## **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

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.

Inspection

A F	or th	ne 201	6 calendar year, or tax year begir	ning , 201	6, and endin	<u>ig</u>			, 20						
ь	B Check if applica		C Name of organization				D Employer ide	entificat	ion number						
<b>Б</b> С	neck if ap	pplicable:	PROVIDENT, INC.												
	Addre		Doing Business As				43-0652	630							
	7 '	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu	umber							
	Initial	l return	2650 OLIVE STREET				(314) 37	1-65	00						
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code	1										
	Amer		ST. LOUIS, MO 63103				<b>G</b> Gross receipt	s \$	5,70	6,217.					
		cation	F Name and address of principal officer:	KEVIN DROLLINGER			H(a) Is this a grou	ıp return	for Ye	s X No					
	_ pendi	ing	2650 OLIVE STREET ST.				subordinates' <b>H(b)</b> Are all subordi		ded? Ye	$\vdash$					
	Tax-ex	cempt st		) <b>◄</b> (insert no.) 4947(a)(1)	) or 527	7			see instructions						
			WWW.PROVIDENTSTL.ORG	) (IIISER 110.)   4947 (a)(1	) 01     32 !		H(c) Group exemp			,					
				Association Other	I Vear of	f formati	ion: 1860 <b>M</b>			le: MO					
	art I		mmary	Association Other	L Teal O	i ioiiiiati	IOII. 1000 IVI	State of	legai domici	e. 110					
			y describe the organization's mission o	TELDI	NG TNDTV	ועווחד	I.C VIII EVI	MTT.T	FC TO A						
•	1														
ຊ			BRIGHTER FUTURE THROUGH COUNSELING, SUICIDE PREVENTION AND INTERVENTION, AND COMMUNITY SUPPORT PROGRAMS.												
Governance	_		<del>-</del>												
ove	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a) 22													
	3							3							
Š	4		per of independent voting members of t					4		22.					
ij	5	Total	number of individuals employed in cale	endar year 2016 (Part V, line 2a)				5		192.					
Activities			number of volunteers (estimate if necess					6		203.					
Ř	7a	Total	unrelated business revenue from Part V	III, column (C), line 12				7a		0					
	b	Net u	nrelated business taxable income from	Form 990-T, line 34				7b		0					
					Prior Year		Current	Year							
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				4,260,44	7.	4,1	62,689					
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	COI	PY FOR		540,44	4.	5	31,029					
eve	10	Invest	tment income (Part VIII, column (A), line	PUBLIC	INSPECTION		14,42	0.	1	84,125					
ď	11		revenue (Part VIII, column (A), lines 5,				-6,11	0.	- (	60,294					
	12		revenue - add lines 8 through 11 (must			4,809,20			17,549.						
	13		s and similar amounts paid (Part IX, colu				186,708.			00,069					
	14		its paid to or for members (Part IX, colu				0.		0						
	15						3,621,41		3 8	37,208.					
Expenses			es, other compensation, employee bene				3,021,11	0.	3,0.						
Je n	тоа	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				0.							
Ä	D	lotal	fundraising expenses (Part IX, column (I	J), line 25) ▶ ±33, ₹₹			1,009,34	2	0'	74,792					
			expenses (Part IX, column (A), lines 11												
			expenses. Add lines 13-17 (must equal				4,817,46			12,069					
_ v	19	Rever	nue less expenses. Subtract line 18 from	n line 12		<u> </u>	-8,26			94,520					
Sol						Beginn	ning of Current Y		End of Y						
Net Assets or Fund Balances	20						6,216,16			45,422					
A B	21		liabilities (Part X, line 26)				2,720,15			69,308.					
ŽΞ	22	Net as	ssets or fund balances. Subtract line 21	from line 20			3,496,01	1.	2,9	76,114					
Pa	rt II	Si	gnature Block												
Und	der pei	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompanying sched	dules and staten	nents, a	nd to the best of	my kn	owledge and	belief, it is					
True	, corre	Tot, and	complete. Declaration of preparer (other than	officer) is based off all information of wi	non preparer na	S arry Kri	lowledge.								
٠.															
Sig			Signature of officer				Date								
He	e														
			Type or print name and title												
		Print/	Type preparer's name		Check	if PT	IN								
Paic	I	TRO	Y A LINDSEY				self-employe		0104123	37					
	oarer		s name ▶ BKD, LLP						Firm's EIN ▶ 44-0160260						
Use	Only		s address > 211 N. BROADWAY, SUITE	600 CT LOUIS MO 62102-2722			T IIIII O E II V		231-554	4					
May	the I		saddress > 211 N. BROADWAY, SUITE of the second sec				i HOHE HU.		T T						
			<u> </u>	, , , , , , , , , , , , , , , , , , , ,						No (2046)					
ror	rape	rwork	Reduction Act Notice, see the separat	e instructions.					Form 9	90 (2016)					

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

·							
•		,	0-C filers), partnerships,	REI	ИICs,	and trust	S
rm 7004 to request an extension of time to fi	le income	tax returns.					
				_			ions
Name of exempt organization or other filer, see ins	structions.		Employer identification nu	mbe	r (EIN)	or	
			43-065263	0			
	k, see instruc	ctions.	Social security number (S	SN)			
	a foreign ad	dress, see instructions.					
ST. LOUIS, MO 63103							
turn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1
	,						
Application Return Application							rn
	Code	Is For				Cod	е
Form 990-EZ	01	Form 990-T (corporat	ion)			07	
-	02	Form 1041-A				08	
individual)	03	Form 4720 (other tha	ın individual)			09	
	04	Form 5227				10	
(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
(trust other than above)	06	Form 8870				12	
		LOUIS MO 63103					
No ► 314 371-6500	,	Fax No. ▶					
			 ck this hox			▶ [	
					_		
		ar or the group, encour			211G G	laon	
		11/15 20	17 to file the exempt	ora	anizat	tion retur	
				0.9	arnza.	om rotal	•
riganization named above. The extendion to	or the org	armzation o rotain for.					
calendar year 20 1.6 or							
tax year beginning	. 20	and ending		20			
you 20gg	,	,	'	<b>-</b>			
x vear entered in line 1 is for less than 12 mg	onths, ched	ck reason: Initial r	eturn Final return	1			
•	,						
	90-T, 4720	or 6069, enter the	tentative tax, less any				
	•	,		3a	\$		0.
	4720, oi	r 6069, enter any re	efundable credits and	-	<del>*</del>		
		-		3b	\$		0.
				-	<u>*</u>		
-		·		3с	\$		0.
		it) with this Form 8868, se	ee Form 8453-EO and Form			for payme	
5 5	,					. ,	
ct and Paperwork Reduction Act Notice, see instru	uctions.			Form	8868	Rev. 1-2	2017)
	Instruction of the content of the c	Instructions required to file an income tax return other than Form 7004 to request an extension of time to file income rm 7004 to request an extension of time to file income rm 7004 to request an extension of time to file income rm 7004 to request an extension of time to file income rm 7004 to request an extension of time to file income rm 7004 to request an extension of time to file income PROVIDENT, INC.  Number, street, and room or suite no. If a P.O. box, see instruct 2650 OLIVE STREET City, town or post office, state, and ZIP code. For a foreign and ST. LOUIS, MO 63103  turn Code for the return that this application is for (file Porm 990-EZ O1 O2 individual)  Get 401(a) or 408(a) trust)  (sec. 401(a) or 408(a) trust  (sec. 401(a) or 408(a) trus	Name of exempt organization or other filer, see instructions.  PROVIDENT, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  2650 OLIVE STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ST. LOUIS, MO 63103  turn Code for the return that this application is for (file a separate application for ls Form 990-EZ  Form 990-EZ  O1 Form 990-T (corporation of ls Form 990-T (corporation of ls Form 990-T)  (sec. 401(a) or 408(a) trust)  (sec. 401(a) or 408(a) trust)  STEPHANIE FRENCH  Sare in the care of 2650 OLIVE STREET ST. LOUIS MO 63103  Provided in the care of 160 OLI	In required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, rm 7004 to request an extension of time to file income tax returns.    Enter filer's identifyin	In required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REF mr 7004 to request an extension of time to file income tax returns.    Return   Remove   Provided   P	Interest in the care of	Instruction of the property of

PROVIDENT, INC. 43-0652630 Form 990 (2016) 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. 4 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 \$ 2,734,090. including grants of \$ 200,069. ) (Revenue \$ 323,563. ) 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 2016, PROVIDENT PROVIDED COUNSELING TO 2,199 CLIENTS. ) (Revenue \$ **4b** (Code: ) (Expenses \$ 814,915. including grants of \$ ATTACHMENT ) (Revenue \$ **4c** (Code: ) (Expenses \$ 807,788. including grants of \$ ATTACHMENT 2 4d Other program services (Describe in Schedule O.)

(Figure 200 ft) in all ding grants of the

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

**4e** Total program service expenses ► 4,356,793.

Form 990 (2016) Page **3** 

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	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			37
_	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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
4.0	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		77	
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
42	"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		
D	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			
		116		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 22
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17		17		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	21	
13	If "Yes," complete Schedule G, Part III	19		Х
	11 100, complete dellecture di l'il 111111111111111111111111111111111	1.3		

Page 4 Form 990 (2016)

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.7
	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		37	
	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	22		Х
04-	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	-		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or 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		X
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			37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		21
b	Schedule L, Part IV	28b	х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	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	35		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		21
37	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ļ .		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	· · · · · · · · · · · · · · · · · · ·		000	(0040

Form 990 (2016) Page **5** 

#### Part V Statements Regarding Other IRS Filings and Tax Compliance 30 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 0. 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) Х 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 X **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 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 Χ 7с Х 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 organizations maintaining donor advised funds. **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 . . . . . . . . . . . . **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <u>10b</u> Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders............. 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 Х 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 . . . . .

Form 990 (2016) 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 22			
	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.	00			
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				37
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur				37
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4	Х	37
5	Did the organization become aware during the year of a significant diversion of the organization's a		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 el		_		37
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				37
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		0-	v	
а	The governing body?		8a	X	-
b	Each committee with authority to act on behalf of the governing body?		8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		9		X
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Int		_	۱ د	21
Jecui	on b. Folicies (This Section B requests information about policies not required by the line	errial Neveriue		Yes	No
	Did the expenientian have level shorters branches as efficience?		10a		X
	Did the organization have local chapters, branches, or affiliates?				
D	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempt put	· ·	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	=	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form?			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?	_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the pe				
•	describe in Schedule O how this was done	-	12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	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 ▶ IL,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain in Sch	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	oolicy	, 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 k STEPHANIE FRENCH 2650 OLIVE STREET ST. LOUIS, MO 63103	ooks and record	s: <b>&gt;</b>		

JSA 6E1042 1.000 Form **990** (2016) Form 990 (2016) PROVIDENT, INC. 43-0652630 Page **7** 

# 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)LAWRENCE THOMAS	3.00									
CHAIR	0.	Х		x				0.	0.	0.
(2)ROBERT FRUEND	3.00									
SECRETARY	0.	Х		х				0.	0.	0.
(3)JACK LAY	3.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4)STUART GREENBAUM	2.00									
IMMEDIATE PAST CHAIR	0.	Х						0.	0.	0.
(5)PETER AMBROSE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)HON. NANNETTE BAKER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)KATE BECKER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)DENISE BENTELE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)BARBARA BOWMAN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)ANNA DOYLE	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11)GERALD EARLY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12)KAREN FRIEDMAN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)MICHAEL GIRSCH	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)JAIME HARO	2.00									_
BOARD MEMBER	0.	Х						0.	0.	0.

PROVIDENT, INC. 43-0652630

Form 990 (2016) Page **8** 

Part VII Section A. Officers, Directors, Tru (A)	(B)			(C				(D)	(E)		(F)
Name and title	Average			Posi	•			Reportable	Reportable	Fs	timated
Name and the	hours per (do not check more than or		ne	compensation	compensation from		nount of				
	week (list any		box, unless person is both					from	related		other
	hours for			- 1		or/trust		the	organizations		pensation
	related	ndi or d	nst	¥	(ey	digh amp	Former	organization	(W-2/1099-MISC)		om the anization
	organizations below dotted	/idu	it i	er	em	nest	ner	(W-2/1099-MISC)		_	d related
	line)	tor tr	Institutional		Key employee	con					anizations
		Individual trustee or director	Ę		ee	Highest compensated employee					
		ě	trustee			nsat					
						:ed					
15) RABBI ELIZABETH HERSH	2.00										
BOARD MEMBER	0.	X						0.	0.		0
16) BRIDGET MARZETTE-BENDER	2.00										
BOARD MEMBER	0.	Х						0.	0.		0
17) UJJWAL RAMTEKKAR, MD	2.00										
BOARD MEMBER	0.	Х						0.	0.		0
18) SANFORD SCOTT	2.00										
BOARD MEMBER	0.	Х						0.	0.		0
19) RAMON STEWART	2.00										
BOARD MEMBER	0.	Х						0.	0.		0
20) HENRY WEBBER	2.00							<u> </u>	0.		
BOARD MEMBER	0.	Х						0.	0.		0
21) THOMAS WILLIAMSON	2.00	21						0.	0.		
BOARD MEMBER	2.00	Х						0.	0.		0
	2.00	Λ						0.	0.		
22) RISA ZWERLING BOARD MEMBER	2.00	37						0	0.		0
	-	X						0.	0.		0
23) STEPHANIE FRENCH	40.00							05 001			11 406
DIRECTOR OF FINANCE & ADMINIST	0.			Х				97,981.	0.		11,486
24) STEVEN SULLIVAN	40.00										
PRESIDENT & EXECUTIVE DIRECTOR	0.			Х				106,048.	0.		1,944
25) KEVIN DROLLINGER	40.00										
PRESIDENT & EXECUTIVE DIRECTOR	0.			Х				51,925.	0.		0
1b Sub-total							$\blacktriangleright$	0.	0.		0
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	255,954.	0.		13,430
d Total (add lines 1b and 1c)							$\blacktriangleright$	255,954.	0.		13,430
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of		
reportable compensation from the organizatio	n 🕨	1	L								
											Yes No
3 Did the organization list any former office	er. directo	r. or	tru	stee	e. I	kev e	mn	lovee or highes	t compensated		
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations groups											
individual										4	х
										_	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors	o, comple	1 <del>0</del> 301	ıcuu	ı <del>c</del> J	101	Sucii	p <del>e</del> r.	SUII		<u> </u>	1
Complete this table for your five highest com											

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 ▶ 2

Form 990 (2016) PROVIDENT, INC. 43-0652630 Page **9** 

### Part VIII Statement of Revenue

		Check if Schedule O col	ntains a respoi	nse or note to ar	ny line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations	tions) 16 grants, above 1f h lines 1a-1f: \$	1,722,867.  280,977.  1,830,198.  328,647.  30,836.  Business Code  624100	4,162,689. 531,029.	531,029.		
Program	e f g	All other program service reverse Total. Add lines 2a-2f			531,029.			
	3 4 5 6a b	Investment income (income and other similar amounts). Income from investment of the Royalties	ax-exempt bond	proceeds >	46,279. 0. 0.			46,279.
	c d 7a	Rental income or (loss)	(i) Securities 946,789.	(ii) Other	0.			
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	782,137. 164,652.	26,806. -26,806.	137,846.			137,846.
Other Revenue	8a b	Gross income from fundrai events (not including \$ of contributions reported on li See Part IV, line 18 Less: direct expenses	280,977. ine 1c).					
	9a	Net income or (loss) from fur Gross income from gaming See Part IV, line 19	activities.		-60,294.			-60,294.
	С	Less: direct expenses  Net income or (loss) from ga  Gross sales of inventor returns and allowances	aming activities ory, less		0.			
	b c	Less: cost of goods sold Net income or (loss) from sale	es of inventory		0.			
	11a b c	Windowski Koveride						
	d e 12	All other revenue			0. 4,817,549.	531,029.		123,831.

JSA 6E1051 1.000

Form 990 (2016) PROVIDENT, INC. 43-0652630 Page **10** 

### 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 respo				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	200,069.	200,069.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	269,384.	155,491.	105,897.	7,996.
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	2,974,143.	2,744,297.	117,784.	112,062.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	39,165.	37,019.	1,396.	750.
9	Other employee benefits	314,123.	289,783.	12,996.	11,344.
10	Payroll taxes	240,393.	214,788.	16,652.	8,953.
11	Fees for services (non-employees):	0			
а	Management	0.	(22	32,975.	
	Legal	33,608.	633.	•	
	Accounting	49,192.		49,192.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.		F 625	
1	Investment management fees	7,635.		7,635.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	120 040	05 522	FO 070	0.000
	(A) amount, list line 11g expenses on Schedule O.)	139,842.	85,533.	52,070.	2,239.
12	Advertising and promotion	24,126.	24,126.	00 156	0.220
13	Office expenses	169,752.	133,266.	28,156.	8,330.
14	Information technology	68,363.	64,164.	1,029.	3,170.
15	Royalties	0.	054 016	10.046	
16	Occupancy	274,762.	254,816.	19,946.	
17	Travel	22,338.	18,191.	3,568.	579.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	7,449.	5,923.	1,526.	
20	Interest	49,119.	35,202.	13,917.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	82,955.	77,652.	5,303.	
23	Insurance	20,255.	12,281.	7,974.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	DUES & SUBSCRIPTIONS	20,261.	2,368.	17,893.	
b	AWARDS & INCENTIVES	5,135.	1,191.	3,918.	26.
c	·				
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	5,012,069.	4,356,793.	499,827.	155,449.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   [50] [60] [70] [70] [70] [70] [70] [70] [70] [7				
JSA	following SOP 98-2 (ASC 958-720)	0.			F 000 (0040)

JSA 6E1052 1.000

Page **11** Form 990 (2016)

#### Part X **Balance Sheet**

ΙŒ	ILA	Dalatice Stieet					
		Check if Schedule O contains a response of	r note	to any line in this Pa	art X		
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			173,119.	1	129,979.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			2,006,624.	3	1,823,003.
	4	Accounts receivable, net			271,195.	4	232,379.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompens	ated employees.	_		
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary en	nployees' beneficiary	0		
Ś		organizations (see instructions). Complete Part II of Sche	edule 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			120,962.	9	73,238.
	10 a	Land, buildings, and equipment: cost or		2 020 012			
	١.		10a	2,930,012.	1,281,056.	40.	1,716,537.
		Less: accumulated depreciation			2,363,209.		2,470,286.
	11					11	2,470,280.
	12	Investments - other securities. See Part IV, line 11				12 13	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			6,216,165.	16	6,445,422.
_	16 17	Total assets. Add lines 1 through 15 (must equal			223,038.	17	263,331.
	18	Accounts payable and accrued expenses			0.		0.
	19	Grants payable	124,505.	19	110,355.		
	20	Deferred revenue		0.	20	0.	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Pa	art IV of	Schedule D	0.	_	0.
G	22	Loans and other payables to current and for			<u> </u>	21	
Liabilities		trustees, key employees, highest compen					
ig		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			828,321.	23	1,259,113.
	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			1,544,290.	25	1,836,509.
	26	Total liabilities. Add lines 17 through 25			2,720,154.	26	3,469,308.
		Organizations that follow SFAS 117 (ASC 958),	check I	nere   X and			
Fund Balances		complete lines 27 through 29, and lines 33 and	34.				
<u>a</u>	27	Unrestricted net assets			1,426,387.	27	1,063,403.
Ba	28	Temporarily restricted net assets			2,006,624.	28	1,849,711.
pu	29	Permanently restricted net assets			63,000.	29	63,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check	here 🕨 💹 and			
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Ä	32	Retained earnings, endowment, accumulated inco				32	
Ne	33				3,496,011.	33	2,976,114.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	6,216,165.	34	6,445,422.
_							Form <b>990</b> (2016)

PROVIDENT, INC. 43-0652630

Page **12** Form 990 (2016)

	30 (2010)					9		
Part						77		
	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			17,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,0			
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{-194,520.}{3,496,011.}$				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4						
5	Net unrealized gains (losses) on investments	5		_	45,0	)67.		
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		-2	80,3	310.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		2,9	76,1	14.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: CashX Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		🗀	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?		🗠	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 ac			2c	Χ			
	If the organization changed either its oversight process or selection process during the tax year, or							
	Schedule O.	•						
3 a	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?			Ba		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo 1	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization PROVIDENT, INC.

Employer identification number 43-0652630

		Danas fan Dalalia Ola				- 41-1		
	rt I	Reason for Public Cha						
The	org	anization is not a private fou		•	•		•	
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 o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n <b>section 170(b)(1)(A</b> )	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sec</b> t	tion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	=			-	-	
		university:		,	,		, ,,	J
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco (a)(2). (0	exception ome (less Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
11	-	An organization organized	•	•				
12		An organization organized		-	-			
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=				•	=
а	L	<b>Type I</b> . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	_	supporting organization. <b>`</b>	You must complet	e Part IV, Sections A	and B.			
b	. L	Type II. A supporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L	Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally						ted organization(s)
		that is not functionally inte						= ::
		requirement (see instruct	-	<del>-</del>	-		•	
е		Check this box if the orga	•	•				I. Type III
_	_	functionally integrated, or						., .,,,
f	Er	iter the number of supported	• •			-		
		ovide the following information						
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	( )	3		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					162	NO		
(A)								
(B)								
(C)								
(D)								
					-			
(E)								
Tot	al							

Schedule A (Form 990 or 990-EZ) 2016 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,323,378.	3,155,448.	4,409,390.	4,260,447.	4,162,689.	19,311,352.
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	3,323,378.	3,155,448.	4,409,390.	4,260,447.	4,162,689.	19,311,352.
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.						19,311,352.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	3,323,378.	3,155,448.	4,409,390.	4,260,447.	4,162,689.	19,311,352.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,932.	35,004.	61,588.	47,856.	46,279.	271,659.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,181.	12,333.	-583.	615.	0.	14,546.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		-7,292.	-35,914.	-6,725.	-60,294.	-110,225.
11	Total support. Add lines 7 through 10						19,487,332.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	3,965,795.
13	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>	or the organizat	on's first, second	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2016 (lin		-			14	99.10%
15	Public support percentage from 2015					15	98.91%
16a	331/3% support test - 2016. If the or	-					
	this box and <b>stop here.</b> The organization						
b	331/3% support test - 2015. If the o check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization	_					
b	Part VI how the organization meets the organization	015. If the org	anization did no the "facts-and	ot check a box -circumstances"	on line 13, 16 test, check the	a, 16b, or 17a, nis box and <b>sto</b>	and line
18	supported organization  Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(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	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li			13, column (f)) _		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	<b>Private foundation.</b> If the organization			-			. —

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2016 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.**
- 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 supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g <i>y</i>			
	1		
s d			
	2		
er	3a		
d e			
)	3b		
′	3с		
lf			
	4a		
n n			
	4b		
n d 3)			
	4c		
"			
V			
ı; n			
	5a		
y	5b		
	5с		
c d r			
	6		
r 1	-		
_	7		
?	8		
e d	0-		
	9a		
า	9b		
it			
	9с		
n d			
	10a		
0	10b		
	וטט		

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2016 Page 5

				- 3
Part	V 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)			
	below, the governing body of a supported organization?	11a		
	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	11c		
occin	51 B. Type I Supporting Organizations		Yes	No
			103	110
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1.0	
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
00011	31 51 7 III 1 1 1 po III cappor III g ci garinzationo		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	-truoti	one)	
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ou ucu	ons).	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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. Answer (a) and (b) below.			
а	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 <b>Part VI</b> the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2016 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explai	n in Part VI). <b>See</b>		
instructions. All other Type III non-functionally integrated supporting organization	_		•		
(B) Curre					
Section A - Adjusted Net Income		(A) Prior Year	(optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see			(0) (10)		
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
<b>b</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 <b>Part VI</b> ):					
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		ted Type III supporting	organization (see		
instructions).	,	))	, 3 (		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **7** 

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	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	n the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			

Schedule A (Form 990 or 990-EZ) 2016

b

Part V

greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2013...

Excess from 2014...

Excess from 2015...

Excess from 2016...

and 4c.

Page 8

PROVIDENT, INC.

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART II, SECTION B, LINE 10

TOTAL SUPPORT - OTHER INCOME

OTHER INCOME INCLUDES OTHER REVENUE EXCLUDED FROM TAX.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

PROVIDENT, INC.

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

**Employer identification number** Name of the organization

43-0652630 Organization type (check one): Filers of: Section: X  $501(c)(^3$ Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**  $\lfloor X \rfloor$  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$861,473.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

		ions completing Par e year. (Enter this in	t III, enter the formation on	tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc. ce. See instructions.) ►\$
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ad	nd ZIP + 4	R	delationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	telationship of transferor to transferee

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

#### SCHEDULE D (Form 990)

Department of the Treasury

## Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number PROVIDENT, INC. 43-0652630 Organizations Maintaining Donor Advised 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2016

▶ \$

▶ \$

JSA.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

43-0652630

Schedule D (Form 990) 2016 Page **2** 

Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures,	or Other Sin	nilar Asset	s (cor	ntinue	ed)
3	Using the organization's acquisition	on, accession, and o	other records, check	k any of the	e following that	are a sign	ificant	use c	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange	programs				
b	Scholarly research		e Other						
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization	n's exempt	purpo	se in	Part
	XIII.								
5	During the year, did the organization					_			٦
	assets to be sold to raise funds rath		ained as part of the	organization	n's collection?	<u> L</u>	Yes		No
Par	t IV Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.		s" on Form 990, P	art IV, line	9, or reported	an amount	on Fo	rm	
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for c	ontributions	or other assets	not			
	included on Form 990, Part X?					[	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tak	ole:					
						Amount			
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				<u> </u>		1		T
	Did the organization include an am						Yes	_	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	rovided on Part	<u> </u>			
Par	Endowment Funds.	tion answered "Vec	" on Form 000 D	art IV/ line	10				
	Complete if the organizat					a vegete hagis	(a) Fau		h a alı
		(a) Current year 2,363,209.	(b) Prior year 2,922,022.	(c) Two year 3,393		ee years back 21,642.	(e) Fou		997.
1a	Beginning of year balance	2,303,209.	2,922,022.	3,393	,431. 3,3	21,042.	- ·	203,	991.
b	Contributions								
С	Net investment earnings, gains,	165,864.	-65,679.	3.0	,243.	86,070.		<b>4</b>	548.
	and losses	103,001.	03,073.	30	,213.	00,070.		101,	
	Grants or scholarships								
е	Other expenditures for facilities	58,787.	493,134.	501	,672.	514,261.	1.	083.	903.
	and programs	33,1311			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f	Administrative expenses End of year balance	2,470,286.	2,363,209.	2,922	,022. 3,3	93,451.	3,	521,	642.
g 2	Provide the estimated percentage				l .				
	Board designated or quasi-endown	nent ▶ 97.4497	%	coluitiii (a))	neiu as.				
		5503 %	_ ` `						
	Temporarily restricted endowment	<u>▶</u> %							
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.						
3a	Are there endowment funds not in	the possession of th	e organization that	are held an	d administered t	or the	_		
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•	•				3b		
4	Describe in Part XIII the intended u								
Par	t VI Land, Buildings, and Equ Complete if the organiza	<b>ipment.</b> ition answered "Ye	s" on Form 990 F	Part IV/ line	11a See Form	n 000 Par	t X line	10 د	
	Description of property	(a) Cost or		or other basis	(c) Accumulated		) Book va		
4 -		(invest		ther)	depreciation				
1a	Land			88,667.	000 00	2			567.
b	Buildings		2,2	298,814.	860,063		⊥,4		752.
_	Leasehold improvements			20,238.	14,22		1		$\frac{14.}{0.4}$
d	Equipment			522,293.	339,189	2.		د, ده	104.
	Other  I. Add lines 1a through 1e. (Column	(d) must savel F	000 Part V ==1:	n (D) lin = 11	20.1	+	1 7	16,5	27
ı uta	i. Aug illies Ta tillough Te. (Column	ı ta) must edual FOM	ı 990. Fait X. COIUMI	ıı (D). IIIIE 10	JU. J	<b>-</b> 1	<b></b>	<b>エロ</b> ,5	<i>.</i>

Page 3 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9) Table (Oat)	(h)	(n. 45)	
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities.  Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	е
	ral income taxes		
(2) ACCRI	UED PENSION LIABILTY	1,836,	509.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 1,836,	509.
2 Linkility f	or uncertain tay positions. In Part VIII, provide the	tout of the feetwate to	the experienciants financial atotaments that reports the

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

PAGE 28

PROVIDENT, INC. 43-0652630

Schedule D (Form 990) 2016 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,884,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	354,473.
3	Subtract line 2e from line 1	3	4,529,604.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		005 045
С	Add lines 4a and 4b	4c	287,945.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,817,549.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,403,974.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe III Falt All).	0-	399,540.
_	Add lines 2a through 2d	2e 3	5,004,434.
3	Subtract line 2e from line 1	3	3,001,131.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  7,635.		
	investment expenses not included on Form 990, Fart VIII, line Fb 1 1 1 1 1 1 1		
	Other (Describe in Far Ain.)	4c	7,635.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	5,012,069.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2016 6E1271 1.000

JSA

Schedule D (Form 990) 2016 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: \$79,725

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

MINIMUM PENSION LIABILITY ADJUSTMENT: \$280,310

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS

SPECIAL EVENTS: \$79,725

#### **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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** PROVIDENT, INC. 43-0652630

Inspection

Par	Fundraising Activities. Con	nplete if the orga	nization a	answered	l "Yes" on Form	990, Part IV, line	17.		
	Form 990-EZ filers are not	required to comp	lete this p	oart.					
1	Indicate whether the organization rai	sed funds through a	any of the	following	activities. Check a	all that apply.			
а	Mail solicitations e Solicitation of non-government grants								
b	Internet and email solicitations	f	Solid	itation of	government grants	3			
С	Phone solicitations	g	Spec	cial fundra	ising events				
d	In-person solicitations								
	Did the organization have a written of or key employees listed in Form 990 If "Yes," list the 10 highest paid indicate the set of 1000 but the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No No fundraiser is to be		
	compensated at least \$5,000 by the	organization.							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser 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									
3									
6									
7									
8									
9									
10									
Total	List all states in which the organiza registration or licensing.	tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from		

PROVIDENT, INC. 43-0652630

Page 2 Schedule G (Form 990 or 990-EZ) 2016

Part II 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 \$5,00	50.							
			(a) Event #1 GALA	(b) Event #2 ROOSTER RUN	(c) Other events	(d) Total events (add col. (a) through				
4			(event type)	(event type)	(total number)	col. (c)				
Revenue	1	Gross receipts	261,308.	39,100.		300,408.				
<u>~</u>		Less: Contributions	248,792.	32,185.		280,977.				
	3	Gross income (line 1 minus line 2).	12,516.	6,915.		19,431.				
	4	Cash prizes								
	5	Noncash prizes	809.	183.		992.				
enses	6	Rent/facility costs		1,504.		1,504.				
Direct Expenses	7	Food and beverages	40,932.	695.		41,627.				
Dire	8	Entertainment	300.			300.				
	9	Other direct expenses	27,094.	8,208.		35,302.				
	10	Direct expense summary. Add lines 4	through 9 in column (d)	)		79,725.				
	11	Net income summary. Subtract line 1				-60,294.				
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" on Form 990, Par	t IV, line 19, or repo	orted more				
Φ			•	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))				
Re	1	Gross revenue								
		0.000.000.000								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
		Volunteer labor	Yes% No	Yes% No	Yes% No					
	7	Direct expense summary. Add lines 2	through 5 in column (d)							
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>.</b>					
9 a b										
		ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated durin	g the tax year?	_ Yes No				

PROVIDENT, INC. 43-0652630

Sched	lule G (Form 990 or 990-EZ) 2016	Page 3
11	Does the organization conduct gaming activities with nonmembers?Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
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) 2016

### **SCHEDULE I** (Form 990)

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

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

Name of the organization Employer identification number PROVIDENT, INC. 43-0652630 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant or government (if applicable) grant cash assistance noncash assistance or assistance \_(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2016)

PROVIDENT, INC. 43-0652630

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BASIC NEEDS ASSISTANCE	60.		147,447.	FMV	RENT, TRANSPORTATION
			,		
2 FEE ASSISTANCE	129.		52,622.	FMV	FEE ASSISTANCE
3					
A					
*					
5					
6					
7					

**Part IV** Supplemental Information. 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 I (Form 990) (2016)

#### **SCHEDULE L**

(Form 990 or 990-EZ) ► Complete if the organization ans

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open To Public Inspection

43-0652630

Internal Revenue Service

Name of the organization

PROVIDENT, INC.

(4) (5)

Department of the Treasury

Employer identification number

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(a) Name of disqualified person

(b) Relationship between disqualified person and organization

(c) Description of transaction

(d) Corrected?

Yes No

(1)

(2)

(3)

#### Part | Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	( <b>g)</b> In o	default?		ard or	(i) W agreei	/ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

PROVIDENT, INC. 43-0652630

Schedule L (Form 990 or 990-EZ) 2016 Page **2** 

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	(e) Sharing of organization's revenues?	
				Yes	No	
(1) KATHLEEN SCHLEMMER	FAMILY MEMBER OF KEY EMPL	17,900.	GROSS WAGES		Х	
_(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROVIDENT, INC.

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

Attach to Form 990.

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

Employer identification number 43-0652630

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		_	_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1.	6,204.	MARKET VA	LUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( ATCH 1 )		113.	24,632.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30a	During the year, did the organizat			•	•			
	28, that it must hold for at least the							
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							ĺ
31	Does the organization have a	•		•			37	
	contributions?					31	X	
32a	Does the organization hire or use	-		-				37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2016)

PROVIDENT, INC. 43-0652630

Schedule M (Form 990) (2016) Page **2** 

Part II Supplem

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

SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON ALL

LINES.

PROVIDENT, INC. 43-0652630

Schedule M (Form 990) (2016) Page **2** 

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

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SUPPLIES & AUCTION ITEM	MS X	112.	20,089.	FMV
CISCO COMPUTER EQUIPMEN	NT X	1.	4,543.	FMV
TOTALS	-	113.	24,632.	

## SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

43-0652630

Department of the Treasury Internal Revenue Service Name of the organization

PROVIDENT, INC.

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

Inspection

Employer identification number

FORM 990, PART VI, SECTION A, LINE 4
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE SPECIAL OPERATIONS COMMITTEE NAME WAS CHANGED TO EXECUTIVE COMMITTEE AND DEFINED WHO WILL BE ON COMMITTEE. THE EXECUTIVE COMMITTEE WILL BE RESPONSIBLE FOR ACTING ON BEHALF OF THE BOARD WITH RESPECT TO MATTERS THAT ARISE IN THE ORDINARY COURSE OF BUSINESS BETWEEN REGULAR MEETINGS OF THE BOARD THAT REQUIRE IMMEDIATE ACTION, AND THAT DO NOT COMMIT PROVIDENT, INC. TO SIGNIFICANT COSTS OR EXPENSES THAT ARE NOT REFLECTED IN A BUDGET APPROVED BY OR PREVIOUSLY SUBMITTED TO THE BOARD. THE COMMITTEE WILL CONSIST OF THE CHAIR, VICE-CHAIR(S), SECRETARY, TREASURER AND ALL COMMITTEE CHAIRPERSON'S.

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

Employer identification number PROVIDENT, INC. 43-0652630

OR KEY EMPLOYEE BY ANY ORGANIZATION DOING BUSINESS WITH THE AGENCY. 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 & 15B 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, 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. AAIM PERFORMED THE LAST COMPENSATION REVIEW IN JUNE 2016.

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.

Schedule O (Form 990 or 990-EZ) 2016 Page 2

Name of the organization Employer identification number PROVIDENT, INC. 43-0652630

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

MINIMUM PENSION LIABILITY ADJUSTMENT -\$280,310

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 COMMUNITYAND BEYOND. OUR HOTLINES WERE ESTABLISHED IN 1966 AND RECEIVE AN AVERAGE OF 70 CALLS EVERY DAY, 26% OF WHICH ARE FROM SUICIDAL INDIVIDUALS. THUS, OUR HOTLINE POTENTIALLY SAVES 18 LIVES DAILY. OTHER PROGRAMS INCLUDE: THE SURVIVORS OF SUICIDE (SOS) SUPPORT GROUP FOR THOSE WHO HAVE LOST SOMEONE TO SUICIDE; THE FEELING KINDABLUE 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-BETSOFFGAMBLING 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 2016, LIFE CRISIS SERVICES REACHED 36,869 INDIVIDUALS.

ATTACHMENT 2

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

COMMUNITY SUPPORT ENCOMPASSES PROVIDENT'S AFTERSCHOOL PROGRAM AND COMMUNITY EDUCATION EVENTS. IN 2016, PROVIDENT SERVED 796 LOW

Schedule O (Form 990 or 990-EZ) 2016 Page 2

Name of the organization Employer identification number PROVIDENT, INC. 43-0652630

ATTACHMENT 2 (CONT'D)

INCOME YOUTH IN TEN AFTERSCHOOL SITES IN ST. LOUIS CITY AND

JENNINGS SCHOOL DISTRICTS. THE PROGRAM OFFERS A SAFE AND

NURTURINGLOCATION 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

AWARENESS AND SUICIDE INTERVENTION TECHNIQUES, AS WELL AS ATTEND

MENTAL HEALTH RESOURCES IN THE COMMUNITY. IN 2016, OVER 2,700

INDIVIDUALS PARTICIPATED IN COMMUNITY EDUCATION EVENTS PROVIDED BY

PROVIDENT STAFF.

ATTACHMENT 3

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

DESCRIPTION OF SERVICES COMPENSATION

BEX CONSTRUCTION RENOVATIONS 243,727.

8050 WATSON ROAD, SUITE 155
ST. LOUIS, MO 63119

TINDALL CONSTRUCTION, INC WINDOW REPLACEMENT 119,617.
5420 NAMEOKI ROAD
GRANITE CITY, IL 62040

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

		For cale	ndar year 2016 or other tax year begin	ning _	$0^{\pm/0^{\pm}}$ , 2016, ar	nd endir	ng12/31	, 20 <u> </u>	(4	<b>4(0) <b>16</b></b>
	tment of the Treasury		formation about Form 990-T and in not enter SSN numbers on this form a				•	Г	Open to 501(c)(3	Public Inspection for Organizations Only
A _	Check box if address changed		Name of organization ( Check bo	x if nar	ne changed and see ins	structions	s.)			fication number see instructions.)
								(=	-,,	,
_	empt under section	Dulma	PROVIDENT, INC.						<b></b>	
X	501( C )( 3 )	Print or	Number, street, and room or suite no. It	a P.O	box, see instructions.				652630	
	408(e) 220(e)	Туре	2650 01 1110 0000000						nated busir	ness activity codes
	408A530(a)		2650 OLIVE STREET		VD	_		_		
	529(a) ok value of all assets		City or town, state or province, country ST. LOUIS, MO 63103	, and z	iP or loreign postal cod	е				
	end of year	<b>F</b> Gro	up exemption number (See instructi	one ) l						
	6,445,422.				poration	501(c)	truet	401(a)	truet	Other trust
H D			rimary unrelated business activity.	` '			ENT 1	401(a)	tiust	Other trust
			corporation a subsidiary in an affili					)?	<b>•</b>	Yes X No
	-		identifying number of the parent cor	_		,	3 - 1			
J T	he books are in care	e of 🕨 S	STEPHANIE FRENCH		Te	lephon	e number ► 3	14-371	-6500	
Pa	t I Unrelated	Trade o	or Business Income		(A) Income		(B) Exp	enses		(C) Net
1a	Gross receipts or	sales								
b	Less returns and allowa	ances	<b>c</b> Balance ▶	1c						
2	Cost of goods sol	ld (Sched	ule A, line 7)	2						
3			2 from line 1c	3						
4a	Capital gain net in	ncome (a	ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	ction for t	rusts	4c						
5			ps and S corporations (attach statement)	5						
6				6						
7			come (Schedule E)	7						
8			nts from controlled organizations (Schedule F)	9						
9 10			1(c)(7), (9), or (17) organization (Schedule G) ncome (Schedule I)	10						
11		-	dule J)	11						
12			tions; attach schedule)	12						
13			ough 12	13		0.				
Pa			Taken Elsewhere (See instr	uctic	ns for limitations	s on d	eductions.)	(Except f	for cont	ributions,
	deduction	is must	be directly connected with the	he ur	related busines	s inco	me.)			
14	Compensation of	officers,	directors, and trustees (Schedule K)					14		
15	_							15		
16										
17								<b>I</b>		
18 19								<b>I</b>		
20			See instructions for limitation rules)							
21			4562)		1	<u> </u>		20		
22			on Schedule A and elsewhere on re					22b	,	
23								23		
24			compensation plans							
25	Employee benefit	programs	s					25		
26			Schedule I)							
27			chedule J)							
28			schedule)							
29			s 14 through 28							
30 21			le income before net operating							
31 32			on (limited to the amount on line 30 e income before specific deduction							
33			ally \$1,000, but see line 33 instruction			_				
34			<b>ble income.</b> Subtract line 33 from							
	enter the smaller					9		24	1	0.

43-0652630 Page **2** m 990-T (2016) DPOWIDENT INC

Form	990-1 (20	J16) PROVIDENT, INC.		43-0	052030	Page Z
Par	t III	Tax Computation				
35	Organi	izations Taxable as Corporations. See instructions for tax computation. Cont	rolled group			
	_	rs (sections 1561 and 1563) check here  See instructions and:				
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that	order):			
	(1) \$	(2) \$ (3) \$	,			
b		rganization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Addi	itional 3% tax (not more than \$100,000)				
С		tax on the amount on line 34.		35c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Incom				
	the amo	ount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36		
37		ax. See instructions		37		
38	•	tive minimum tax		38		
		Non-Compliant Facility Income. See instructions				
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		
		Tax and Payments		1.0		
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a				
	_	credits (see instructions)				
		Il business credit. Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827).		-		
		redits. Add lines 41a through 41d		41e		
42		ct line 41e from line 40		42		
43			ach schedule)	43		
		ax. Add lines 42 and 43	lacii scriedule) "	44		0.
44				77		
		nts: A 2015 overpayment credited to 2016		-		
				-		
				-		
	•	elgamizationer ran para er minnera at estates (est metrasticio) i i i i i i i i		-		
		withholding (see instructions)		-		
		or order only of the same of t		-		
g		redits and payments: Form 2439				
		orm 4136 Other Total ▶ 45g		40		
46		ayments. Add lines 45a through 45g		46		
47		ted tax penalty (see instructions). Check if Form 2220 is attached		47		
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	48		
49		yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49		
50		e amount of line 49 you want: Credited to 2017 estimated tax	Refunded >			
Par		Statements Regarding Certain Activities and Other Information (s			1	/aa   Na
51	•	time during the 2016 calendar year, did the organization have an interest in or a	J		_	es No
		financial account (bank, securities, or other) in a foreign country? If YES, the or	-			
		Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the r	ame of the	foreign	country	37
	here >	•				X
52	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	feror to, a fore	ign trust?		X
	If YES, s	see instructions for other forms the organization may have to file.				
<u>53</u>	_	ne amount of tax-exempt interest received or accrued during the tax year > \$				
	tru	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any		pest of my	knowledge and	J belief, it is
Sigr	)   <b> </b>	1		ay the IF	RS discuss th	nis return
Her		<u> </u>	wi	th the p	reparer show	
	Si	ignature of officer Date Title	(se	e instruction	ns)? X Yes	No
D-··		Print/Type preparer's name Preparer's signature Date	Chec	k if	PTIN	
Paid		TROY A LINDSEY	self-e	employed	P01041	
Prep		Firm's name ▶ BKD , LLP	Firm's	s EIN ▶4	4-016026	50
use	Only	Firm's address ▶ 211 N. BROADWAY, SUITE 600, ST. LOUIS, MO 63102-2	733 Phon		14-231-5	

PROVIDENT, INC. 43-0652630

Form 990-T (2016)								ı	Page 3
Schedule A - Cost of Go	oods Sold. En	ter method	d of inventor	ry valuation	<b>&gt;</b>				
1 Inventory at beginning of y	ear . 1		(	6 Inventory	at end of yea	ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor				6 from	line 5. En	ter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a		;			section 263A (v		Yes	No
<b>b</b> Other costs (attach schedu				property	produced	or acquired fo	r resale) apply	,	
5 Total. Add lines 1 through	· —			to the orga	anization?	· · · · · · · · · · ·			X
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	erty)	·	
(See Instructions)									
Description of property									
<u>(1)</u>									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
for personal property is more than 10% but not percentage of rent for			age of rent for p				directly connected with (a) and 2(b) (attach s		ome
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2(	b). Enter				(b) Total deduction  Enter here and or			
here and on page 1, Part I, line 6	, column (A)	<b>▶</b>				Part I, line 6, colu			
Schedule E - Unrelated De			e instruction	ns)		•			
		,	2 Gross in	come from or	3. [	Deductions directly co		able to	
1. Description of deb	ot-financed property			e to debt-financed		debt-finan nt line depreciation	(b) Other deductions		
			pro	perty		ch schedule)	(attach schedule)		
(1)									
(2)									
(3)									
(4)									
4. Amount of average 5. Average adjusted basis acquisition debt on or of or allocable to 6 allocable to debt-financed property			4 di	olumn ivided olumn 5	7. Gross income reportable (column 2 x column 6)		8. Allocable of (column 6 x total 3(a) and	al of colum	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						e and on page 1, e 7, column (A).	Enter here and Part I, line 7,	d on pag column	<del>је 1,</del> (В).
Totals		olumn 8							

PROVIDENT, INC. 43-0652630 Form 990-T (2016) Page 4

Schedule F - Interest, Ann	uities, Royalties	, and Rei	nts Fro	om Contro	lled Or	ganizati	ons (see	instruction	ns)	-
		Exe	mpt Co	ontrolled Or	ganizati	ons	•		-	
Name of controlled organization	2. Employer identification numb			ated income instructions)		of specified ents made	included			6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifical payments made		include	t of column ed in the co ation's gros:	ntrolling		<ol> <li>Deductions directly nnected with income in column 10</li> </ol>
(1)										
(2)										
(3)										
(4)										
Totals					► ) Orga	Part I	nere and on line 8, colui	mn (A).		ter here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	income		3. Deduction directly contact (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)										
(3)										
(4)										
	Enter here and of Part I, line 9, co									Enter here and on page 1. Part I, line 9, column (B).
Totals ▶										
Schedule I - Exploited Exc	empt Activity Inc	come, Ot	her Th	an Advert	ising Ir	ncome (s	ee instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experior direction connecte production unrelable business i	tly d with on of ted	4. Net incor from unrelat or business 2 minus co If a gain, c cols. 5 thre	ted tradé (column lumn 3). ompute	from action is not u	Gross income from activity that is not unrelated business income      G. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, c	Part I,			1				Enter here and on page 1, Part II, line 26.
Schedule J - Advertising Ir	ncome (see instru	uctions)								
Part I Income From Per			Consol	idated Bas	sis					
										T
1. Name of periodical	2. Gross advertising income	3. Dire advertisinę		4. Adver gain or (los 2 minus coa gain, co cols. 5 three	ss) (col. ol. 3). If mpute	1	culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form 990-T (2016) PROVIDENT, INC. 43-0652630 Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
i otalo, rait ii (iiiies 1-5)						1

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

PROVIDENT, INC. 43-0652630

ATTACHMENT 1

#### ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.