549. 2e 3 Subtract line 2e from line 1 4,456,654. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 8,456 **b** Other (Describe in Part XIII.) Add lines 4a and 4b 8,456. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4,465,110. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 PROVIDENT, INC. 43-0652630 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

USE OF ENDOWMENT FUNDS

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

FUNDING THE ORGANIZATION'S OPERATIONS AND FUTURE SUSTAINABILITY.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

SPECIAL EVENTS: \$45,929

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS

MINIMUM PENSION LIABILITY ADJUSTMENT: \$1,045,224

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS

SPECIAL EVENTS: \$45,929

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Ivallie	of the organization					Linployer identification	on number
PRO'	VIDENT, INC.					43-0652630	
Par	Fundraising Activities. Con				"Yes" to Form 9	990, Part IV, line	17.
rai	Form 990-EZ filers are not	required to comp	lete this p	oart.			
1	Indicate whether the organization raise	sed funds through a	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	itation of	non-government g	grants	
b	Internet and email solicitations	f	Solid	itation of	government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o	r oral agreement w	ith any ind	dividual (ir	ncludina officers. o	directors, trustees _	
	or key employees listed in Form 990						Yes No
b	If "Yes," list the ten highest paid ind	ividuals or entities	(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
			(iii) Did fur	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	or critity (idinaraisor)		contrib	outions?	nom activity	col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota							
3	List all states in which the organiza	tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

Schedule G (Form 990 or 990-EZ) 2014

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.

		grood roddipto groater than quito	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			5K ROOSTER RUN	ANNUAL DINNER		(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	55i. (5))
Revenue	1	Gross receipts	47,458.	46,128.		93,586
R		Less: Contributions	39,073.	46,128.		85,201
		Gross income (line 1 minus line 2)	8,385.			8,385
	4	Cash prizes				
	5	Noncash prizes	3,163.	11,190.		14,353
enses	6	Rent/facility costs	1,000.	13,225.		14,225
Direct Expenses	7	Food and beverages	144.			144
Dire	8	Entertainment		200.		200
	9	Other direct expenses	11,867.	2,664.		14,531
	10	Direct expense summary. Add lines 4	through 9 in column (d))	•	43,453
	11	Net income summary. Subtract line 1	0 from line 3. column (d)		-35,068
Pa			anization answered "Y			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes% No	Yes% No	No No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
	ı İs	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:		of these states?		Yes No
		ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe		ng the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2014 Page	3
11 12	Does the organization conduct gaming activities with nonmembers?	0
	formed to administer charitable gaming?	0
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b		%
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?	0
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:	
	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?	0
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	_
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 provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

PROVIDENT, INC.						43-0652630	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand edures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient	Domestic Or that received	ganizations and more than \$5	nd Domestic Gov 5,000. Part II can I	vernments. Com be duplicated if a	nplete if the organized additional space is	zation answered "Yoneeded."	es" to Form 990,
(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)							
 Enter total number of section 501(c)(3) a Enter total number of other organizations 	s listed in the li	ne 1 table	listed in the line 1	table	 		

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

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	98.		39,032.	E-M17	RENT, TRANSPORTATION
- DADIC NEEDS ASSISTANCE	50.		37,032.	FFIV	KENI, IKANDFOKIATION
2 FEE ASSISTANCE	133.		17,877.	FMV	FEE ASSISTANCE
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.

SCHEDULE I, PART I, LINE 2

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

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 43-0652630

PRO	ROVIDENT, INC. 43-0652630								
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	۱ ۱	Method o			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property	X	1	0.70	2 (1	TOGIC OIL	\mp		
9	Securities - Publicly traded		1.	2,79	3. 5	TOCK QUO) I E		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
40	or trust interests								
12	Securities - Miscellaneous Qualified conservation								
13									
	contribution - Historic								
14	structures								
14	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ (SPECIAL EVENTS)	Х	14.	5,61	4. F	MV			
26	Other ▶ (FURNITURE)	Х	1.	36,43	0. F	MV			
27	Other ► (SOFTWARE)	Х	2.	18,14	4. F	MV			
28	Other ►()								
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions f	for				
	which the organization completed I	, ,				9			
								Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I,	lines 1	l through			
	28, that it must hold for at least th	ree years fr	om the date of the initial c	ontribution, and which	is not	t required			
	to be used for exempt purposes for	the entire h	olding period?				30a		X
b	If "Yes," describe the arrangement i	n Part II.							
31	Does the organization have a	gift accept	tance policy that require	s the review of an	y non	-standard			
	contributions?						31	Х	
32a	Does the organization hire or use								
	contributions?						32a	X	
b	If "Yes," describe in Part II.								
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which colum	n (a) is	checked,			
	describe in Part II.								

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

Schedule M (Form 990) (2014)

PROVIDENT, INC. 43-0652630

Schedule M (Form 990) (2014) Page **2**

Part II Supple

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON ALL LINES.

SCHEDULE M, PART I, LINE 32B

USE OF THIRD PARTIES

THIRD PARTIES ARE USED TO PROCESS RECEIPTS OF STOCK CONTRIBUTIONS. STOCK

DONATIONS ARE TRANSFERRED DIRECTLY INTO THE ORGANIZATION'S INVESTMENT

ACCOUNT.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization PROVIDENT, INC

Employer identification number 43-0652630

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

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.

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

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

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 ARRANGES WITH THE OFFICER, DIRECTOR OR KEY EMPLOYEE TO CEASE ANY INAPPROPRIATE ACTIVITY. UNSETTLED MATTERS ARE REPORTED TO THE BOARD FOR APPROPRIATE ACTION.

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

PROCESS FOR DETERMINING COMPENSATION

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,

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

PROVIDENT, INC.

Employer identification number

43-0652630

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.

FORM 990, PART VI, SECTION C, LINE 19

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. GOVERNING

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN

REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

MINIMUM PENSION LIABILITY ADJUSTMENT -\$1,045,224

ATTACHMENT 1

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

PROVIDENT'S LICENSED THERAPISTS PROVIDE MENTAL HEALTH COUNSELING
TO ADULTS AND CHILDREN IN VARIOUS CAPACITIES, INCLUDING
INDIVIDUAL, FAMILY, GROUP AND COUPLES THERAPY. PROVIDENT HAS
EXPANDED ITS SERVICE DELIVERY MODEL, OFFERING SUPPORT IN FIVE
COUNSELING OFFICES AS WELL AS IN MULTIPLE SCHOOLS AND SATELLITE
LOCATIONS. FOR OVER A DECADE, PROVIDENT HAS WORKED WITH
DEPARTMENTS OF CORRECTIONS TO OFFER GROUP THERAPY TO ADULT MALE

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

PROVIDENT, INC.

Employer identification number
43-0652630

ATTACHMENT 1 (CONT'D)

EX-OFFENDERS AS THEY REENTER SOCIETY. THE OVERARCHING GOAL OF
THIS WORK IS TO PREVENT FUTURE VICTIMS, AND THIS IS DONE BY
TEACHING VICTIM EMPATHY AND PERSONAL ACCOUNTABILITY. CASE
MANAGEMENT IS PROVIDED TO THIS POPULATION TO HELP THEM ACCLIMATE
AND STABILIZE AFTER LENGTHY PERIODS OF INCARCERATION. IN 2014,
PROVIDENT SERVED COUNSELING TO 3,226 CLIENTS.

ATTACHMENT 2

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

PROVIDENT'S LIFE CRISIS SERVICES (LCS) OFFERS 24/7/365 CRISIS INTERVENTION SERVICES TO THE ST. LOUIS COMMUNITY AND BEYOND. ALL PROGRAMS WITHIN THIS DIVISION FOCUS ON CRISIS INTERVENTION AND SUICIDE PREVENTION. THE CRISIS HOTLINE WAS ESTABLISHED IN 1966 AND RECEIVES AN AVERAGE OF 89 CALLS EVERY DAY, 16% OF WHICH ARE FROM SUICIDAL INDIVIDUALS. THUS, THIS HOTLINE POTENTIALLY SAVES 14 LIVES EVERY DAY. OTHER PROGRAMS INCLUDE SURVIVORS OF SUICIDE (SOS) SUPPORT GROUPS FOR THOSE WHO HAVE LOST SOMEONE TO SUICIDE. FEELING KINDA BLUE IS A SOCIAL MEDIA WEBSITE DESIGNED FOR YOUNG ADULTS WHO MAY BE DEPRESSED, ANXIOUS OR EVEN SUICIDAL. LCS MONITORS 24/7, USING THE SAME APPROACH AS IS USED FOR THE CRISIS HOTLINE. HOPEAFTER PROVIDES INTENSIVE TELEPHONIC CASE MANAGEMENT TO INDIVIDUALS AT VERY HIGH RISK FOR SUICIDE. PROVIDENT RECEIVES REFERRALS FROM HOSPITALS, CRISIS INTERVENTION TEAM (CIT) POLICE OFFICERS, AND FROM ITS HOTLINE TO PROVIDE A SAFETY NET. FINALLY, BECAUSE THOSE IN FINANCIAL CRISIS MAY BE AT HIGHER RISK FOR

Schedule O (Form 990 or 990-EZ) 2014 Page **2**

Name of the organization

PROVIDENT, INC.

Employer identification number

43-0652630

ATTACHMENT 2 (CONT'D)

SUICIDE, LCS ANSWERS THE STATE-WIDE "1-888-BETSOFF" GAMBLING HOTLINE. THESE MANY SUICIDE PREVENTION PROGRAMS TRULY SAVE LIVES EVERY DAY, STABILIZING THOSE IN CRISIS, AND PROVIDING EDUCATION, TOOLS AND CRITICAL SUPPORT TO KEEP INDIVIDUALS SAFE. IN 2014, THIS DIVISION SERVED 36,118 INDIVIDUALS.

ATTACHMENT 3

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

COMMUNITY OUTREACH ENCOMPASSES PROVIDENT'S AFTERSCHOOL PROGRAM AND COMMUNITY EDUCATION EVENTS. PROVIDENT FACILITATES TEN AFTERSCHOOL PROGRAMS TO LOW INCOME YOUTH IN ST. LOUIS CITY AND JENNINGS,

OFFERING A SAFE AND NURTURING LOCATION DURING THE CRITICAL HOURS

OF 3-6 PM. CHILDREN AGES 5-12 ARE OFFERED ACADEMIC SUPPORT,

ENRICHMENT AND CHARACTER EDUCATION, AS WELL AS A HOT MEAL EVERY

DAY THAT SCHOOL IS IN SESSION. PROVIDENT STAFF OFFERS VITAL

COMMUNITY EDUCATION TO SCHOOLS, YOUTH GROUPS, NONPROFIT

ORGANIZATIONS AND HOUSES OF FAITH TO EDUCATE ON TOPICS SUCH AS

BRAIN DEVELOPMENT IN YOUTH; SUICIDE WARNING SIGNS; AND MENTAL

HEALTH RESOURCES IN THE COMMUNITY. IN 2014, THIS DIVISION SERVED

Exempt Organization Business Income Tax Return Form 990-T OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning , 2014, and ending Department of the Treasury ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ((Employees' trust, see instructions.) address changed **B** Exempt under section PROVIDENT, INC. Print X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. 43-0652630 E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) 2650 OLIVE STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets ST. LOUIS, MO 63103 525990 at end of year Group exemption number (See instructions.) ▶ Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ PARTNERSHIP INCOME During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of STEPHANIE FRENCH Telephone number ▶ 314-371-6500 Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses Gross receipts or sales b Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 1,867. ATCH 1 1,867 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 1,867. 1,867. Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 18 1,100. 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24

JSA For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

25

26

27

28

29

30

31

32

33

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Net operating loss deduction (limited to the amount on line 30)

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

25

27

30

31

32

1,350.

2,450.

-583.

-583.

-583.

1,000.

Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

internal Revenue	e Service			90.,					
	filing for an Automatic 3-Month Extension, of								
•	filing for an Additional (Not Automatic) 3-Mo Diete Part II unless you have already been grain			` . •	•	68			
•	,								
	ling (e-file). You can electronically file Form an equired to file Form 990-T), or an addition								
	juest an extension of time to file any of the								
	Transfers Associated With Certain Persona								
	. For more details on the electronic filing of th								
Part I Au	tomatic 3-Month Extension of Time. On	ly submit	original (no copies ne	eeded).					
-	n required to file Form 990-T and requesting			- check this box and com	plete				
Part I only						▶ X			
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use I	Form 7004 to request an	extensior	n of time			
to file incom	e tax returns.			Enter filer's identifying	g number,	see instructions			
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	mber (EIN) or			
Type or									
print	PROVIDENT, INC.			43-0652630)				
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	SN)				
filing your	2650 OLIVE STREET								
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
mstructions.	ST. LOUIS, MO 63103								
Enter the Re	eturn code for the return that this application	is for (file a	separate application for	or each return)		0 7			
	Tank add to the retain that the application								
Application		Return	Application			Return			
ls For		Code	Is For			Code			
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)		07			
Form 990-Bl	L	02	Form 1041-A			08			
Form 4720 ((individual)	03	Form 4720 (other tha	n 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			
Telephone If the orga If this is for the whole a list with the	e No. 314 371-6500 anization does not have an office or place of bor a Group Return, enter the organization's for e group, check this box e names and EINs of all members the extensions.	ousiness in ur digit Gro it is for pa on is for.	FAX No. the United States, check to the group, check to the group to the group.	ck this box (GEN) this box	 	▶ ☐ this is uttach			
until for the ▶ X	est an automatic 3-month (6 months for a cor $11/15$, 20 15 , to file the organization's return for: calendar year 20 14 or tax year beginning	exempt org	ganization return for the	e organization named ab					
c	ax year entered in line 1 is for less than 12 m hange in accounting period application is for Form 990-BL, 990-PF, 99				ı 				
	undable credits. See instructions.	., ., _ 0	, 1. 5555, 51161 116	-	3a \$	0			
		4720, or	0, or 6069, enter any refundable credits and						
	ted tax payments made. Include any prior yea				3b \$	899.			
	e due. Subtract line 3b from line 3a. Include				 •				
	onic Federal Tax Payment System). See instru		·		3c \$	0			
	u are going to make an electronic funds withdrawa		it) with this Form 8868, se			for payment			

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

Form **8868** (Rev. 1-2014)

Form 990-T (2014) PROVIDENT, INC. 43-0652630 Page **2**

Par	t III	Tax Computation										
35	Organ	izations Taxable as Co	rporations. See i	nstructions	s for ta	ax compu	tation. Controlled	group				
	members (sections 1561 and 1563) check here ▶											
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
	(1) \$ (2) \$ (3) \$											
b	Enter of	organization's share of: (1) Addit	ional 5% tax (not mo	re than \$1	1,750)		\$					
	(2) Add	litional 3% tax (not more than	\$100,000)				\$					
		tax on the amount on line 34.							35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on											
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041).							36				
37	•								37 38			
38 39								39			—	
Par		Tax and Payments	or oo, willonever ap	рисо			<u> </u>		33			
		n tax credit (corporations attac	h Form 1118: trusts a	attach Form	1116)	4	0a					
	-	credits (see instructions)				⊢	0b					
		al business credit. Attach Form					0c					
		for prior year minimum tax (att					0d					
		redits. Add lines 40a through 4							40e			
41		ct line 40e from line 39							41			
42	Other to	ixes. Check if from: Form 425	5 Form 8611	Form 86	97	Form 8866	Other (attach sche	dule) .	42			
43		ax. Add lines 41 and 42				1			43			0
44 a	Payme	nts: A 2013 overpayment cred	ited to 2014				4a	899.				
		stimated tax payments				· · · ·	4b					
		posited with Form 8868				· · · · · .	4c					
	Ū	n organizations: Tax paid or wi	,		,	· · · · · -	4d 4e					
		o withholding (see instructions) for small employer health insu					14f					
		credits and payments:	Form 2439		,	–		$\overline{}$				
9		Form 4136	Other		_	 Γotal ▶ 4	4a					
45		ayments. Add lines 44a through							45		8	899.
46	•	ted tax penalty (see instruction	, ,						46			
47		e. If line 45 is less than the tot							47			
48		yment. If line 45 is larger than			nter amo	unt overpaid	d	▶	48		8	899.
49	Enter th	e amount of line 48 you want: Cro					100 . Refund		49			799.
Par	: V	Statements Regarding	ng Certain Acti	vities ar	nd Oth	er Infor	mation (see insti	uctions	5)			
1	•	time during the 2014 calenda	,				· ·	•			Yes	No
		t (bank, securities, or other) in	,		•	•	ve to file FinCEN Form	1114, R	eport	of Foreign		3.7
2		nd Financial Accounts. If YES, e		•	•		or of or transferor to	o forois	no truo	+2		$\frac{X}{X}$
2	-	the tax year, did the organizat see instructions for other forms				. tile granti	or or, or transferor to,	a roreig	yıı ııus			
3		he amount of tax-exempt inter		•		ar ▶ \$						
		A - Cost of Goods So										
1		ory at beginning of year 1			_		nd of year		6			
2		ses 2					ods sold. Subtract					
3		labor 3			6	rom line	5. Enter here an	d in				
4 a	Additio	nal section 263A costs			Par	t I, line 2		[7			
	(attach	schedule) 4a			8 Do	the rule	es of section 263	A (wit	th re	spect to	Yes	No
b	Other	costs (attach schedule) . 4b					duced or acquire			,		
_5		Add lines 1 through 4b 5					ation?					X
C : -	l c	Inder penalties of perjury, I declare that orrect, and complete. Declaration of prep	at I have examined this ref arer (other than taxpayer) is	turn, including based on all i	g accompai nformation	nying schedule of which prep	es and statements, and to parer has any knowledge.	the best o	ot my kr	nowledge and	belief, it	ıs true,
	Sign May the								IRS discuss			
Her	re			Date		Title			with the preparer shown (see instructions)? X Yes			_
		Print/Type preparer's name	Pro	eparer's sign	nature	7.11.0	Date			PTIN	;s	No
Paid		TROY A LINDSEY		-, o o.g.				Check	if لـــــا nployed		4123	7
Prep		Firm's name BKD, LL:						Firm's		44-016		
Use	Only	Firm's address > 211 N.		TE 600				Phone		314-23		
		ST. LOU		2733				1		Form 9		

PROVIDENT, INC. 43-0652630 Form 990-T (2014) Page 3 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent 3(a) Deductions directly connected with the income (b) From real and personal property (if the in columns 2(a) and 2(b) (attach schedule) for personal property is more than 10% but not percentage of rent for personal property exceeds more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1 here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3)(4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions of or allocable to acquisition debt on or 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) (attach schedule) property (attach schedule) (1) % (2) % (3) % % (4)Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B). Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1. Name of controlled 2. Employer 5. Part of column 4 that is 6. Deductions directly 3. Net unrelated income 4. Total of specified included in the controlling connected with income organization identification number (loss) (see instructions) payments made organization's gross income in column 5 (1) (2) (3) Nonexempt Controlled Organizations 10. Part of column 9 that is 11. Deductions directly 8. Net unrelated income 9. Total of specified 7. Taxable Income included in the controlling connected with income in (loss) (see instructions) payments made organization's gross income column 10 (1) (2)(3)

Part I, line 8, column (A). Part I, line 8, column (B).

Add columns 6 and 11.

Enter here and on page 1,

Totals

(4)

Add columns 5 and 10.

Enter here and on page 1,

Form 990-T (2014) PROVIDENT, INC. 43-0652630 Page **4**

Schedule G - Investment In	come of a Sec	tion 501(c)(7),	(9), or (17) Orga	nizat	ion (see inst	ructions)		
1. Description of income 2. Amount of i		income	Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, c								nter here and on page 1 art I, line 9, column (B)
Totals ▶									
Schedule I - Exploited Exe	mpt Activity In	come, Othe	r Th	an Advertising In	com	e (see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from unrelated trade or business (column 2 minus column 3). If a gain, compute business income from activity that is not unrelated business income from activity that is not unrelated business income from unrelated trade or business income from activity that is not unrelated trade or business income from unrelated trade or business income from activity that is not unrelated trade or business (column 5).		0	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t I,						Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	como (oco inetr	uotiono)							
			I	idata d Daaia					
Part I Income From Per	lodicals Report	ed on a Co	nsoi	idated Basis			I		I
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	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 readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)				-					
(3)									
(4)				-					
<u>()</u>									
Totals (carry to Part II, line (5))									
Part II Income From Per 2 through 7 on a li	riodicals Repori ine-by-line basis	ted on a S	Бера	rate Basis (For e	each	periodical I	isted in Par	t II	, fill in columns
				4 Advertising					7. Excess readership
1. Name of periodical	2. Gross advertising income 3. Direct advertising costs 5. Circulation income costs costs		р	costs (column 6 minus column 5, but not more than column 4).					
(1)									
(2)									
(3)				1					
(4)									
Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	t I,	_					Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers D	irectors a	nd Tr	TISTARS (SAA instri	ıction	e)			
1. Name		2. Title		Jetion	3. Percent of time devoted to business	0 4.Com	4. Compensation attributa unrelated business		
(1)						,	%		
(2)							%		
(3)							%		
(4)									
Total. Enter here and on page 1, P	art II line 14						% ▶		
Total. Litter fiere and on page 1, P	u ,		• • •	<u> </u>					000 T

Form **990-T** (2014)

ATTACHMENT 1

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

914. COMMON SENSE PARTNERS II, L.P. #93-1275634 COMMON SENSE LONG-BIASED II, L.P. 953. #20-0392545 INCOME (LOSS) FROM PARTNERSHIPS 1,867.

ATTACHMENT 2

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

1,350. PROFESSIONAL FEES

PART II - LINE 28 - OTHER DEDUCTIONS