## **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

▶ 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.

	OI III	e 2017 Calelidar year, or tax year begin	illing , 20	ir, and endi	ııy	1		, 20			
<b>B</b> c	heck if ap	C Name of organization  PROVIDENT, INC.				D Employer ide	entifica	ation number			
	Addre	Poing Puginger Ag				43-0652	630				
	7	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone number					
	-	return 2650 OLIVE STREET				(314) 371-6500					
	Term	City on town state or province country.	and ZIP or foreign postal code			, -			_		
	Amer		0 1			<b>G</b> Gross receipt	s \$	5,516,56	57.		
	returr Appli	F Name and address of principal officer:	KEVIN DROLLINGER			H(a) Is this a grou			No		
	_  pendi	2650 OLIVE STREET ST.				subordinates <b>H(b)</b> Are all subord			No		
_	Tay-ey	empt status: X 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(	1) or 5	 27	1		(see instructions)	, 140		
_		te: ► WWW.PROVIDENTSTL.ORG	) (insert no.) 4947 (a)(	1) 01     32	21	H(c) Group exemp		,			
		of organization: X Corporation Trust	Association Other	I Vear	of format	tion: 1860 <b>M</b>			MO		
	art I	Summary	Association Other	L Tear	or ioiiiiai	1011. 1000 101	State C	i legal dofficile.	<del></del>		
		Briefly describe the organization's mission o	r most significant activities. HELD	TNG TNDTY	ΛΤΟΙΙΔ	IS AND FA	MTT.T	ES TO A	—		
a)	'	BRIGHTER FUTURE THROUGH COU									
Governance		INTERVENTION, AND COMMUNITY									
ern8	2	Check this box ▶ if the organization d		cod of more th		of its not assets					
ŏ		Number of voting members of the governing					3	2	2.		
	4	Number of independent voting members of the					4		$\frac{2}{2}$ .		
ies	5	Total number of individuals employed in cale					5	<u>2</u> 17			
Activities &	6	Total number of volunteers (estimate if neces					6	18			
Act	_	Total unrelated business revenue from Part V					7a		<del>- ·</del>		
		Net unrelated business taxable income from					7b		<del></del> 0		
	- 5	Thet difference business taxable income from	1 OIIII 930-1, IIIIe 34		1	Prior Year	7.5	Current Year	<u> </u>		
	8	Contributions and grants (Part VIII, line 1h)				4,162,68	9.	4,228,6	73		
ηne	9	Program service revenue (Part VIII, line 2g)	co	PY FOR		531,02	_	638,4			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), line	PUBLIC	INSPECTION		184,12	_	113,2			
å	11	Other revenue (Part VIII, column (A), lines 5,			<b>'</b>	-60,29		-80,0			
	12	Total revenue - add lines 8 through 11 (must				4,817,54		4,900,3			
	13	Grants and similar amounts paid (Part IX, colo				200,06	_	90,2			
	14						0.				
	4.5		enefits paid to or for members (Part IX, column (A), line 4) salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								
Expenses	16a	Professional fundraising fees (Part IX, column				3,837,20	0.	3,786,83	0		
ber	h	Total fundraising expenses (Part IX, column (	D), line 25) ▶ 153, 92	21.							
ñ	17	Other expenses (Part IX, column (A), lines 11	// · · · · · / •			974,79	2.	1,052,4	 60		
	18	Total expenses. Add lines 13-17 (must equal				5,012,06		4,929,5			
	19	Revenue less expenses. Subtract line 18 from			·	-194,52		-29,1			
or		Trevenue rece expenses. Cabinat inte re trei			Begin	ning of Current Y		End of Year	—		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				6,445,42	_	7,621,7	50		
Ass Ba	21	Total liabilities (Part X, line 26)				3,469,30		3,585,9			
E e	22	Net assets or fund balances. Subtract line 21	I from line 20		'	2,976,11		4,035,8			
	rt II	Signature Block							_		
Un	der pei	nalties of perjury, I declare that I have examined th	is return, including accompanying sch	edules and state	ements, a	and to the best of	my kr	nowledge and belief,	it is		
true	e, corre	ect, and complete. Declaration of preparer (other than	n officer) is based on all information of v	hich preparer h	as any ki	nowledge.					
Sig		Signature of officer				Date			_		
He	re										
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	Date		Check	if P	TIN	_		
Paid		TROY A LINDSEY			self-employe		201041237				
	parer	Firm's name   BKD, LLP		Firm's EIN	<del>44</del> -0	160260	_				
use	Only	Firm's address > 211 N. BROADWAY, SUITE		Phone no. 314-231-5544							
May	the I	RS discuss this return with the preparer show							No		
For	Pape	rwork Reduction Act Notice, see the separate	te instructions.					Form <b>990</b> (20			

### 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*.

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·							_		
•		,	O-C filers), partnerships,	REI	MICs,	and trusts			
rm 7004 to request an extension of time to fi	ile income	tax returns.							
Name of everyt aggregation of other files and in	atm rations			_			<u>s</u>		
warne of exempt organization of other filer, see in	structions.		Employer identification nu	mbe	r (EIN)	or			
Type or PROVIDENT, INC. 43-0652630									
<u> </u>	y see instru	rtions					_		
due date for									
	a foreign ad	dress, see instructions.					-		
	a . o. o.g aa								
<u> </u>						0 1	Г		
turn Code for the return that this application	is for (file a	a separate application to	or each return)			. [ ] -			
	Return	Application				Return	-		
	Code	Is For				Code			
Form 990-EZ	01	Form 990-T (corporati	on)			07	_		
	02	Form 1041-A	,			08	_		
individual)	03	Form 4720 (other than	n 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			
anization does not have an office or place of both a Group Return, enter the organization's four a Group Return, enter the organization's four a Group, check this box ► If a names and EINs of all members the extension at an automatic 6-month extension of time urorganization named above. The extension is to calendar year 20 17 or tax year beginning or tax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-BL, 990-PF, 990-	pousiness in a digit Grown is for.  In the organism on the organism of the organism on the organism of the org	Fax No.  In the United States, check the United States, check the proup, check the group, check the group, check the group is return for: , and ending ck reason: Initial recommendation is return for:	GEN) his box	org	If t	his is ttach tion return	_		
				3a	\$	0	<u>.</u>		
				۱.	<b>^</b>	^			
				3b	\$	0	<u>.</u>		
		ent with this form, if fet	danea, by asing ELIPS	3-	¢	0			
		it) with this Form 8868 se	e Form 8453-FO and Form				<u>-</u>		
. are going to make an electronic runus withdrawai	(an oot add	.,	S I SIII G-600 LO and I OIII	. 501	5 20	or payment			
ct and Paperwork Reduction Act Notice, see instr	uctions.			Form	8868	<b>3</b> (Rev. 1-201)	7)		
	Name of exempt organization or other filer, see in PROVIDENT, INC.  Number, street, and room or suite no. If a P.O. bo. 2650 OLIVE STREET  City, town or post office, state, and ZIP code. For ST. LOUIS, MO 63103  turn Code for the return that this application  Form 990-EZ  individual)  is (sec. 401(a) or 408(a) trust)  (trust other than above)  STEPHANIE FRENCE  are in the care of ▶ 2650 OLIVE STREE  and and All 371-6500  anization does not have an office or place of the group, check this box  are group, check this box  calendar year 20 17 or tax year beginning  ax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-PF, 990-T, and the property of the policy o	ons 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 return that this application.  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 income return that this application is for (file income return that this application is for (file income return that this application is for form 990-EZ  Individual)  Stephanie French  Stephan	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 last form)  Return Code	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, REI rm 7004 to request an extension of time to file income tax returns.    Return   Filer's identifying number of the provided income tax returns.	In required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, rm 7004 to request an extension of time to file income tax returns.    Return	nors required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts rm 7004 to request an extension of time to file income tax returns.    Enter filer's identifying number, see instruction		

PROVIDENT, INC. 43-0652630

Form 990 (2017) 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 1 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 \$ 2,472,071. including grants of \$ 90,252. ) (Revenue \$ 390,984. ) 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 FOUR 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 2017, PROVIDENT PROVIDED COUNSELING TO 2,083 CLIENTS. ) (Revenue \$ **4b** (Code: ) (Expenses \$ 955,007. including grants of \$ ATTACHMENT ) (Revenue \$ **4c** (Code: ) (Expenses \$ 831,240. including grants of \$ ATTACHMENT 2 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 4,258,318.

JSA 7E1020 1.000 PROVIDENT, INC.

Form 990 (2017) 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	Х	
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		3.7	
	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,"		77	
	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			v
_	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	44-		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other habilities in Part X, line 25? If Yes, Complete Scredule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
'	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Page 4 Form 990 (2017)

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	- 1	
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		
C	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		X
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			
	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):	00-		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		Х
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			
••	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			v
a-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes " complete School us R.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
20	Part VI	31		- 23
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	х	
	10. Hetel. 7 iii. 1 offin dad indre die required to complete derieddie o.		000	(0047

#### Form 990 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 43 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable........... 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and X 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) X 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? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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. 9a **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. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b 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

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**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . . Х

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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	2		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		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 by) members,	l		x
	stockholders, or persons other than the governing body?	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	90	Х	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.0.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
•	rise to conflicts?	120		
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ IL.,	<b>-</b>	١/٥٠	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record STEPHANIE FRENCH 2650 OLIVE STREET ST. LOUIS, MO 63103	ls:▶		

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	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		Х				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)ANNA DOYLE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)GERALD EARLY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11)KAREN FRIEDMAN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12)MICHAEL GIRSCH	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)JAIME HARO	2.00									_
BOARD MEMBER	0.	Х						0.	0.	0.
(14)RABBI ELIZABETH HERSH	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
Name and the	hours per	(do r	not ch			than o	ne	compensation	compensation from	amount of
	week (list any	box,	unles	s pe	rson	is both	an	from	related	other
	hours for	officer and a director/trustee)				the	organizations	compensation		
	related	Indi or c	Institutional	Offi	Key employee	Higi	Former	organization	(W-2/1099-MISC)	from the
	organizations	dire	턃	cer	em	hes	mer	(W-2/1099-MISC)		organization and related
	below dotted line)	tor	l on		plo	ee ee				organizations
	iiie)	Individual trustee or director	<u>#</u>		yee	mp				organizations
		tee	trustee			ens				
			ď			Highest compensated employee				
5) UJJWAL RAMTEKKAR, MD	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
6) SANFORD SCOTT	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
.7) HENRY WEBBER	2.00	21						· ·	0.	
BOARD MEMBER	2.00	v							0.	^
		X						0.	0.	0
8) THOMAS WILLIAMSON	2.00								_	•
BOARD MEMBER	0.	X						0.	0.	0
9) RISA ZWERLING	2.00									
BOARD MEMBER	0.	X						0.	0.	0
20) MARLA FRANZA	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
21) RAMON STEWART	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
22) STEPHANIE ADAMS	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
23) JODI MCCARTY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
	2.00	Λ						0.	0.	0
24) JOHN BUTLER										0
BOARD MEMBER	0.	X						0.	0.	0
P5) STEPHANIE FRENCH	40.00									
DIRECTOR OF FINANCE & ADMINIST	0.			Χ				98,267.	0.	13,531
1b Sub-total							$\blacktriangleright$	0.	0.	0
c Total from continuation sheets to Part VII, Se	ection A						$\blacktriangleright$	280,989.	0.	20,181
d Total (add lines 1b and 1c)							$\blacktriangleright$	280,989.	0.	20,181
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of	
reportable compensation from the organization		1				,			. ,	
										Yes No
3 Did the organization list any former offic	or directo	r or	tru	icto	<u>م</u> ا	kov o	mn	lovoo or highes	t componented	100
employee on line 1a? If "Yes," complete Schedu										3 X
										3 1
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	n ai	nd other compens	sation from the	
organization and related organizations gre										4 7
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5 X
	<u> </u>									

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	<b>(C)</b> Compensation

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employ	yees (c	ontinue		age <b>o</b>
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe d a d	rson lirect	e than o	an ee)	(D)  Reportable compensation from the	(E)  Reporta compensation relate organiza	on from d tions	am comp	(F) timated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anizatior I related nization	
26) KEVIN DROLLINGER	40.00												
PRESIDENT & EXECUTIVE DIRECTOR	0.			X				182,722.		0.		6,6	50.
	<del> </del>												
4.01							_						
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt; &gt;</b>						
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000	of			
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e, I	key e	emp	oloyee, or highes	t compens	ated		Yes	No
employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	If	"Yes	5, "				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													
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	ation	
							Ė		_				

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 ►

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#### Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse or note	to any line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns	1a 1,723,	032.			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
ts, (	С	Fundraising events	1c 253,	319.			
ijai jai	d	Related organizations	1d				
ons, Sim	е	Government grants (contributions)	1e 1,761,	385.			
ortic Jer	f	All other contributions, gifts, grants,					
ğ		and similar amounts not included above	<b>1f</b> 490,				
San	g	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f		4,228,673.			
eun			Business C				
Program Service Revenue	2a	COUNSELING SERVICES	624100	638,497.	638,497.		
e	b						
ēZ	С						
u S	d						
Jrar	е						
Š	f g	All other program service revenue Total. Add lines 2a-2f		638,497.			
	3	Investment income (including d					
	3	and other similar amounts)	•	<u>.                                      </u>			56,303.
	4	Income from investment of tax-exempt		· _			
	5	Royalties	·				
		(i) Rea					
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	` ,		0.			
	7a	Gross amount from sales of (i) Securit					
		assets other than inventory 577	,059.				
	b	Less: cost or other basis					
		and sales expenses 516	,436. 3,	581.			
	С	Gain or (loss) 60	,6233,6	581.			
	d	Net gain or (loss)		<b>▶</b> 56,942.			56,942.
ē	8a	Gross income from fundraising					
en.		events (not including \$ <sup>253,819.</sup>					
Other Revenue		of contributions reported on line 1c).					
her		See Part IV, line 18					
ŏ		Less: direct expenses					00.040
	C	Net income or (loss) from fundraising e	vents	-80,048.			-80,048.
	9a	Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses					
	b	Net income or (loss) from gaming activ		<b>&gt;</b> 0.			
	10a	Gross sales of inventory, less	50				
	lua	returns and allowances	. a				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of invent	ory	<b>)</b>			
		Miscellaneous Revenue	Business C				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		4,900,367.	638,497.		33,197.

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	90,252.	90,252.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	301,170.	136,188.	108,170.	56,812.
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.	0 700 070	120 010	F 4 1 5 0
7 Other salaries and wages	2,924,846.	2,730,878.	139,818.	54,150.
8 Pension plan accruals and contributions (include	TO 446	64 530	4 001	1 005
section 401(k) and 403(b) employer contributions)	70,446.	64,538.	4,081.	1,827.
9 Other employee benefits	240,365.	221,934.	11,934.	6,497.
10 Payroll taxes	250,005.	224,022.	17,288.	8,695.
11 Fees for services (non-employees):	0			
a Management	6,231.		6,231.	
<b>b</b> Legal	50,648.		50,648.	
c Accounting	0.		50,040.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	6,478.		6,478.	
f Investment management fees	0,470.		0,470.	
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	219,589.	143,339.	62,241.	14,009.
(A) amount, list line 11g expenses on Schedule O.)	12,867.	12,867.	02,211.	11,000.
12 Advertising and promotion	162,398.	131,253.	23,681.	7,464.
13 Office expenses	73,951.	69,891.	850.	3,210.
15 Royalties	0.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,
16 Occupancy	268,987.	241,186.	27,801.	
17 Travel	25,135.	19,758.	4,309.	1,068.
18 Payments of travel or entertainment expenses				<u>-</u>
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,983.	4,983.		
20 Interest	62,734.	41,859.	20,875.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	96,204.	90,048.	6,156.	
23 Insurance	21,055.	12,350.	8,705.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aDUES & SUBSCRIPTIONS	19,293.	2,444.	16,849.	
bBAD DEBT	19,025.	19,025.		
cAWARDS & INCENTIVES	2,882.	1,503.	1,190.	189.
d				
e All other expenses	4 2 2 2 = 1 1	4 2 2 2 2 2 2 2 2		
25 Total functional expenses. Add lines 1 through 24e	4,929,544.	4,258,318.	517,305.	153,921.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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#### Part X Balance Sheet

	III			, , , , , , =			
		Check if Schedule O contains a response of	r note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			129,979.	1	57,663.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			1,823,003.	3	1,815,300.
	4	Accounts receivable, net			232,379.	4	304,024.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	mper	sated employees.			
		On and the Beat Had Only all lad			0.	5	0.
	6	Loans and other receivables from other disqualified personal control of the contr					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche	dule L	employees beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
_	9	Prepaid expenses and deferred charges			73,238.	9	86,939.
	10 a	Land, buildings, and equipment: cost or					
			10a	3,011,584.			
	b	Less: accumulated depreciation	10b	1,261,815.	1,716,537.	10c	1,749,769.
	11				2,470,286.	11	2,536,957.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	1,071,098.
	16	Total assets. Add lines 1 through 15 (must equal			6,445,422.	16	7,621,750.
	17	Accounts payable and accrued expenses			263,331.	17	276,383.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			110,355.	19	69,701.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			_		
jab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate			1,259,113.	23	1,270,713.
	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			1 026 500		1 060 100
		of Schedule D			1,836,509.	25	1,969,128.
	26	Total liabilities. Add lines 17 through 25			3,469,308.	26	3,585,925.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there   X and			
anc	27	Unrestricted net assets			1,063,403.	27	1,062,171.
Bal	28	Temporarily restricted net assets		[	1,849,711.	28	1,917,114.
Fund Balances	29	Permanently restricted net assets		<u></u> [	63,000.	29	1,056,540.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	k here  and			
ts (	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	ipmen			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33				2,976,114.	33	4,035,825.
_	34	Total liabilities and net assets/fund balances		<u></u>	6,445,422.	34	7,621,750.
_			'				Form <b>990</b> (2017)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			29,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			29,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			76,1	
5	Net unrealized gains (losses) on investments	5		2	67,2	290.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			52,1	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	30,5	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,0	35,8	325.
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	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 con	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

20 17

Open to Public Inspection

43-0652630

Department of the Treasury Internal Revenue Service

Name of the organization

PROVIDENT, INC.

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	
he	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	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>sect</b>	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norma	zation that normally receives a substantial part of its support from a governmental unit or from the general public					
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in <b>section 170(k</b>	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
0		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and upon after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	xception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
1		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su						
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lii	nes 12e, 12f, and 12g.
а			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 ma	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			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	<b>grated.</b> A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	$\_$ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d	L		integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
		$\_$ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		ot Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or						
f		ter the number of supported						
g		ovide the following information			1			
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
_								
ota	al							

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,155,448.	4,409,390.	4,260,447.	4,162,689.	4,228,673.	20,216,647.
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	3,155,448.	4,409,390.	4,260,447.	4,162,689.	4,228,673.	20,216,647.
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						20,216,647.
	tion B. Total Support	( ) 0040	#N 0044	( ) 0045	( N 0040	( ) 0047	
_	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016 4,162,689.	(e) 2017	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,155,448.	4,409,390. 61,588.	4,260,447.	4,162,689.	4,228,673. 56,303.	20,216,647.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	12,333.	-583.	615.	0.	0.	12,365.
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.	-80,048.	-190,273.
11	Total support. Add lines 7 through 10						20,285,769.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,236,475.
13	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b> .						
Sec	tion C. Computation of Public Supp		•				00.66
14	Public support percentage for 2017 (lin					14	99.66 <b>%</b> 99.10 <b>%</b>
15	Public support percentage from 2016					15	
16a	331/3% support test - 2017. If the org	•					
<b>L</b>	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2016. If the org this box and stop here. The organization						
172		•		-			
174	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	2016. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box l-circumstances" stances" test.	on line 13, 16 test, check the The organizatio	a, 16b, or 17a, nis box and <b>sto</b> n qualifies as a	and line  p here.  publicly
18	<b>Private foundation.</b> If the organization instructions						

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Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(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	,		, , , , , , , , , , , ,	1 222 . 6	,	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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						
3	·						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
D	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.)						
	tion B. Total Support			T	T	T	T
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2017 (lin		•	1,,, -		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did n	ot check the box	on line 14, and	d line 15 is mo	re than 331/3 %,	and line
	17 is not more than 331/3%, check this	s box and <b>sto</b>	<b>p here.</b> The org	anization qualifie	s as a publicly	supported organ	nization . ►
b	331/3% support tests - 2016. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331	/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	nization ►
20	Private foundation If the organization	did not chack	a how on line	1/ 10a or 10k	chack this h	ov and see inst	ructions

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2017 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
- 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>			
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	10b		

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2017 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	511 51.7111 Type in cupper ting organizations		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.			
Cooti		3		
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins		'onal	
1	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	su ucu	OHS).	
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 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 <b>Part VI</b> 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		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

			3
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.) 1 1101 1 001	(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
		(7 ) 7 1101 7 001	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>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-functionally	y integra	ited Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

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

Section D - Distributions

Page 7

**Current Year** 

1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			
			Schedule	A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **8** 

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)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** Name of the organization PROVIDENT, INC. 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) (2017)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

			15 0052050
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

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

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990. 990-EZ. or 990-PF) (2017

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization PROVIDENT, INC. **Employer identification number** 43-0652630 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

20**17**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Open to Public Inspection

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number PROVIDENT, INC. 43-0652630 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions).......... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . ▶ \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.....▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2017

(1)

(2)

(3)

(4)

(5)

(6)

43-0652630

301	nedule C (Fulli 990 of 990-EZ) 2017	INOVID	лит, тис	•		15 0	raye Z
Р	art II-A Complete if the o section 501(h)).	rganizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶ if the filing organ	nization ch	ecked box A	A and "limited contro	ol" provisions app	oly.	
	Limit	s on Lobb	ying Expen		j	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
18	a Total lobbying expenditures to	influence	public opin	ion (grass roots lobl	oying)		
	<b>b</b> Total lobbying expenditures to				· - · -		
(	c Total lobbying expenditures (	add lines 1	a and 1b)				
(	d Other exempt purpose expen	ditures			[		
(	e Total exempt purpose expend	litures (ad	d lines 1c an	nd 1d)	[		
1	f Lobbying nontaxable amoun	t. Enter th	e amount	from the following	table in both		
	columns.						
	If the amount on line 1e, column	(a) or (b) is:	The lobbyir	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,0	00,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1	,500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$1	7,000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
	<b>g</b> Grassroots nontaxable amou	-					
	h Subtract line 1g from line 1a.						
į	i Subtract line 1f from line 1c.	f zero or le	ss, enter -0-				
j	j If there is an amount other						
_	reporting section 4911 tax fo						Yes No
	(0			raging Period Unde	. ,		1 . 1 .
	(Some organizations the						nns below.
		See	the separa	te instructions for I	ines 2a through	21.)	
_		Lobi	oying Expe	nditures During 4-Yo	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total
2	<b>a</b> Lobbying nontaxable amount						
_	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
_	<b>c</b> Total lobbying expenditures						
_	<b>d</b> Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
1	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

43-0652630

PROVIDENT, INC.

	(a)		(a)			(b)	
or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No		Amount			
During the year, did the filing organization attempt to influence foreign, national, state or local							
legislation, including any attempt to influence public opinion on a legislative matter or							
referendum, through the use of:							
a Volunteers?		X					
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X						
Media advertisements?		X					
d Mailings to members, legislators, or the public?	$\vdash$	X					
Publications, or published or broadcast statements?		X					
Grants to other organizations for lobbying purposes?	X				5,06		
Direct contact with legislators, their staffs, government officials, or a legislative body?	^	х			5,00		
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X					
Other activities?		Λ			5,06		
Total. Add lines 1c through 1i		x			3,00		
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
If "Yes," enter the amount of any tax incurred under section 4912		-					
If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(a)(F)	0r 0	ootion				
501(c)(6).	(6)(5)	, or s	ection				
				Ye	s No		
Were substantially all (90% or more) dues received nondeductible by members?			Γ	1			
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2			
Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3			
Did the organization agree to early ever respyring and political earlipaign activity experiance in	m the	prior	year?	<b>ა</b>			
art III-B Complete if the organization is exempt under section 501(c)(4), section 501				3			
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	(c)(5)	or s	ection		is		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5) OR (l	or s	ection rt III-A,		is		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	(c)(5) OR (I	or so) Pai	ection		is		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	(c)(5) OR (I	or so) Pai	ection rt III-A,		is		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	(c)(5) OR (I	or so) Pai	ection rt III-A,		is		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.	(c)(5) OR (I	or so Par	ection rt III-A,		is		
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	(c)(5) OR (I	or so) Par	ection rt III-A, 1 2a 2b		is		
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year.	(c)(5) OR (I	or so) Par	ection rt III-A, 1 2a 2b 2c		is		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amor political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	(c)(5) OR (l	or so) Par	ection rt III-A, 1 2a 2b		is		
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	(c)(5) OR (l	or sopport	ection rt III-A, 1 2a 2b 2c		is		
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year.  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leads	(c)(5) OR (I	or sopport	ection 't III-A,  1 2a 2b 2c 3		is		
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dueld in notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?	OR (I	or so) Par	ection 't III-A,  1 2a 2b 2c 3		is		
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PROVIDENT, INC. 43-0652630

Schedule C (Form 990 or 990-EZ) 2017 Page 4

#### Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B & 1G

LOBBYING ACTIVITIES

PROVIDENT'S LOBBYING ACTIVITIES CONSISTED OF MULTIPLE VISITS TO JEFFERSON CITY, MO BY THE EXECUTIVE DIRECTOR TO FURTHER PROMOTE PROVIDENT'S MISSION BY MEETING WITH VARIOUS STATE LEGISLATORS. THE EXPENSES CONSISTED OF MILEAGE FOR THE TRIPS AS WELL AS A PORTION OF THE EXECUTIVE DIRECTOR'S SALARY FOR TIME SPENT TOWARDS ADVOCACY.

#### **SCHEDULE D** (Form 990)

## 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PRO	VIDENT, INC.		43-0652630
Pa	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt    Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., rec	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or termi	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		-
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	<u> </u>	cial statements that describes the
Pa	rt III Organizations Maintaining Collections		ar Similar Assets
1 6	Complete if the organization answered		ommar Assets.
10	, ,		rovenue statement and belongs about
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	ar assets held for public exhibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil- public service, provide the following amounts relat		ucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	•	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of a		
4	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1	or to the thou and telating to these item	<b>▶</b> ¢
b	Assets included in Form 990, Part X.		

43-0652630

PROVIDENT, INC.

Schedule D (Form 990) 2017 Page **2** 

collection items (check all that apply):  a Public exhibition d Loan or exchange programs  b Scholarly research e Other  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	Par	Organizations Maintain	ing Collections of	Art, Historical T	reasures,	or Other Si	milar Asse	ts (cor		ed)
Public exhibition   d   Loan or exchange programs	3									
Scholarly research e		collection items (check all that apply):								
Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \to Yes \to No  Part IV Escrow and Custodial Arrangements.  Complete if the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? \to Let \to Let \to Additions during the year \to Let \to Le	а	Public exhibition	Public exhibition d Loan or exchange programs							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b			e Other						
XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gen	erations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sassets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the orga	anization's collections	and explain how t	hey further	the organizat	tion's exemp	t purpo	se in	Part
### A part IV   Ecrow and Custodial Arrangements.										
Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10.    Telephone   Italian   Italia	5						_			7
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves				ained as part of the o	organization'	s collection?		Yes		No
Included on Form 990, Part X?		Complete if the organiza	ation answered "Yes					t on Fo	rm	
b   f "Yes," explain the arrangement in Part XIII and complete the following table:    C	1a									,
Amount     Amount							L	Yes		No
to Beginning balance didditions during the year 1dd	b	If "Yes," explain the arrangement	in Part XIII and comp	lete the following tab	ole:					
d Additions during the year e Distributions during the year f Ending balance 10th the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  2c Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  3 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  4 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  4 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  5 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  5 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  5 Noplete if the organization answered "Yes" on Form 990, Part IV, line 10.  5 Noplete in Part XIII the intended uses of the organization sendowment funds.  5 Noplete in Part XIII the intended uses of the organization sendowment funds.  5 Noplete in Part XIII the intended uses of the organization sendowment funds.  6 Noplete in Part XIII the intended uses of the organization sendowment funds.  6 Noplete in Part XIII the intended uses of the organization sendowment funds.  7 Noplete in Part XIII the intended uses of the organization sendowment funds.  8 Noplete in Part XIII the intended uses of the organization sendowment funds.  8 Noplete in Part XIII the intended uses of the organization sendowment funds.  8 Noplete in Part XIII the intended uses of the organization sendowment funds.  9 Noplete in Part XIII the intended uses of the organization sendowment funds.  10 Noplete in Part XIII the intended uses of the orga							Amount			
Example 1	С									
Tending balance	d									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Part XIII. Check here if the explanation has been provided on Part XIII.   Part XIII. Check here if the explanation has been provided on Part XIII.								1		T
Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_					_			No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			in Part XIII. Check he	ere if the explanation	has been pr	ovided on Pari	XIII			
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e)	Par		otion on our and "Voc	·"	- wt IV / Ilina - 4	0				
1a Beginning of year balance       2,470,286       2,363,209       2,922,022       3,393,451       3,521,642         b Contributions       C Net investment earnings, gains, and losses       384,216       165,864       -65,679       30,243       486,070         d Grants or scholarships       Bother expenditures for facilities and programs       317,545       58,787       493,134       501,672       614,261         f Administrative expenses       2,536,957       2,470,286       2,363,209       2,922,022       3,393,451         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment ► 2,5167%         b Permanent endowment ► 2,4833       %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> </ul> 3a(i) X         4 Describion		Complete if the organiza						(-) =		
b Contributions										
the description of property    Complete in Part XIII the intended uses of the organization's endowment funds.   Salij   Salight   Salig	1 a	Beginning of year balance	2,470,286.	2,363,209.	2,922,	,022. 3,	393,451.	3,	5∠⊥,	642.
and losses	b	Contributions								
d Grants or scholarships	С	<del>-</del> _	204 216	165 064	6.5	670	20 242		106	070
e Other expenditures for facilities and programs				105,604.	-03	,079.	30,243.		400,	070.
and programs		·								
f Administrative expenses	е		317 545	58 787	493	134	501 672		614	261
g End of year balance.	_			30,707.	175	, 131.	301,072.		O + 1 ,	
a Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 97.5167 % b Permanent endowment ▶ 2.4833 % c Temporarily restricted endowment ▶ 6 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations			2 536 957	2 470 286	2 363	209 2	922 022	3	393	451
a Board designated or quasi-endowment ▶ 97.5167 %  b Permanent endowment ▶ 2.4833 %  c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	-	-					<i>722,022.</i>	J ,	<i>373</i> ,	
Temporarily restricted endowment ▶		Board designated or quasi-endow	ment ▶ <u>97.5167</u>	end balance (line 1g, $\_^{\%}$	column (a))	neid as:				
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (investment)  (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land  88,667.  88,667.  b Buildings  2,327,030. 904,697. 1,422,333. c Leasehold improvements  4 Equipment  580,519. 347,301. 233,218. e Other	b									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiii) related organizations (iiiiiiii) related organizations (iiiiiiiii) related organizations (iiiiiiiiiii) related organizations (iiiiiiiiiiiiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	• •								
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 related organizations listed as required on Schedule R?         3b	_		•							
(i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (a) Cost or other basis (other)  1a Land  88,667.  88,667.  b Buildings  2,327,030. 904,697. 1,422,333. c Leasehold improvements  15,368. 9,817. 5,551. d Equipment  60ther	за		the possession of the	ne organization that	are neid and	a administered	for the	1	Voc	No
(ii) related organizations3a(ii) Xb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?3b State S		,						20/i)		140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (investment) (investment) 88,667.  Buildings 2,327,030. 904,697. 1,422,333.  c Leasehold improvements 15,368. 9,817. 5,551.  d Equipment 580,519. 347,301. 233,218.  e Other										
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Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (a) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  88,667.  88,667.  b Buildings  2,327,030.  904,697.  1,422,333.  c Leasehold improvements  15,368.  9,817.  5,551.  d Equipment  900, Part X, line 10.  88,667.  88,667.  5,551.	_	* * *	_	•				36		
Description of property   (a) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value		Land, Buildings, and Equ	uipment.	tion 3 endowment fai	ius.					
Description of property   (a) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
1a Land       88,667.       88,667.         b Buildings       2,327,030.       904,697.       1,422,333.         c Leasehold improvements       15,368.       9,817.       5,551.         d Equipment       580,519.       347,301.       233,218.         e Other		Description of property	(a) Cost or	other basis (b) Cost of	or other basis	(c) Accumulate	d (0	<b>d)</b> Book va	alue	
b Buildings       2,327,030.       904,697.       1,422,333.         c Leasehold improvements       15,368.       9,817.       5,551.         d Equipment       580,519.       347,301.       233,218.         e Other	1a	Land	,	(0		acpiecialion			88.6	567.
c Leasehold improvements       15,368.       9,817.       5,551.         d Equipment       580,519.       347,301.       233,218.         e Other       347,301.       233,218.	_			2.3		904,69	97.			
d Equipment     580,519.     347,301.     233,218.       e Other	С							, -		
e Other	d									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е					<u> </u>			-	
	Γota	. Add lines 1a through 1e. (Colum	n (d) must equal Forn	n 990, Part X, columi	n (B), line 10	c.)	. ▶	1,7	49,7	69.

PROVIDENT, INC. 43-0652630

Schedule D (Form 990) 2017 Page **3** 

Part VII	Investments - Other Securities.	"Voo" on Form 000	Port IV line 11h See Form 000	Dort V. line 12
	Complete if the organization answered  (a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book value	Cost or end-of-year marke	
	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1) (2) (3) (4) (5) (4) (5) (6) (6)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"Voo" on Form 000	Dort IV line 11e Coe Form 000	Dort V line 12
	Complete if the organization answered			-
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year marke	
			Cost of end-of-year marke	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) marel a marel Farma 2000 Barel V. and (D) line 40.)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	"Voc" on Form 000	Part IV line 11d See Form 000	Dart V lina 15
			r, Fait IV, line 11d. See Form 990,	
(4) TNTE	REST IN TRUSTS	scription		(b) Book value 1,071,098
	KESI IN IKOSIS			1,071,000
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ino 15 )		1,071,098
Part X	Other Liabilities. Complete if the organization answered		<u> </u>	
1.	line 25.  (a) Description of liability	(b) Book valu	e	
	ral income taxes	(4) = 5511 1511		
	UED PENSION LIABILTY	1,969,1	128.	
(3)		,,,,,,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 1,969,1	128.	
i otal. (Colull	ini (b) musi equal i omi 330, Fall A, coi. (b) IIIle 25.)	1,707,1		

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

PROVIDENT, INC. 43-0652630

Schedule D (Form 990) 2017 Page 4

Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	5,457,295.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	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.)	20	812,906.		
е	Add lines 2a through 2d	2e 3	4,644,389.		
3	Subtract line 2e from line 1	3	1,011,305.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b	4c	255,978.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,900,367.		
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.	ırn.			
1	Total expenses and losses per audited financial statements	1	5,349,740.		
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 (Describe in Part XIII.)  2c  2d  96,083	-			
d	Other (Describe in Latt Alli.)	20	426,674.		
е	Add lines 2a through 2d	2e 3	4,923,066.		
3	Subtract line 2e from line 1		1,723,000.		
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 4a 6,478.				
a b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b	4c	6,478.		
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,929,544.		
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform				
		паноп	•		
SEE	PAGE 5				

Schedule D (Form 990) 2017 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.

PROVIDENT IS ALSO NAMED AS A RESIDUAL BENEFICIARY IN A CHARITABLE

REMAINDER TRUST. THE TRUST IS REQUIRED TO MAKE INCOME DISTRIBUTIONS UNTIL

2019 AT WHICH TIME PROVIDENT WILL RECEIVE 20 PERCENT OF THE TRUST'S

ASSETS. PROVIDENT DOES NOT CONTROL THE ASSETS OF THE TRUST.

PROVIDENT HAS ALSO BEEN NAMED AS AN IRREVOCABLE BENEFICIARY OF A

PERPETUAL TRUST HELD AND ADMINISTERED BY AN INDEPENDENT TRUSTEE. THE

PERPETUAL TRUST PROVIDES FOR THE DISTRIBUTION OF THE NET INCOME OF THE

TRUST BUT PROVIDENT WILL NEVER RECEIVE THE ASSETS OF THE TRUST.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$118,942

SPECIAL EVENTS 96,083

-----

TOTAL 215,025

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST \$249,500

Schedule D (Form 990) 2017 PROVIDENT, INC. 43-0652630 Page **5** 

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS

SPECIAL EVENTS \$96,083

#### **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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.  Indicate whether the organization raised funds through any of the following activities. Check all that apply.  Mail solicitations  Mail solicitations  Phone solicitations  Special fundraising events  Jineperson solicitations  Phone solicitations  Times form 990, Part IV, line 17.  Solicitation of non-government grants  Solicitation of government grants  Special fundraising events  Final fundraiser special fundraising events  Final fundraiser in the special fundraiser special fundraising services?  Yes No  It "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  Final fundraiser have custody or control of contributions?  (ii) Name and address of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser by fundraiser special from activity sundraiser special form activity fundraiser special from activity organization.  Yes No  Yes No  Yes No  Solicitation of non-government grants  Solicitation of government grants  (in June 1914)  (in June 1914)  Solicitation of government grants  Solicitation of government grants  (in June 1914)  (in June 1914)  Solicitation of non-government grants  (in June 1914)  Solicitation of non-government grant	Name of the organization					Employer identification	on number
Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations	PROVIDENT, INC.	1 ( ( ( )				43-0652630	
Indicate whether the organization raised funds through any of the following activities. Check all that apply.    Mail solicitations					"Yes" on Form	990, Part IV, line	17.
a   Mail solicitations   Bound   Internet and email solicitations   Gournal   Solicitation of non-government grants   Solicitation of government grants   Solicitations   Gournal   Solicitation   Gournal   Solicitation   Gournal   Solicitation   Gournal   Gournal   Solicitation   Gournal   Solicitation   Gournal   Solicitation   Gournal   Solicitation   Gournal   Gournal   Solicitation   Gournal   Gournal   Solicitation   Gournal   Gou		· · · · · · · · · · · · · · · · · · ·	•				
b   Internet and email solicitations   f   Solicitation of government grants   Phone solicitations   g   Special fundraising events   d   In-person solicitations   g   Special fundraising events   d   In-person solicitations   To result the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes   No   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.    (i) Name and address of individual or entity (fundraiser)   (ii) Did fundraiser have custody or control of contributions?   (iv) Gross receipts from activity   (iv)		aised funds through	_	•			
g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If Yes, Ilist the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (ii) Name and address of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  Yes No  Yes No  1  2  3  4  5  6  7  8  9  10  10  10  10  10  10  10  10  10		•			-		
d		f			-	S	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Wes No If Yes, "list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No  1  2  3  4  5  6  7  8  9  10  10  10  10  10  10  10  10  10	<del></del>	ý.	g 💹 Spe	cial fundra	ising events		
or key employees listed in Form 990, Part Vil) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  Yes No  1  2  3  4  5  6  7  8  9  10  10  10  10  10  10  10  10  10	<b>d</b> In-person solicitations						
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iv) Activity  (vo) Gross receipts from activity (vo) Gross receipts (vo) Gross rece	or key employees listed in Form 99 <b>b</b> If "Yes," list the 10 highest paid inc	0, Part VII) or entit dividuals or entities	y in connec	ction with p	rofessional fundra	ising services?	
Yes No  Yes No  Yes No  Yes No  I I I I I I I I I I I I I I I I I I I		(ii) Activity	custody	or control of		(or retained by) fundraiser listed in	
1 2 3 4 5 6 7 8 9 10 10 10 1 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			Yes	No		561. <b>(1)</b>	
3 4 5 6 7 8 9 10 Install states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	1		100				
4 5 6 7 8 9 10 Install states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	2						
5 6 7 8 9 10 Fotal	3						
5 6 7 8 9 10 Fotal							
6 7 8 9 10 Fotal	•						
7 8 9 10 Fotal	5						
8 9 10 Fotal	6						
9 10 Total	7						
10  Total	8						
Total	9						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from							
	3 List all states in which the organiz				contributions or	has been notified	it is exempt from

Page 2 Schedule G (Form 990 or 990-EZ) 2017

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 \$5,000.

			(a) Event #1	(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	231,520.	38,334.		269,854
Ř		Less: Contributions	222,735.	31,084.		253,819
	3	Gross income (line 1 minus line 2).	8,785.	7,250.		16,035
	4	Cash prizes				
	5	Noncash prizes	354.	537.		891
sesus	6	Rent/facility costs	6,008.	1,717.		7,725
Direct Expenses	7	Food and beverages	36,495.	740.		37,235
Direc	8	Entertainment	300.	475.		775
	9	Other direct expenses	42,071.	7,386.		49,457
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d)	)		96,083
Pa						
		than \$15,000 on Form 990-E		,	, , ,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	·	0.000.000.000				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	lumn (d)	<b>&gt;</b>	
9 a b	ls	nter the state(s) in which the organization licensed to conduct grants.		of these states?		Yes No
		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	ended, or terminated duri	ing the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
40	formed to administer charitable gaming?
13 a	Indicate the percentage of gaming activity conducted in:  The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes 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) 2017

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

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

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information.

**Open to Public** Inspection

Name of the organization						Employer identifica	ation number
PROVIDENT, INC.						43-065263	0
Part I General Information on Grants ar	nd Assistanc	e				•	
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process.</li> </ol>	nts or assistan	ce?					X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip		_			•		es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list							

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

Schedule I (Form 990) (2017)

7E1288 1.000

Schedule I (Form 990) (2017)

# 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
1 BASIC NEEDS ASSISTANCE	61.		61,952.	E-Mt7	RENT, TRANSPORTATION
DADIC NEEDS ASSISTANCE	01.		01,332.	PHV	RENT, TRANSFORTATION
2 FEE ASSISTANCE	46.		28,300.	FMV	FEE ASSISTANCE
3					
4					
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 J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization PROVIDENT, INC.

**Questions Regarding Compensation** 

43-0652630

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	46		
2	explain	1b		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	C-		Х
a	The organization?	6a		X
b	Any related organization?	6b		Λ
-				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN DROLLINGER	(i)	182,502.	0.	220.	488.	6,162.	189,372.	0.
1PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
_ 4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
_ 6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

#### Part III Supplemental Information

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

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

EL Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number Name of the organization PROVIDENT, INC. 43-0652630 Part I 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II 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. (g) In default? (h) Approved (a) Name of interested person (f) Balance due (i) Written (b) Relationship (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No No (1) (2) (3)(4) (5) (6) (7)(8)

#### 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) 2017

(9) (10) Total

Schedule L (Form 990 or 990-EZ) 2017 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		aring of ization's nues?
				Yes	No
(1) KATHLEEN SCHLEMMER	FAMILY MEMBER OF OFFICER	31,396.	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**

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PROVIDENT, INC.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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	2.	11,111.	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	1						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		107	20.400				
25	Other ►( ATCH 1 )		127.	28,499.				
26	Other ►()							
27	Other ►()				<del> </del>			
28	Other ►()	<u> </u>			<del>                                     </del>			
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29	V	es	N.
20-	During the year did the conscient		h	ut., usus auto al lin Dout I line	- 4 41	16	25	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least t	-			-	30a		Х
	to be used for exempt purposes for		olding period?			Jua		
	If "Yes," describe the arrangement		tongo policy that require	a the review of env	nanatandard			
31	Does the organization have a					31	Х	
220	contributions?  Does the organization hire or use					31		
JZd	_	=	<del>-</del>	·		32a	х	
h	contributions?					JZd		
33	If the organization didn't report an	amount in a	valuma (a) for a type of pro	nerty for which column (a)	) is chacked			
JJ	describe in Part II.	amount III C	olullil (c) for a type of pro	perty for willon column (a	, is citecked,			
	GOSORIDE III I CILIII.						_	

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017) 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.

SCHEDULE M, PART I, LINE 32B

USE OF THIRD PARTY TO PROCESS NONCASH CONTRIBUTIONS

GESTURE IS A THIRD PARTY ENGAGED TO PROCESSES AUCTION ITEM SALES AT THE

ORGANIZATION'S GALA.

SCHEDULE M, PART I, COLUMN B

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

Schedule M (Form 990) (2017) 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	125.	24,321.	FMV
MICROSOFT WINDOWS USER	LI X	2.	4,178.	FMV
TOTALS	-	127.	28,499.	

#### 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

20 17

Open to Public Inspection

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 is a tww.irs.gov/form990.

43-0652630

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

ADDED LANGUAGE TO BYLAWS REGARDING CHAIR/IMMEDIATE PAST CHAIR TERM

STATING THE CHAIR SHALL REMAIN ON THE BOARD AND SERVE AS THE IMMEDIATE

PAST CHAIR FOR A MAXIMUM OF TWO YEARS SUBSEQUENT TO THEIR TERM AS CHAIR.

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

FORM 990 REVIEW PROCESS

PRIOR TO FILING FORM 990 WITH THE IRS, THE RETURN IS REVIEWED IN DETAIL

BY THE FINANCE DIRECTOR AND THE FINANCE COMMITTEE BEFORE BEING PRESENTED

TO THE MEMBERS OF THE BOARD FOR FINAL APPROVAL.

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

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

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

Name of the organization
PROVIDENT, INC.

Employer identification number 43-0652630

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$118,942

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST (249,500)

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Schedule O (Form 990 or 990-EZ) 2017 Page 2

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

TOTAL (130,558)

FORM 990, PART XI, LINE 8

PRIOR PERIOD ADJUSTMENTS

THE 2016 FINANCIAL STATEMENTS HAVE BEEN RESTATED FOR RECOGNITION OF PROVIDENT'S BENEFICIAL INTEREST IN TWO TRUSTS WHERE PROVIDENT HAS THE IRREVOCABLE RIGHT TO RECEIVE A PERCENTAGE OF THE INCOME FROM THE TRUSTS.

AS A RESULT OF THE RESTATEMENT, THE TOTAL IMPACT ON THE 2016 NET ASSETS WAS AN INCREASE OF \$952,156.

ATTACHMENT 1

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

PROVIDENT'S LIFE CRISIS SERVICES (LCS) OFFERS 24/7/365 CRISIS INTERVENTION/SUICIDE PREVENTION SERVICES TO THE ST. LOUIS COMMUNITY AND BEYOND. OUR HOTLINES WERE ESTABLISHED IN 1966 AND RECEIVE AN AVERAGE OF 170 CALLS EVERY DAY, 31% OF WHICH ARE FROM SUICIDAL INDIVIDUALS. THUS, OUR HOTLINE POTENTIALLY SAVES 53 LIVES DAILY. OTHER PROGRAMS INCLUDE: THE SURVIVORS OF SUICIDE (SOS) SUPPORT GROUP FOR THOSE WHO HAVE LOST SOMEONE TO SUICIDE; THE FEELING KINDA BLUE SOCIAL MEDIA WEBSITE DESIGNED FOR YOUNG ADULTS WHO MAY BE EXPERIENCING DEPRESSION; THE HOPE AFTER PROGRAM WHICH PROVIDES INTENSIVE TELEPHONIC CASE MANAGEMENT TO INDIVIDUALS AT VERY HIGH RISK FOR SUICIDE; AS WELL AS ANSWERING THE STATE-WIDE 1-888-BETSOFF GAMBLING HOTLINE. THESE MANY SUICIDE PREVENTION PROGRAMS TRULY SAVE LIVES EVERY DAY BY STABILIZING THOSE IN CRISIS, AND PROVIDING EDUCATION, TOOLS, AND CRITICAL SUPPORT TO HELP KEEP INDIVIDUALS SAFE. IN 2017, LIFE CRISIS SERVICES REACHED 74,390 INDIVIDUALS.

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

ATTACHMENT 2

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

COMMUNITY SUPPORT ENCOMPASSES PROVIDENT'S AFTERSCHOOL PROGRAM AND COMMUNITY EDUCATION EVENTS. IN 2017, PROVIDENT SERVED 758 LOW INCOME YOUTH IN TEN AFTERSCHOOL SITES IN ST. LOUIS CITY AND JENNINGS SCHOOL DISTRICTS. THE PROGRAM OFFERS A SAFE AND NURTURING LOCATION DURING THE CRITICAL HOURS OF 3 TO 6 PM.

CHILDREN AGES 4-14 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 2017, OVER 1,200 INDIVIDUALS PARTICIPATED IN COMMUNITY EDUCATION EVENTS PROVIDED BY PROVIDENT STAFF.

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning , 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( (Employees' trust, see instructions.) address changed **B** Exempt under section PROVIDENT, INC. Print 43-0652630  $X \mid_{501(C)(3)}$ Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity codes 220(e) 408(e) Type (See instructions.) 2650 OLIVE STREET 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code C Book value of all assets ST. LOUIS, MO 63103 at end of year Group exemption number (See instructions.) 7,621,750. Check organization type | X | 501(c) corporation 501(c) trust 401(a) trust Other trust ATTACHMENT H Describe the organization's primary unrelated business activity. ▶ During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number  $\triangleright$   $3\overline{14-371-6500}$ The books are in care of ▶ STEPHANIE FRENCH (A) Income Part I Unrelated Trade or Business Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12...... 0. 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

26

27

28

29 30

31

32

33

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule) Total deductions. Add lines 14 through 28.

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

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

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

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

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

25

27

30

31

32

0.

### 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*.

_	-								
Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					_	
All corporation	ons required to file an income tax return othe	r than Forr	m 990-T (including 112	0-C filers), partnerships,	REI	MICs,	and trust	s	
-	orm 7004 to request an extension of time to fi		•	,,,					
				Enter filer's identifying	g nu	mber, s	ee instruc	tions	
-	Name of exempt organization or other filer, see in	structions.		Employer identification nu	mbe	r (EIN)	or		
Гуре or									
orint	PROVIDENT, INC.	NC. 43-0652					530		
lue by the ue date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	 3N)				
iling your	2650 OLIVE STREET								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	dress, see instructions.							
istructions.	ST. LOUIS, MO 63103								
nter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0	7	
	The state of the s		a coparate application is				_		
Application		Return	Application				Retu	rn	
s For		Code	Is For				Cod	е	
orm 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07		
orm 990-Bl	_	02	Form 1041-A				08		
orm 4720 (	(individual)	03	Form 4720 (other tha	n individual)			09		
orm 990-PF	=	04	Form 5227				10		
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
orm 990-T	(trust other than above)	06	Form 8870				12		
	STEPHANIE FRENCI	H							
The book	s are in the care of $\triangleright$ 2650_OLIVE_STRE	ET ST. I	LOUIS MO 63103						
	e No. ▶ _ 314 371-6500		Fax No. ▶				-		
If the orga	anization does not have an office or place of b	business in	the United States, che	ck this box			▶ [		
If this is fo	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (	(GEN)		If t	his is		
or the whole	e group, check this box 🔻 🕒 . If	f it is for pa	art of the group, check t	this box ▶	;	and at	ttach		
	e names and EINs of all members the extensi								
1 I reque	st an automatic 6-month extension of time ur	ntil	11/15_, 20_	$18_{-}$ , to file the exempt	org	aniza	tion retui	m	
for the o	organization named above. The extension is	for the orga	anization's return for:						
X	calendar year 20 <u>17</u> or								
▶	tax year beginning	, 20	$\_$ $\_$ , and ending $\_$	,,;	20_				
	ax year entered in line 1 is for less than 12 m	onths, chec	ck reason: Initial r	eturn Final returr	1				
	hange in accounting period								
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the	tentative tax, less any					
	undable credits. See instructions.				3a	\$		0.	
	application is for Forms 990-PF, 990-T,								
	ted tax payments made. Include any prior yea				3b	\$		0.	
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS				_	
	onic Federal Tax Payment System). See instru				3с			0.	
,	u are going to make an electronic funds withdrawal	I (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	887	'9-EO	tor payme	∍nt	
nstructions.						0000			
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form	8868	<b>3</b> (Rev. 1-2	2017)	

43-0652630 Page **2** m 990-T (2017) DPOWIDENT INC

Form	990-1 (20	17) PROVIDENT, INC.				4.	3-0052030	J	Page Z
Par	t III	Tax Computation							
35	Organi	zations Taxable as Corporations. See in	structions for tax co	mputat	ion. Controlled gr	oup			
	member	s (sections 1561 and 1563) check here	See instructions and:		-				
а		our share of the \$50,000, \$25,000, and \$9,92		bracke	ts (in that order):				
	(1) \$	(2) \$	(3)						
b		ganization's share of: (1) Additional 5% tax (not mor	e than \$11,750)	[	\$				
	(2) Addi	tional 3% tax (not more than \$100,000)		[	\$				
С		tax on the amount on line 34.				▶ 35	ic		
36	Trusts	Taxable at Trust Rates. See instruc	tions for tax com	putatio	n. Income tax	on			
	the amo	unt on line 34 from: Tax rate schedule or	Schedule D (Form	1041)		▶ 30	6		
37	Proxy ta	x. See instructions				▶ 3	7		
38	Alternat	ve minimum tax				38	8		
39	Tax on Non-Compliant Facility Income. See instructions					39	9		
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, whichever	applies			40	<b>D</b>		
Par	t IV	Tax and Payments							
41 a	Foreign	tax credit (corporations attach Form 1118; trusts at	tach Form 1116)	. 41a	ı				
b	Other co	edits (see instructions)		. 41b	)				
С	General	business credit. Attach Form 3800 (see instructions	)						
d	Credit fo	or prior year minimum tax (attach Form 8801 or 882	7)	. 41d					
е	Total cr	edits. Add lines 41a through 41d				41	е		
42	Subtrac	line 41e from line 40					2		
43	Other tax	es. Check if from: Form 4255 Form 8611	Form 8697 Form 8	8866	Other (attach sched	ule) <b>4</b>	3		
44	Total ta	x. Add lines 42 and 43				4	4		0.
45 a	Paymen	ts: A 2016 overpayment credited to 2017		45a	1				
b	2017 es	timated tax payments		. 45b	)				
С	Tax dep	osited with Form 8868		450	;				
d	Foreign	organizations: Tax paid or withheld at source (see in	nstructions)	. 45d	1				
е	Backup	withholding (see instructions)		. 45e	)				
f	Credit fo	or small employer health insurance premiums (Attac		. 45f					
g	Other co	edits and payments: Form 2439							
			Total						
46	Total pa	yments. Add lines 45a through 45g				40	6		
47		ed tax penalty (see instructions). Check if Form 2220				-	7		
48		. If line 46 is less than the total of lines 44 and 47,				_	-		
49		ment. If line 46 is larger than the total of lines 44		erpaid .			-		
50		amount of line 49 you want: Credited to 2018 estimate		•	Refunde		<u>)                                    </u>		
Par		Statements Regarding Certain Activ			· ·				Τ
51	•	time during the 2017 calendar year, did the	· ·		•		•		No
		financial account (bank, securities, or other)	-						
		Form 114, Report of Foreign Bank and Fin	iancial Accounts. If Y	ES, en	ter the name of	the for	eign country		v
	here <b>&gt;</b>							-	X
52	·	he tax year, did the organization receive a distribut		rantor	of, or transferor to, a	a foreign t	rust?	•	<u> </u>
		ee instructions for other forms the organization may							
<u>53</u>		e amount of tax-exempt interest received or accrued der penalties of perjury. I declare that I have examined this re			e and statements and to	a the best	of my knowled-	o and be	liof it in
C:	tru	der penaities of perjury, I declare that I have examined this re e, correct, and complete. Declaration of preparer (other than taxpaye					iny knowiedge	, and be	ilei, It IS
Sigr		I					he IRS discus		
Her		gnature of officer	Date Title				the preparer structions)? X		_
	31				Date	(see ins	rructions) ? X	res	No
Paid			parer's signature		Dale	Check	<b>」</b> ↑	0/101	27
	arer	TROY A LINDSEY				self-emple	-,	$\frac{04123}{0260}$	<i>.</i>
	Only	Firm's name ► BKD , LLP Firm's address ► 211 N. BROADWAY , SUITE	600 ST 101115	MO 4	53102-2733		314-23		1.1
	-	FIRM'S address > ZII IN. DRUADWAI, SUITE	ооо, ыт. <u>поот</u> ы,	1410	00104-4133	Phone no.	. ⊃⊥4-∠3.	JJ4	14

Form **990-T** (2017)

PROVIDENT, INC. 43-0652630 Form 990-T (2017) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year . 6 Inventory at end of year Purchases Cost of goods sold. Subtract line Cost of labor 3 6 from line 5. Enter here and in 3 Part I, line 2 4a Additional section 263A costs 7 Yes No (attach schedule) 4a Do the rules of section 263A (with respect to **b** Other costs (attach schedule) . 4b property produced or acquired for resale) apply Total. Add lines 1 through 4b 5 to the organization? Χ Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3)(4) 2. Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1 here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 5. Average adjusted basis 4. Amount of average 6. Column 8. Allocable deductions acquisition debt on or of or allocable to 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) % (1) % (2)

%

%

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Enter here and on page 1,

Part I, line 7, column (B).

(3) (4)

Total dividends-received deductions included in column 8 .

Enter here and on page 1,

Part I, line 7, column (A).

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Schedule F - Interest, Annu	ities, Royalties	, and R	ents Fr	om Contro	lled Or	ganizati	ons (see	instruction	ons)	- 3-	
,				ontrolled Or							
Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations	I									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specific payments made		include					Deductions directly     nnected with income in     column 10	
(1)											
(2)											
(3)											
(4)											
Totals					) Orga	Enter I Part I	columns 5 a nere and on , line 8, colu	page 1, mn (A).	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of	Section 501(c)(7), (9), or (17) Organization (see instructions)  3. Deductions directly connected (attach schedule)  4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)							
(1)											
(2)											
(3)											
(4)											
Enter here and on p Part I, line 9, colum								Enter here and on page 1, Part I, line 9, column (B).			
Totals ▶											
Schedule I - Exploited Exe	mpt Activity Inc	come, (	Other T	han Adverti	ising Ir	come (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir conne produ unr	penses ectly cted with action of elated ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cole 5 through 7.		<b>6.</b> Expe attributa colum	able to	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).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 26.		
Schedule J - Advertising In	come (see instri	uctions)									
Part I Income From Per		<u> </u>	Conso	lidated Bas	sis						
										1	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			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))											

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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						
	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.
Totals, Part II (lines 1-5) ▶						

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

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

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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.