Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

•	9		
1	2015	and ending 12/37	1 20 15

For calendar year 2015, or fiscal year beginning 01/01

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization Employer identification number 43-0652630 PROVIDENT, Name and title of officer

STEPHANIE FRENCH, DIRECTOR OF FINANCE

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,809,201
2a	Form 990-EZ check here ▶b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer	's PIN: check one box only		
X	l authorize BKD , LLP ERO firm name	_ to enter my PIN	4 3 0 6 5 as my signature Enter five numbers, but do not enter all zeros
	on the organization's tax year 2015 electronically filed return. If I habeing filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.		. ,
	As an officer of the organization, I will enter my PIN as my signatur If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's discl	g filed with a state ag	gency(ies) regulating charities as part of
Officer's	signature ►	Date	11/9/2016
Part I	Certification and Authentication		
	EFIN/PIN. Enter your six-digit electronic filing identification r (EFIN) followed by your five-digit self-selected PIN.	4	4 3 0 3 2 8 4 4 0 1 6
			do not enter all zeros
	that the above numeric entry is my PIN, which is my signature on the above. I confirm that I am submitting this return in accordance wit		

Date >

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Information for Authorized IRS e-file Providers for Business Returns.

Form **8879-EO** (2015)

ERO's signature ▶

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 F	or th	ne 201	5 calendar year, or tax year beging	nning , 2015	, and ending	g			, 20		
B Check if applicable:			C Name of organization				D Employer iden	tification r	number		
B C	neck if ap	pplicable:	PROVIDENT, INC.				43-0652	630			
	Addre		Doing business as								
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		E Telephone number				
	Initial	return	2650 OLIVE STREET				(314) 373	L-6500)		
	Final termin	return/	City or town, state or province, country, a	and ZIP or foreign postal code	•						
	Amen	ided	ST. LOUIS, MO 63103				G Gross receipts	\$	6,620	,449.	
		cation	F Name and address of principal officer:								
	_ pendi	iig	2650 OLIVE STREET ST.	LOUIS, MO 63103			subordinates? H(b) Are all subordi		Yes	No	
ī ·	Tax-ex	empt st	') (insert no.) 4947(a)(1)	or 527		If "No," attacl				
			WWW.PROVIDENTSTL.ORG	, ()			H(c) Group exemp	tion number	•		
				Association Other	L Year of	formation	on: 1860 M :	State of lec	al domicile:	: MO	
	rt I		ımmary								
			y describe the organization's mission or	r most significant activities: HELPI	NG INDIVI	IDUAI	S AND FAI	 ⁄ILIES	TO A		
بو	-		GHTER FUTURE THROUGH COU								
auc			ERVENTION, AND COMMUNITY								
ern	2		k this box if the organization di				of its net assets				
Governance			per of voting members of the governing	·			1	3		23.	
≪ ಶ			per of independent voting members of the					4		23.	
ties			number of individuals employed in cale					5		194.	
Activities			number of volunteers (estimate if necess					6		195.	
Ac			unrelated business revenue from Part VI					7a		615.	
			nrelated business taxable income from F					7b		0.	
		1101 0	Trotated bacterios taxable income from t				Prior Year		Current Y		
_	8	Contr	ibutions and grants (Part VIII, line 1h)		The state of the s		4,409,39	0.	4,260	,447.	
nue			am service revenue (Part VIII, line 2g)				328,95			,444.	
Revenue			tment income (Part VIII, column (A), line				466,46	_		,420.	
2			revenue (Part VIII, column (A), lines 5,				-35,91	_		,110.	
			revenue - add lines 8 through 11 (must				5,168,89	_	4,809		
			s and similar amounts paid (Part IX, colu				56,90	_		,708.	
			its paid to or for members (Part IX, colur					0.		0.	
			es, other compensation, employee bene			3,449,44	4.	3,621	.418.		
Expenses			ssional fundraising fees (Part IX, column					0.		0.	
be	h	Total	fundraising expenses (Part IX, column (E	D) line 25) 155,918	3				<u> </u>		
ũ			expenses (Part IX, column (A), lines 11				958,75	7.	1,009	.343.	
			expenses. Add lines 13-17 (must equal				4,465,11		4,817,469.		
			nue less expenses. Subtract line 18 from				703,78			,268.	
o es			Table of participation of the first terms of the fi			Beginn	ing of Current Y		End of Yea		
ets	20	Total	assets (Part X, line 16)		The state of the s		6,473,34	2.	6,216	,165.	
Net Assets or Fund Balances			liabilities (Part X, line 26)				2,359,72	_	2,720		
Net End			ssets or fund balances. Subtract line 21				4,113,62	_	3,496		
Pa			gnature Block								
Und	ler per	nalties o	of perjury, I declare that I have examined thi	is return, including accompanying sched	lules and statem	nents, ar	nd to the best of	my knowle	edge and b	elief, it is	
true	, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	s any kno	owledge.				
Sig			Signature of officer				Date				
Her	е										
			Type or print name and title								
		Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN			
Paid		TRO	Y A LINDSEY				self-employe		0104123	37	
•	arer		s name ▶BKD, LLP	ı			Firm's EIN ▶ 4				
Use	Only		s address >211 N. BROADWAY, SUITE 60	IN ST LOUIS MO 62102-2732				14-231			
May	the II		cuss this return with the preparer shown					X	_	No	
$\overline{}$			Reduction Act Notice, see the separate			4 8			Form 99		

PROVIDENT, INC. 43-0652630 Form 990 (2015) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: HELPING INDIVIDUALS AND FAMILIES TO A BRIGHTER FUTURE THROUGH COUNSELING, SUICIDE PREVENTION AND INTERVENTION, AND COMMUNITY SUPPORT PROGRAMS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,440,194. including grants of \$ _{186,708.}) (Revenue \$ 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 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. IN 2015, PROVIDENT PROVIDED COUNSELING TO 2,142 CLIENTS. 850,450. including grants of \$ 4b (Code:) (Expenses \$ 176,280. ATTACHMENT 840,409. including grants of \$ 4c (Code:) (Expenses \$ ATTACHMENT 2

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 4,131,053.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
-	complete Schedule D, Part III	8		Х
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		Х
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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			37
4.0	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			37
4 -	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	4-		77
40	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	4.0	v	
10	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?	10		v
	If "Yes," complete Schedule G, Part III	19		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	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			77
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	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	24c		
له ا	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		21
D	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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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,"			3.5
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		Х
25.	or IV, and Part V, line 1	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		Λ
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	220		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		_	000	(0045)

Form 990 (2015)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 28 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 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 Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which

Form 990 (2015)

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Χ

Form 990 (2015) PROVIDENT, INC. 43-0652630 Page **6**

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 23	8		
	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 23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		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 undertaken during			
	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 be reached at			
	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 Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12h	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•		15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15b	_	Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	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 safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	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 Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 books and record	s:▶		

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

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,	Position o not check more than one ix, unless person is both an icer 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	Former Highest compensated employee Key employee Officer Institutional trustee		Key employee Officer Institutional trustee Individual trustee or director		cormer Highest compensated imployee Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)MICHAEL GIRSCH	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(2)LAWRENCE THOMAS	3.00										
VICE CHAIR	0.	X		Х				0.	0.	0.	
_(3)ANNA_DOYLE	2.00								_		
BOARD MEMBER	0.	X						0.	0.	0.	
(4)BARBARA BOWMAN	2.00								_	_	
BOARD MEMBER	2.00	X						0.	0.	0.	
_(5)BARBARA_ABBETT BOARD_MEMBER		X						0.	0.	_	
(6)STUART GREENBAUM	3.00	Λ						0.	0.	0.	
CHAIR		X		х				0.	0.	0.	
(7)JOHN BUTLER	2.00	Λ		Λ				0.	0.	<u> </u>	
IMMEDIATE PAST CHAIR		X						0.	0.	0.	
(8)KATE BECKER	2.00	Λ.						0.	0.	0.	
BOARD MEMBER		X						0.	0.	0.	
(9)RISA ZWERLING	2.00	21						0.	· ·		
BOARD MEMBER	 0.	Х						0.	0.	0.	
(10)GERALD EARLY	2.00							<u> </u>		-	
BOARD MEMBER	0.	Х						0.	0.	0.	
(11)JACK LAY	3.00										
TREASURER	0.	Х		х				0.	0.	0.	
(12)THOMAS WILLIAMSON	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(13)RABBI ELIZABETH HERSH	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(14)DENISE BENTELE	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	

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Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d related anization	i
15) UJJWAL RAMTEKKAR	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
16) ROBERT FREUND	3.00											
SECRETARY	0.	Х		Х				0.	0.			0.
17) RAMON STEWART	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
18) HENRY WEBBER	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
19) PETER AMBROSE	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
20) HON. NANNETTE BAKER	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
21) KAREN FRIEDMAN	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
22) JAIME HARO	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
23) BRIDGET MARZETTE-BENDER	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
24) STEVEN SULLIVAN	40.00											
PRESIDENT & EXECUTIVE DIRECTOR	0.			Х				150,684.	0.		1,5	00.
25) STEPHANIE FRENCH	40.00											
DIRECTOR OF FINANCE	0.			Х				95,664.	0.		9,3	42.
1b Sub-total	•						▶	0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A						>	246,348.	0.		10,8	42.
d Total (add lines 1b and 1c)	_						\blacktriangleright	246,348.	0.		10,8	42.
2 Total number of individuals (including but not	limited to t						re	eceived more than	\$100,000 of			
reportable compensation from the organization	n ►		L								1 1	
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
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										_		7
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ıle J	l tor	such	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 1

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a Membership dues 1b	1,987,617.				
۾ 'ڊ ۾ ۾	b	Membership dues	52,448.				
Sifts ar/	d	Related organizations 1d	32,110.				
ıs, (e	Government grants (contributions) 1e	1,810,444.				
rtior er S	f	All other contributions, gifts, grants,					
ξŧ		and similar amounts not included above . 1f	409,938.				
nd	g	Noncash contributions included in lines 1a-1f: \$	7,370.				
	h	Total. Add lines 1a-1f		4,260,447.			
Jue .			Business Code				
eve	2a	COUNSELING SERVICES	624100	540,444.	540,444.		
Se R	b						
ž	С						
n Sc	d						
grar	е						
Program Service Revenue	f g	All other program service revenue	•	540,444.			
_	3	Investment income (including divider		340,444.			
	"	and other similar amounts)		47,856.			47,856.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	_ d		(ii) Others	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 1,762,872.	800.				
	b	Less: cost or other basis and sales expenses 1,797,108.					
		and sales expenses	800.				
	c d	Net gain or (loss)		-33,436.			-33,436.
•	8a	Gross income from fundraising		33 / 130 .			337130.
Other Revenue	ou	events (not including \$52,448.					
Seve.		of contributions reported on line 1c).					
er F		See Part IV, line 18 a	7,415.				
oth	b	Less: direct expenses b	14,140.				
	С	Net income or (loss) from fundraising events		-6,725.			-6,725.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances a					
	 	Less: cost of goods sold b					
	b c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	3.			
	11a	MISCELLANEOUS INCOME	900099	615.		615.	
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		615.			
	12	Total revenue. See instructions	<u> ▶</u>	4,809,201.	540,444.	615.	7,695.

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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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	186,708.	186,708.						
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.							
5	Compensation of current officers, directors, trustees, and key employees	257,189.	155,896.	93,684.	7,609.				
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	2,883,828.	2,667,563.	121,650.	94,615.				
8	Pension plan accruals and contributions (include	_							
	section 401(k) and 403(b) employer contributions)	0.	222 724	11 100	C 100				
9	Other employee benefits	240,087.	222,784.	11,120.	6,183.				
10	Payroll taxes	240,314.	201,298.	31,297.	7,719.				
11	Fees for services (non-employees):	0.							
	Management	32,838.	326.	32,512.					
	Legal	54,233.	520.	54,233.					
	Accounting	0.		31,233.					
	Professional fundraising services. See Part IV, line 17	0.							
	f Investment management fees	10,731.		10,731.					
	Other. (If line 11g amount exceeds 10% of line 25, column								
•	(A) amount, list line 11g expenses on Schedule O.).	170,247.	72,258.	67,894.	30,095.				
12	Advertising and promotion	19,946.	19,844.		102.				
13	Office expenses	174,032.	145,395.	23,927.	4,710.				
14	Information technology	72,557.	69,537.	179.	2,841.				
15	Royalties	0.							
16	Occupancy	290,998.	268,486.	22,494.	18.				
17	Travel	22,013.	21,335.		678.				
18	Payments of travel or entertainment expenses	0							
	for any federal, state, or local public officials	0.	4 222	1,024.					
19	Conferences, conventions, and meetings	5,381. 21,373.	4,332.	21,373.	25.				
20	Interest	21,3/3.		21,3/3.					
21 22	Payments to affiliates Depreciation, depletion, and amortization	72,341.	66,375.	5,966.					
23	Insurance	18,730.	13,804.	4,926.					
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.)								
a	DUES & SUBSCRIPTIONS	19,672.	3,141.	16,456.	75.				
k	AWARDS & INCENTIVES	12,451.	171.	11,032.	1,248.				
C	BAD_DEBT_EXPENSE	11,800.	11,800.						
c	·								
	All other expenses	4 04 5 4 5 5	4 101 0-0	500 100	455 010				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,817,469.	4,131,053.	530,498.	155,918.				
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if								
ICA	following SOP 98-2 (ASC 958-720)	0.							

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Part X **Balance Sheet**

ГС	IIIA	Datatice Stieet					
		Check if Schedule O contains a response of	r note	to any line in this P	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			195,133.	1	173,119.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net	2,119,745.	3	2,006,624.		
	4	Accounts receivable, net	307,969.	4	271,195.		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
		Complete Part II of Schedule L			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) volu					
s		organizations (see instructions). Complete Part II of Sche	dule L		0.		0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges	;		74,976.	9	120,962.
	10 a	Land, buildings, and equipment: cost or					
			10a	3,132,766.			
		Less: accumulated depreciation		1,851,710.	853,497.		1,281,056.
	11	Investments - publicly traded securities			2,912,366.		2,363,209.
	12	Investments - other securities. See Part IV, line 11			9,656.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets			0.		0.
	15	Other assets. See Part IV, line 11			0.		0.
_	16	Total assets. Add lines 1 through 15 (must equal			6,473,342.	16	6,216,165.
	17	Accounts payable and accrued expenses			225,636.	17	223,038.
	18	Grants payable	0. 51,743.	18 19	124,505.		
	19 20	Deferred revenue			0.		0.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	ort IV/ o	f Cabadula D	0.		0.
"	22	Loans and other payables to current and for			0.	21	0.
Liabilities	22	trustees, key employees, highest compen					
ij		disqualified persons. Complete Part II of Schedule			0	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			523,958.	23	828,321.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			1,558,385.	25	1,544,290.
	26	Total liabilities. Add lines 17 through 25			2,359,722.	26	2,720,154.
es –		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
Fund Balances	27	Unrestricted net assets			1,930,875.	27	1,426,387.
3al	28	Temporarily restricted net assets			2,119,745.	28	2,006,624.
Þ	29	Permanently restricted net assets			63,000.	29	63,000.
or Fur		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	chere and			
ts (30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	iipmen			31	
Net Assets	32	Retained earnings, endowment, accumulated incomment				32	
Net	33	Total net assets or fund balances			4,113,620.	33	3,496,011.
	34	Total liabilities and net assets/fund balances	<u> </u>		6,473,342.	34	6,216,165.
_				1			Form 990 (2015)

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OIIII J						90 - =
Part						
	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			09,2	
2						
3	Revenue less expenses. Subtract line 2 from line 1	3			-8,2	268.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			13,6	
5	Net unrealized gains (losses) on investments	5		_	79,2	299.
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		-5	30,0)42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))				96,0	11.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	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	oversi	ght			
	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					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	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 undergo	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		I	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

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization PROVIDENT, INC. 43-0652630 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2015

Total

Schedule A (Form 990 or 990-EZ) 2015 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,326,192.	3,323,378.	3,155,448.	4,409,390.	4,260,447.	18,474,855.		
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	3,326,192.	3,323,378.	3,155,448.	4,409,390.	4,260,447.	18,474,855.		
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.						18,474,855.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	3,326,192.	3,323,378.	3,155,448.	4,409,390.	4,260,447.	18,474,855.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	125,695.	80,932.	35,004.	61,588.	47,856.	351,075.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3,140.	2,181.	12,333.	-583.	615.	17,686.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-115,227.		-7,292.	-35,914.	-6,725.	-165,158.		
11	Total support. Add lines 7 through 10						18,678,458.		
12	Gross receipts from related activities, etc. (s					12	4,747,723.		
13	First five years. If the Form 990 is forganization, check this box and stop here								
	tion C. Computation of Public Sup			4.4 1 (0)		44	98.91%		
14	Public support percentage for 2015 (li	. ,	,			15	98.58%		
15	Public support percentage from 2014 331/3% support test - 2015. If the o								
ıva	this box and stop here. The organization	_							
h	331/3% support test - 2014. If the o	•		•					
	check this box and stop here. The orga								
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization	_							
	Part VI how the organization meets t					•	•		
	organization			•	•		▶ □		
b	10%-facts-and-circumstances test - 2						and line		
~	15 is 10% or more, and if the orga	-							
	Explain in Part VI how the organization						-		
	supported organization				-	•	▶ □		
18	Private foundation. If the organization								
	instructions								

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PROVIDENT, INC.

Schedule A (Form 990 or 990-EZ) 2015 Page 3

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

(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						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
40	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 f	or the organiza	tion's first seco	nd, third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen						/0
<u> 17</u>	Investment income percentage for 2015 (li			13 column (f))		17	%
18	Investment income percentage from 2014					18	<u> </u>
	331/3% support tests - 2015. If the or						
ıJa		-					. \square
L	17 is not more than 331/3%, check th	-	-	•		•	·
D	331/3% support tests - 2014. If the organized the support tests - 2014 is not more than 331/3% shock						
20	line 18 is not more than 331/3 %, check		•	•	. ,		

Schedule A (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	4.5		
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
D	determine whether the organization had excess business holdings.)	10b		

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Part	IV Supporting Organizations (continued)			
			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)	44-		
h	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116		
00011	on B. Type I dapporting diganizations		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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
Casti		1		
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			
_	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		
Secti	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 ins	structi	ions):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		res	No
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 that these activities constituted substantially all of its activities.	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. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must cor	-		structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
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-functional	y-integra	ited Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
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	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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
			Schedule	A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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 D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

| Employer identification number

2015

OMB No. 1545-0047

Open to Public Inspection

PRO	OVIDENT, INC.		43-0652630
Pa	organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on 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
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	=	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pa	rt Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., rec	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	* *	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		ated by the organization during the
	tax year		-
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg	garding the periodic monitoring, inspecti	ion, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	eting, handling of violations, and enforcing con-	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
	> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗀 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's financi	ial statements that describes the
	organization's accounting for conservation easeme		
Pa	organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	ar assets neid for public exhibition, educ potnote to its financial statements that des	cation, or research in furtherance of cribes these items.
b	If the organization elected, as permitted under		
_	works of art, historical treasures, or other similar public service, provide the following amounts relati	ar assets held for public exhibition, educ	
	(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 a		
	following amounts required to be reported under S		<u> </u>
а			
b	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• \$

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page **2**

Par	t III Organizations Maintainir	ng Collections of	Art, Historical T	reasures,	or Oth	ner Similar Asso	ets (co.	ntinue	ed)
3	Using the organization's acquisition		other records, check	cany of the	e follow	ring that are a sig	nificant	use o	of its
	collection items (check all that app	y):							
а	Public exhibition			or exchange	prograr	ns			
b	Scholarly research		e Other						
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the org	ganization's exemp	ot purpo	se in	Part
_	XIII.			! 1 4		- 4			
5	During the year, did the organization						Yes		No
Dar	assets to be sold to raise funds rath t IV		aned as part of the t	organization	is collec	SHOTT?	res	<u> </u>	NO
rai	Complete if the organizat 990, Part X, line 21.		" on Form 990, Pa	art IV, line 9	9, or rep	ported an amour	it on Fo	rm	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions	or other	r assets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement is	n Part XIII and comp	lete the following tak	ole:					
						Amount			
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f	Ending balance								
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement in Endowment Funds.	n Part XIII. Check ne	ere if the explanation	nas been p	roviaea	on Part XIII			
Par	Complete if the organizat	ion answered "Ves	" on Form 990 Pa	art IV/ line	10				
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou	ır voare	hack
		2,922,022.	3,393,451.	3,521		4,203,997.			178.
	Beginning of year balance	2,522,022.	3,373,131.	3,321	,012.	1,203,337.	1 ,		$\frac{170}{425}$.
	Contributions								
С	Net investment earnings, gains, and losses	-65,679.	30,243.	486	,070.	401,548.		-45	882.
ч	Grants or scholarships	,	·		,	,			
	Other expenditures for facilities								
C	and programs	493,134.	501,672.	614	,261.	1,083,903.		669	724.
f	Administrative expenses								
g	End of year balance	2,363,209.	2,922,022.	3,393	,451.	3,521,642.	4,	203,	997.
2	Provide the estimated percentage	of the current year	end balance (line 1g.	column (a))	held as:		•		
	Board designated or quasi-endown			(-//					
b	Permanent endowment ▶ 2.6	659 %							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of th	e organization that	are held an	d admin	istered for the			
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
_	If "Yes" on line 3a(ii), are the related	•	· ·				3b		
4 Por	Describe in Part XIII the intended ut VI Land, Buildings, and Equi		tion's endowment fur	ias.					
Par	Complete if the organiza	tion answered "Ye	s" on Form 990, P	art IV, line	11a. S	ee Form 990, Pa	rt X, Iin	e 10.	
	Description of property	(a) Cost or		or other basis			d) Book v	alue	
1a	Land	(invest	inietit) (0	ther) 88,667.	uepro	eciation		88,6	567
b	Buildings		2. 0	51,715.	9	54,834.	1 . 0	96,8	
C	Leasehold improvements		2,0	27,622.		23,313.			309.
d	Equipment		9	64,762.		73,563.		91,1	
е	Other					, -		, -	
	. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, columi	n (B), line 10)c.)		1,2	81,0)56.

PROVIDENT, INC.

Page 3 Schedule D (Form 990) 2015

	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
/ / / /			
(D)			
<u>(C)</u>			
<u>(D)</u>			
(F)			
(G)			
(0)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.		
		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line
	(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)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	W	D . IV II
	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form UUII Part X line
	<u> </u>		, Part IV, line 11d. See Form 990, Part X, line
	<u> </u>	scription	(b) Book va
(1)	<u> </u>		
(2)	<u> </u>		
(2) (3)	<u> </u>		
(2) (3) (4)	<u> </u>		
(2) (3) (4) (5)	<u> </u>		
(2) (3) (4) (5) (6)	<u> </u>		
(2) (3) (4) (5) (6) (7)	<u> </u>		
(2) (3) (4) (5) (6) (7) (8)	<u> </u>		
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Des	scription	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered	ne 15.)	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	(a) Description of liability (a) Description of liability	ne 15.)	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	(a) Description of liability (a) Description of liability	ne 15.)	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Colu	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) ACCR1 (3) (4)	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) ACCR (3) (4) (5)	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column 1) (1) Feder (2) ACCRI (3) (4) (5) (6)	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) ACCR (3) (4) (5) (6) (7)	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column 1) (1) Feder (2) ACCRI (3) (4) (5) (6) (7) (8)	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.) "Yes" on Form 990 (b) Book valu	(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation (Colu	(a) Description of liability (a) Description of liability (a) Description of liability	ne 15.)	(b) Book va

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Schedule D (Form 990) 2015 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements Windows Complete if the organization answered "Yes" on Form 990, Part IV			٦.	
1	Total revenue, gains, and other support per audited financial statements			1	4,477,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
- a	Net unrealized gains (losses) on investments	2a	-79,299.		
b	Donated services and use of facilities	2b	274,193.		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	14,140.		
	Add lines 2a through 2d			2e	209,034.
3	Subtract line 2e from line 1			3	4,268,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,731.		
b	Other (Describe in Part XIII.)	4b	530,042.		
С	Add lines 4a and 4b			4c	540,773.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,809,201.
Part	Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV			rn.	
1	Total expenses and losses per audited financial statements			1	5,095,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	274,193.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	14,140.		
е	Add lines 2a through 2d			2e	288,333.
3	Subtract line 2e from line 1			3	4,806,738.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		10 721		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,731.		
	Other (Describe in Part XIII.)	4b		4.	10,731.
	Add lines 4a and 4b			4c 5	4,817,469.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			3	4,017,402.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	Part IV rovide	/, lines 1b and 2b; Pa e any additional inforn	rt V, li	ine 4; Part X, line

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 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: \$14,140

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

MINIMUM PENSION LIABILITY ADJUSTMENT: \$530,042

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS

SPECIAL EVENTS: \$14,140

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

Name of the organization					Employer identification	on number					
PROVIDENT, INC.		43-0652630									
Part I Fundraising Activities. Com Form 990-EZ filers are not in				"Yes" on Form 9	990, Part IV, line	17.					
1 Indicate whether the organization rais	<u> </u>			activities. Check a	all that apply.						
a Mail solicitations											
b Internet and email solicitations	f	Solid	citation of	government grants	3						
c Phone solicitations	g	Spe	cial fundrai	ising events							
d In-person solicitations											
 Did the organization have a written of or key employees listed in Form 990. b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the organization. 	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	adraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No								
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total 3 List all states in which the organizate registration or licensing.	tion is registered (or licensed	▶ d to solicit	contributions or	has been notified	it is exempt from					

Schedule G (Form 990 or 990-EZ) 2015

Fundraising Events. Complete if the organization answered "Yes" on 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.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 ROOSTER RUN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	59,863.			59,863
	2 Less: Contributions		52,448.			52,448
	3	Gross income (line 1 minus line 2)	7,415.			7,415
	4	Cash prizes				
	5	Noncash prizes	1,810.			1,810
Expenses	6 Rent/facility costs		1,266.			1,266
t Expe	7 Food and beverages		636.			636
Direct I	8	Entertainment	200.			200
	9	Other direct expenses	10,228.			10,228
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1				14,140 -6,725
Pa	rt l	Gaming. Complete if the orga	anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
		than \$15,000 on Form 990-E	:∠, line 6a.	(L) D II . I		(d) Total gaming (add
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses		Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% 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)	>	
	Is	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		of these states?		_ Yes No
		/ere any of the organization's gaming I "Yes," explain:	icenses revoked, suspe			. Yes No

Sched	ule G (Form 990 or 990-EZ) 2015								
11 12	Does the organization conduct gaming activities with nonmembers?								
12	formed to administer charitable gaming?								
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility								
b	An outside facility								
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name ▶								
	Address ▶								
15 a	Does the organization have a contract with a third party from whom the organization receives gaming								
L	revenue? Yes No								
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								
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?								
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) 2015

SCHEDULE I (Form 990)

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

2015

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization							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 process. 	nts or assistand	e?					X Yes No		
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci							s" on Form		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) a	nd governmen	t organizations	listed in the line 1	 :able		<u> </u>			
3 Enter total number of other organizations	listed in the li	ne 1 table				.			

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

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	56.		119,500.	FMV	RENT, TRANSPORTATION
2 FEE ASSISTANCE	111.		67,208.	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 J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

43-0652630

PROVIDENT, INC.

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Χ Х 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?..... Χ 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Χ Χ If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Χ X Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Χ payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
STEVEN SULLIVAN	(i)	149,994.	0.	690.	1,500.	0.	152,184.	0.	
1PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
_	(i)								
5	(ii)								
•	(i) (ii)								
6	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
_11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2015

Part | Supplemental Information

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

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

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.

Employer identification number 43-0652630

Name of the organization PROVIDENT, INC

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) 2015 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 BALANCE

MINIMUM PENSION LIABILITY ADJUSTMENT -\$530,042

ATTACHMENT 1

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

PROVIDENT'S LIFE CRISIS SERVICES (LCS) OFFERS 24/7/365 CRISIS

INTERVENTION/SUICIDE PREVENTION SERVICES TO THE ST. LOUIS

COMMUNITY AND BEYOND. OUR HOTLINES WERE ESTABLISHED IN 1966 AND

RECEIVE AN AVERAGE OF 59 CALLS EVERY DAY, 21% OF WHICH ARE FROM

SUICIDAL INDIVIDUALS. THUS, OUR HOTLINE POTENTIALLY SAVES 12

LIVES DAILY. OTHER PROGRAMS INCLUDE: THE SURVIVORS OF SUICIDE

(SOS) SUPPORT GROUP FOR THOSE WHO HAVE LOST SOMEONE TO SUICIDE;

Schedule O (Form 990 or 990-EZ) 2015 Page 2

Name of the organization

PROVIDENT, INC.

Employer identification number

43-0652630

ATTACHMENT 1 (CONT'D)

THE FEELING KINDA BLUE SOCIAL MEDIA WEBSITE DESIGNED FOR YOUNG
ADULTS WHO MAY BE EXPERIENCING DEPRESSION; THE HOPE AFTER PROGRAM
WHICH PROVIDES INTENSIVE TELEPHONIC CASE MANAGEMENT TO INDIVIDUALS
AT VERY HIGH RISK FOR SUICIDE; AS WELL AS ANSWERING THE STATE-WIDE
1-888-BETSOFF GAMBLING HOTLINE. THESE MANY SUICIDE PREVENTION
PROGRAMS TRULY SAVE LIVES EVERY DAY BY STABILIZING THOSE IN
CRISIS, AND PROVIDING EDUCATION, TOOLS, AND CRITICAL SUPPORT TO
HELP KEEP INDIVIDUALS SAFE. IN 2015, LIFE CRISIS SERVICES REACHED
31,851 INDIVIDUALS.

ATTACHMENT 2

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

COMMUNITY SUPPORT ENCOMPASSES PROVIDENT'S AFTERSCHOOL PROGRAM AND COMMUNITY EDUCATION EVENTS. IN 2015, PROVIDENT SERVED 792 LOW INCOME YOUTH IN TEN AFTERSCHOOL SITES IN ST. LOUIS CITY AND JENNINGS SCHOOL DISTRICTS. THE PROGRAM OFFERS A SAFE AND NURTURING LOCATION DURING THE CRITICAL HOURS OF 3 TO 6 PM. CHILDREN AGES 5-14 ARE OFFERED ACADEMIC SUPPORT AND ENRICHMENT, SOCIAL AND LIFE SKILLS, HEALTH AND RECREATION, AND CHARACTER DEVELOPMENT, AS WELL AS A HOT MEAL EVERY DAY THAT SCHOOL IS IN SESSION.

PROVIDENT'S CLINICAL STAFF OFFER VITAL COMMUNITY EDUCATION TO SCHOOLS, YOUTH GROUPS, NONPROFIT ORGANIZATIONS, AND HOUSES OF FAITH TO EDUCATE ON TOPICS SUCH AS SUICIDE PREVENTION AND

Schedule O (Form 990 or 990-EZ) 2015 Page **2**

Name of the organization

PROVIDENT, INC.

Employer identification number
43-0652630

ATTACHMENT 2 (CONT'D)

AWARENESS AND SUICIDE INTERVENTION TECHNIQUES, AS WELL AS ATTEND MENTAL HEALTH RESOURCES IN THE COMMUNITY. IN 2015, OVER 2000 COMMUNITY MEMBERS PARTICIPATED IN COMMUNITY EDUCATION EVENTS PROVIDED BY PROVIDENT STAFF.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CHARLES E. JARRELL CONTRACTING COMPANY 4208 RIDER TRAIL NORTH EARTH CITY, MO 63045

HVAC CONTRACTOR 410,163.