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

Internal Revenue Service

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

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

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

OMB No. 1545-0047

A F	or th	e 201	8 calendar year, or tax year begin	ning	, 2018	, and er	nding	_		, 20	١	
<b>B</b> c	heck if ap	pplicable:	C Name of organization PROVIDENT, INC.					D Employer id	entifica	tion num	ber	
	Addre	ess	Doing Business As PROVIDENT BI	EHAVIORAL HEALT	H			43-065	2630			
	┪ `	e change	Number and street (or P.O. box if mail is r			Room/su	iite	E Telephone n	umber			
	+	l return	2650 OLIVE STREET					(314) 37	1-65	00		
	+	inated	City or town, state or province, country, a	nd ZIP or foreign postal code				, ,				
	Amer	nded	ST. LOUIS, MO 63103					<b>G</b> Gross receip	ots \$	5,	468	,593.
		cation	F Name and address of principal officer:	KEVIN DROLLIN	GER			H(a) Is this a gro	up return		Yes	X No
	pendi	ing	2650 OLIVE STREET, ST.					subordinates <b>H(b)</b> Are all subord		ided?	Yes	No
$\overline{}$	Tax-ex	empt st	11	) ◀ (insert no.)	4947(a)(1)	or	527	If "No," atta				
			WWW.PROVIDENTSTL.ORG	) (macrino.)	+3+1 (α)(1) ·	OI	021	H(c) Group exem	`		,	
_				Association Other		LY	ear of format	tion: 1860 <b>M</b>	<u> </u>		micile:	MO
$\overline{}$	art I		mmary	TOOCONAMON   CHICK P			5a. 5		Otato o			
			y describe the organization's mission or	most significant activities:	BUILDI	ING BF	RIGHTER	FUTURES	THRO	UGH		
ø	'	EXC	EPTIONAL BEHAVIORAL HEAL	TH SERVICES, ES	PECIALI	LY FOR	THOSE	WITH				
auc			GREATEST NEED.									
ern	2	Check	k this box if the organization di	scontinued its operations				of its net asset				
Governance	3		per of voting members of the governing	•	•				3			16.
	4	Numb	per of independent voting members of the	he governing body (Part V	L line 1b)				4			16.
ties	5		number of individuals employed in cale						5			177.
Activities &	6		number of volunteers (estimate if necess						6			151.
Ac	7a	Total	unrelated business revenue from Part VI	II. column (C). line 12					7a			0
			nrelated business taxable income from F						7b			0
				·				Prior Year		Curr	ent Ye	ear
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)				$\neg$	4,228,67	73.	4	, 275	,138
	9	Progra	am service revenue (Part VIII, line 2g)			Y FOR		638,49	97.		785	,287
	10		tment income (Part VIII, column (A), line		PUBLIC IN	ISPECTI	ON	113,24	45.		128	,561
œ	11		revenue (Part VIII, column (A), lines 5,			-80,04	18.		-49	,819		
	12		revenue - add lines 8 through 11 (must					4,900,36	57.	5	,139	,167.
	13		s and similar amounts paid (Part IX, colu					90,2	52.		87	,579
	14							0.				0
Ś	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						32.	3	,724	,677.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column			0.			0			
xbe	b		fundraising expenses (Part IX, column (D		303,770	•						
Ш	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)				1,052,46		1	,077	,101.
			expenses. Add lines 13-17 (must equal					4,929,54		4		,357.
	19	Rever	nue less expenses. Subtract line 18 from	line 12				-29,1	77.		249	,810
s or							Begin	ning of Current			of Yea	
sets	20	Total a	assets (Part X, line 16)					7,621,75				,620.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					3,585,92				,906
		Net as	ssets or fund balances. Subtract line 21	from line 20				4,035,82	25.	3	<u>, 459</u>	,714
Pa	ırt II	Sig	gnature Block									
Und	der pei	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including accompa	nying schedu	lles and s	tatements, a	and to the best o	f my kn	owledge	and be	lief, it is
	, 00	1	complete. 2 colaration of proparor (cineration		1411011 01 11111	o., p. opa.	o. nao any n					
Sig	ın											
He			Signature of officer					Date				
110												
_			Type or print name and title			1			1 1			
Paic	ł		/Type preparer's name	Preparer's signature		Date		Check	if PT		<b>.</b>	
	parer	TRO	Y A LINDSEY					self-employ		01041		
	Only	Firm's	s name ▶ BKD, LLP					Firm's EIN		16026		
	•	Firm's	s address > 211 N. BROADWAY, SUITE 6					Phone no.	314-	231-5		
			scuss this return with the preparer shown		<u></u>					X Ye		No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Forn	ı 990	(2018)

Page 2 Form 990 (2018)

P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	-	describe the organization's mission: DING BRIGHTER FUTURES THROUGH EXCEPTIONAL BEHAVIORAL HEALTH	
	SERVI	CES, ESPECIALLY FOR THOSE WITH THE GREATEST NEED.	
2	prior Fo	e organization undertake any significant program services during the year which were not listed on the orm 990 or 990-EZ?	s X No
3	Did the	describe these new services on Schedule O. e organization cease conducting, or make significant changes in how it conducts, any program	
	If "Yes,"	s?Ye " describe these changes on Schedule O.	
4	expense	be the organization's program service accomplishments for each of its three largest program services, as moses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations all expenses, and revenue, if any, for each program service reported.	
		DENT'S LICENSED THERAPISTS PROVIDE MENTAL HEALTH COUNSELING TO	)
		S AND CHILDREN IN VARIOUS CAPACITIES, INCLUDING INDIVIDUAL,	
		Y, GROUP AND COUPLES THERAPY. PROVIDENT HAS EXPANDED ITS CE DELIVERY MODEL, OFFERING SUPPORT IN FOUR COUNSELING OFFICES	
		CLL AS IN MULTIPLE SCHOOLS AND SATELLITE LOCATIONS. FOR OVER A	
		DE, PROVIDENT HAS WORKED WITH DEPARTMENTS OF CORRECTIONS TO	
		R GROUP THERAPY TO ADULT MALE EX-OFFENDERS AS THEY REENTER	
	SOCIE		
	VICTI	MS, AND THIS IS DONE BY TEACHING VICTIM EMPATHY AND PERSONAL	
	ACCOU	NTABILITY. IN 2018, PROVIDENT PROVIDED COUNSELING TO 2,102	
	CLIEN	TTS.	
4b	(Code: ATTA	) (Expenses \$1,045,564 including grants of \$) (Revenue \$284,778 ACHMENT 1	)
4c		) (Expenses \$742,968. including grants of \$) (Revenue \$95	)
	<u>ATTA</u>	ACHMENT 2	
4d	Other p	program services (Describe in Schedule O.) uses \$ including grants of \$ ) (Revenue \$ )	
46	· ·	regram contine expenses \(\sigma \) 3 824 764	

Form 990 (2018) Page **3** 

#### Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

PROVIDENT, INC. 43-0652630

Form 990 (2018) Page **4** 

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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?			
	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27		20		
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			77
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	200		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-50		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	20	Х	
Dart		38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 35		1 62	INO
	Zinor and manifest reported in Box of Ferrit 1000. Zinor of in Not applicable 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form **990** (2018)

Form 990 (2018) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 177			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 30		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х
	solicit any contributions that were not tax deductible as charitable contributions?	0a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	х	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		77
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) PROVIDENT, INC. 43-0652630 Page **6** 

Part VI

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

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

Sect	ion A. Governing Body and Management				21
	1011711 OOVOTTIING DOUY WHO MICHAGOMONE			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a 16			
ıa	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				
b	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
_	any other officer, director, trustee, or key employee?	· · · · · · · · · · · · · · · · · · ·	2		X
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	-	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		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 e				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code	,	
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		40.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	_	12b	Х	
	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	12c	Х	
40	describe in Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?				
15	Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation				
•	The organization's CEO, Executive Director, or top management official		15a	Х	
a b	Other officers or key employees of the organization		15b		Х
D	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	ır arrandement			
···	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ $^{IL}$ ,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),		(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				
	X Own website Another's website X Upon request Other (explain in Sci	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's STEPHANIE FRENCH 2650 OLIVE STREET ST. LOUIS, MO 63103	books and record	s 🕨		

Form **990** (2018)

Form 990 (2018) PROVIDENT, INC. 43-0652630 Page **7** 

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than box, unless person is bo officer and a director/tru					an	(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)DENISE BENTELE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(2)GERALD EARLY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(3)HANK WEBBER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(4)HON. NANNETTE BAKER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(5)JACK LAY	3.00									
TREASURER	0.	Х		Х				0.	0.	0.
(6)JOHN BUTLER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(7)LAWRENCE THOMAS	3.00									
CHAIR	0.	X		Χ				0.	0.	0.
(8)MICHAEL GIRSCH	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9)MARLA FRANZ	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10)PETER AMBROSE	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11)ROBERT FREUND	3.00									
SECRETARY	0.	X		Χ				0.	0.	0.
(12)SANFORD SCOTT	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13)THOMAS WILLIAMSON	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14)KAREN FRIEDMAN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.

Form **990** (2018)

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PROVIDENT, INC. 43-0652630

Form 990 (2018) Page **8** 

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es, a	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe	ition more rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
15) STEPHANIE ADAMS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
16) STUART GREENBAUM	2.00									
IMMEDIATE PAST CHAIR	0.	X						0.	0.	0.
17) IDA EARLY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
18) JODI MCCARTY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
19) JAIME HARO	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
20) KATE BECKER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
21) RABBI ELIZABETH HERSH	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
22) UJJWAL RAMTEKKAR	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
23) KEVIN DROLLINGER	40.00									
PRESIDENT & EXECUTIVE DIRECTOR	0.			Х				193,654.	0.	29,051.
24) STEPHANIE FRENCH	40.00									
DIRECTOR OF FINANCE & ADMINIST	0.			Х				119,279.	0.	2,608.
1b Sub-total							<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VII, S	-						<b>&gt;</b>	312,933.	0.	31,659.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization)</li> </ul>	limited to tl		liste			e) who	o re	312,933. eceived more than	\$100,000 of	31,659.
- Toportable compensation from the organization	·· •									Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	lf	"Yes	3,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue coi	mpen	satio	on f	rom	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	es, comple	e scr	ıeau	ie J	ior	SUCII	μer	SUII		<b>3</b>     A
·		ad = ::	. n -1	m.t		huo = 1 :	<b>.</b>	hat racelined	than (100 000	£
1 Complete this table for your five highest com										

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

·		
(A) Name and business address	(B) Description of services	<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.

PROVIDENT, INC. 43-0652630 Form 990 (2018) Page 9

### Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from to under sections
					revenue		512-514
and Otner Similar Amounts	1a	Federated campaigns 1a	1,679,764.				
	b	Membership dues 1b					
₹	С	Fundraising events 1c	260,925.				
<u> </u>	d	Related organizations	1 500 440				
5	е	Government grants (contributions) 1e	1,609,448.				
	f	All other contributions, gifts, grants,	725,001.				
2		and similar amounts not included above . 1f	50.050				
<u> </u>	g h	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		4,275,138.			
			Business Code				
	2a	COUNSELING SERVICES	624100	785,287.	785,287.		
	b						
	С						
	d						
9	е						
9	f	All other program service revenue					
4	g	Total. Add lines 2a-2f		785,287.			
	3	Investment income (including divider	· · · · · · · · · · · · · · · · · · ·				
		and other similar amounts)		57,644.			57,64
	4 5	Income from investment of tax-exempt bond	•	0.			+
	3	Royalties	(ii) Personal	0.			
	<b>C</b> -	Cross rents					
	6a b	Gross rents					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 314,424.	0.				
	b	Less: cost or other basis					
		and sales expenses 241,668.	1,839.				
		Gain or (loss)					
	d	Net gain or (loss)		70,917.			70,91
3	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c).	36,100.				
	<b>L</b>	See Part IV, line 18 a  Less: direct expenses b	05.010				
)	b C	Net income or (loss) from fundraising events	·	-49,819.			-49,81
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0.				
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities	. <u></u>	0.			
1	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less: cost of goods sold b	0.				
	С	Net income or (loss) from sales of inventory.		0.			
-		Miscellaneous Revenue	Business Code				
1	11a						1
	b						+
	С						+
	d	All other revenue					
	е	Total. Add lines 11a-11d	<b>&gt;</b>   <b>&gt;</b>	5,139,167.	785,287.		78,74

Page 10 Form 990 (2018) PROVIDENT, INC. 43-0652630

### 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).

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	87,579.	87,579.		
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	344,592.	105,785.	210,969.	27,838.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	2,882,994.	2,461,760.	224,766.	196,468.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	30,638.	24,772.	3,927.	1,939.
9	Other employee benefits	223,123.	193,562.	17,151.	12,410.
10	Payroll taxes	243,330.	197,742.	31,126.	14,462.
11	Fees for services (non-employees):				
a	Management	0.			
b	Legal	5,873.	919.	4,954.	
C	Accounting	45,760.		45,760.	
C	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	6,664.		6,664.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	055 004	1.00 000	45 120	20 040
	(A) amount, list line 11g expenses on Schedule O.)	257,094.	172,209.	47,138.	37,747.
	Advertising and promotion	22,455.	7,759.	10,517.	4,179.
	Office expenses	168,811.	109,146.	56,346.	3,319.
	Information technology	86,285.	70,375.	11,620.	4,290.
	Royalties	309,458.	261 206	40 252	
	Occupancy	23,301.	261,206. 15,816.	48,252.	1,093.
	Travel	23,301.	15,610.	0,392.	1,093.
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	6,950.	5,378.	1,547.	25.
	Conferences, conventions, and meetings	0,930.	3,376.	1,347.	23.
	Interest	0.			
	Payments to affiliates	99,492.	74,619.	24,873.	
	Depreciation, depletion, and amortization	21,730.	12,909.	8,821.	
	Insurance	21,730.	12,000.	0,021.	
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.)				
_	BAD DEBT	23,228.	23,228.		
		237220.	2372201		
0					
	• All other expenses	4,889,357.	3,824,764.	760,823.	303,770.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	, 222 / 33	-,,,	, 020	
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2018) Page **11** 

## Part X Balance Sheet

	ILA	Chook if Cohodula O contains a response or note to any line in this F	Oort V		
_		Check if Schedule O contains a response or note to any line in this F			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	57,663.	1	166,912.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	1,815,300.	3	1,787,866.
	4	Accounts receivable, net	304,024.	4	277,240.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	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	86,939.	9	105,954.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2,913,403.			
	b	Less: accumulated depreciation	1,749,769.	10c	1,674,327.
	11	Investments - publicly traded securities	2,536,957.	11	2,287,019.
	12	Investments - other securities. See Part IV, line 11	0.		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	1,071,098.	15	943,302.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,621,750.	16	7,242,620.
	17	Accounts payable and accrued expenses	276,383.	17	257,449.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	69,701.	19	91,923.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	1,270,713.	23	1,166,792.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,969,128.	25	2,266,742.
	26	Total liabilities. Add lines 17 through 25	3,585,925.	26	3,782,906.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,062,171.	27	542,472.
3al	28	Temporarily restricted net assets	1,917,114.	28	1,977,273.
ē	29	Permanently restricted net assets	1,056,540.	29	939,969.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	4,035,825.	33	3,459,714.
_	34	Total liabilities and net assets/fund balances	7,621,750.	34	7,242,620.
			, , , , , , , , , , , , , , , , , , , ,	, <del>, , ,</del>	Form <b>QQ0</b> (2018)

Form **990** (2018)

PROVIDENT, INC. 43-0652630

Page **12** Form 990 (2018)

011111 00	(2010)					<u> </u>			
Part									
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			39,1				
2	Total expenses (must equal Part IX, column (A), line 25)	2			89,3				
3	Revenue less expenses. Subtract line 2 from line 1	3		249,810					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,035,825.				
5	Net unrealized gains (losses) on investments	5		-2	99,0				
6	Donated services and use of facilities		0.						
7	7 Investment expenses								
8	Prior period adjustments	8				0.			
9	Other changes in net assets or fund balances (explain in Schedule O)				-526,831.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		3,4	59,7	14.			
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were aud								
	separate basis, consolidated basis, or both:								
	Separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght						
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, e	explain	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	dergo	the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b					

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

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

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2		A school described in secti	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	J			•	,,,,,,,	
7	Χ	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe	-		-			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and un on after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su						, , , ,
		Check the box in lines 12a t						
а		<b>Type I.</b> A supporting orga	•	•			• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
		_ supporting organization. <b>\</b>	-					
b	L	<b>Type II.</b> A supporting org	•					
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	•					
С		Type III functionally integ						ly integrated with,
		its supported organization	. , .	•				
d		Type III non-functionally			-			
		that is not functionally inte		•			•	an attentiveness
		requirement (see instruct		-				. <b></b>
е		_ Check this box if the orga						ı, rype iii
f	En	functionally integrated, or ter the number of supported			porting (	organizat	ion.	
,		ovide the following information						
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	and or supported organization	(11) = 11	(described on lines 1-10	listed in yo	our governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
(E)								
Ter								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Schedule A (	(Form 990 or 990-EZ) 2018	F
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 u	nder
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,409,390.	4,260,447.	4,162,689.	4,228,673.	4,278,138.	21,339,337.	
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 5	Total. Add lines 1 through 3  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)	4,409,390.	4,260,447.	4,162,689.	4,228,673.	4,278,138.	21,339,337.	
6	Public support. Subtract line 5 from line 4						21,339,337.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	4,409,390.	4,260,447.	4,162,689.	4,228,673.	4,278,138.	21,339,337.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61,588.	47,856.	46,279.	56,303.	57,644.	269,670.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-583.	615.	0.	0.	0.	32.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-35,914.	-6,725.	-60,294.	-80,048.	-49,819.	-232,800.	
11	Total support. Add lines 7 through 10						21,376,239.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,824,825.	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>						
	tion C. Computation of Public Sup						00 03	
14	Public support percentage for 2018 (lin		-			14	99.83 <b>%</b> 99.66 <b>%</b>	
15	Public support percentage from 2017					15		
16a	331/3% support test - 2018. If the org							
L	box and <b>stop here.</b> The organization qu							
a	331/3% support test - 2017. If the org this box and stop here. The organization							
172		-		-				
174	a 10%-facts-and-circumstances test - 2018. 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							
b	organization.  10%-facts-and-circumstances test - 2  15 is 10% or more, and if the orga Explain in Part VI how the organizatio supported organization.	2017. If the organization meets on meets the	ganization did no the "facts-and facts-and-circum	ot check a box I-circumstances' nstances" test.	on line 13, 16a ' test, check th The organizatio	a, 16b, or 17a, nis box and <b>sto</b> n qualifies as a	and line  op here.  publicly	
18	<b>Private foundation.</b> If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see		
						chedule A (Form 99		

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2018 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			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
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.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
12	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	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

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Schedule A (Form 990 or 990-EZ) 2018 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

			res	NC
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **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.)

9a

9b

9c

10a

10b

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2018 Page 5

				- 3
Part	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		
Section	51 B. Type i Supporting Organizations		Yes	No
			163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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? <i>If</i> "Yes," explain in <b>Part</b>			
	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			
			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).			
C = =4!	.,,	1		
Section	on D. All Type III Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		- <i>(:</i> \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstru	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
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		
h				
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? Provide details in Part VI.	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		l

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	1 age C
Check here if the organization satisfied the Integral Part Test as a qualifying the satisfied the Integral Part Test as a qualified the Integral P			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Part V

Page 7

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	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	<b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018		Cabadula	A (Form 990 or 990-F7) 2019

Schedule A (Form 990 or 990-EZ) 2018

PROVIDENT, INC. 43-0652630

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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
Name of the organization

#### 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

2018

**Employer identification number** 

PROVIDENT, INC. 43-0652630 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

Part I	Contributors (see instructions). Use duplicate copies	s 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_		\$1,679,764.	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 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 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
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

art II	Noncash Property	(see instructions)	). Use duplicate c	opies of Part II if a	dditional space is needed.
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(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

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.

**Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • 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 ur	nder section 501(h)): Co	emplete Part II-A. Do not com	plete 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.						
		on Form 990, Part IV, line 5 (Proxy	Tax) (see separate ii	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy		
-	(see separate instructions), their Section 501(c)(4), (5), or (6) org						
	e of organization	anzations. Complete Fait in.		Employer ide	ntification number		
	VIDENT, INC.			43-0652			
		organization is exempt under	section 501(c) or				
1	•	organization's direct and indirect					
•	definition of "political campa		John Campaign a	ctivities iii i att iv. (see ii	istructions for		
2	•	xpenditures (see instructions)		▶ ¢			
		campaign activities (see instruction					
	t I-B Complete if the c	organization is exempt under	section 501(c)(3)				
1		cise tax incurred by the organization		5 <b>\</b> \$			
2		cise tax incurred by organization m					
3		a section 4955 tax, did it file Form					
-	=		-				
	If "Yes," describe in Part IV.				103 100		
		organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>).</u>		
1	<u> </u>	expended by the filing organization			<i>j</i>		
•	•			•			
2		ng organization's funds contributed					
_		es					
3		enditures. Add lines 1 and 2. Er					
•							
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No		
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiza	ations to which the filing		
		s. For each organization listed, er					
		tributions received that were pron					
	as a separate segregated fur	nd or a political action committee (	PAC). If additional sp	1	nformation in Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's funds. If none, enter -0	contributions received and promptly and directly		
				runus. Il rione, enter -o	delivered to a separate		
					political organization. If		
					none, enter -0		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

Schedule C (Form 990 or 990-EZ) 2018

43-0652630 Page **2** DPOWIDENT INC

Sch	edule C (Form 990 or 990-EZ) 2018	PKOVID	ENI, INC	•		43-0	032030 Page Z
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under section	1 501(c)(3) and	filed Form 5768 (ele	ction under
Α			-	affiliated group (and excess lobbying expe		ch affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	l" provisions appl	y.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expendit				)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	on (grass roots lobb	oying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)		
C	Total lobbying expenditures (ad	d lines 1	a and 1b) .		[		
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ures (add	l lines 1c an	d 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount f	rom the following	table in both		
	columns.						
	If the amount on line 1e, column (a	) or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	Grassroots nontaxable amount				_		
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z						
j	If there is an amount other th				•		
	reporting section 4911 tax for the						Yes No
	(Comp oversite tions the			aging Period Under		to all of the five colum	una halaw
	(Some organizations tha			te instructions for I	=		ins below.
		Lahk	wing Evnor	nditures During 4-Yo	oar Averaging Per	ind	
		LODE	yilig Exper	ditures burning 4-11	Averaging Fer		
	Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

43-0652630

PROVIDENT, INC.

	till-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d For	 m 576	8	F	Page 3
	(election under section 501(h)).	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amour	ıt	
1	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:						
а	Volunteers?	37	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X	21			6	,923
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			<u> </u>	, , , ,
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i :	Other activities?					6,	,923
J	Total. Add lines 1c through 1i		Х				
2a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	ection	1		
	501(c)(6).	(-/(-/	,				
					١	'es	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior	year?	3		
Pa	t 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."					, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list	); Part	II-A, IIne	es 1	and
Z (St	e instructions), and Part II-B, line 1. Also, complete this part for any additional information.						
CEI	PAGE 4						
CLI	I LOUE I						

PROVIDENT, INC. 43-0652630

Schedule C (Form 990 or 990-EZ) 2018 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)

Department of the Treasury

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

PRO	OVIDENT, INC.		43-0652630
Pa	rt I Organizations Maintaining Donor Adv		
	Complete if the organization answered	Yes" on Form 990, Part IV, lir	ne 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 ass	
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a	_	<del>-</del>
	only for charitable purposes and not for the bene		
_	conferring impermissible private benefit?		Yes No
Pa	Tt II Conservation Easements. Complete if the organization answered	"Vos" on Form 000 Part IV lie	20.7
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., red		
	Protection of natural habitat		ervation of a historically important land area ervation of a certified historic structure
	Preservation of open space		ervation of a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contr	ibution in the form of a conservation
_	easement on the last day of the tax year.	cia a qualifica conscivation conti	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in (		
	historic structure listed in the National Register		
3	Number of conservation easements modified, train		
	tax year		
4	Number of states where property subject to conse	ervation easement is located 🕨	
5	Does the organization have a written policy re-	garding the periodic monitoring,	inspection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enfo	orcing conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and en	forcing conservation easements during the year
_	\$		
8	Does each conservation easement reported on line		
•	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		· · · · · · · · · · · · · · · · · · ·
	organization's accounting for conservation easeme	•	is illiancial statements that describes the
Pa	irt III Organizations Maintaining Collections		or Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to repo	ort in its revenue statement and balance sheet
	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 exhibit	ion, education, or research in furtherance of
h			
b	If the organization elected, as permitted under works of art, historical treasures, or other simil- public service, provide the following amounts relat	ar assets held for public exhibit ing to these items:	ion, education, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to the	ese items:
a h	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		
b	Assets illituded iii i Ullii 990, Fall A		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2018

PROVIDENT, INC. 43-0652630

Schedule D (Form 990) 2018 Page 2

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tro	easures, or	Other	Similar Assets (	continu	ed)	
3	Using the organization's acquisition	n, accession, and o	ther records, chec	k any of the	e follow	ing that are a sign	nificant	use o	of its
	collection items (check all that app	ly):							
а	Public exhibition		<b>d</b> Loan	or exchange	progran	ns			
b	Scholarly research		e Other						
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explain how	they further	the org	ganization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization	n solicit or receive d	onations of art, hist	orical treasu	ires, or o	other similar		_	_
	assets to be sold to raise funds rath	er than to be mainta	ined as part of the	organizatior	's collec	ction?	Yes	;	No
Pa	rt IV Escrow and Custodial A Complete if the organiza	•	s" on Form 990, I	Part IV, line	9, or re	eported an amou	nt on F	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, truste			contributions	or other	r assets not			7
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following ta	ble:	T				
						Amount			
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				<u> </u>		1		1
	Did the organization include an am						Yes	-	No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been p	rovided	on Part XIII			
Pa	rt V Endowment Funds.		-!!	D = =4 IV / IV:= =	40				
	Complete if the organiza								
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou		
1a	Beginning of year balance	2,536,957.	2,470,286.	2,363		2,922,022.	3,		451.
b	Contributions	39,424.	21,194.	6	,204.	3,522.			,793.
С	Net investment earnings, gains,	160 607	204 217	165	063	65 604		2.0	224
	and losses	-168,627.	384,217.	103	,863.	-65,604.		30	,234.
	Grants or scholarships								
е	Other expenditures for facilities	114,071.	332,262.	57	,355.	486,000.		106	,000.
	and programs	6,664.	6,478.		,635.	10,731.			, <u>000</u> . , 456.
f	Administrative expenses	2,287,019.	2,536,957.	2,470		2,363,209.	2		022.
g	End of year balance						۷,	222	. 022.
	Provide the estimated percentage Board designated or quasi-endowm	nent ▶ 97.2453	end balance (line 1g _% -	, column (a))	held as	:			
	· ———	7 <u>547</u> %							
С	Temporarily restricted endowment								
_	The percentages on lines 2a, 2b, a								
за	Are there endowment funds not in	tne possession of th	e organization that	are neid an	a aamir	listered for the		Yes	No
	organization by:						20(i)		NO
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		
_	If "Yes" on line 3a(ii), are the related	-	•				3b		
4	Describe in Part XIII the intended u								
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line	e 11a. S	See Form 990, Pa	art X, Iir	ne 10	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Acc	cumulated (d	Book v		
1.	Land	(invest	ment) (d	other) 88,667.	depr	eciation		88,6	567
١đ	Land		2	329,651.	a	48,202.	1 2	81,4	
a	Buildings		<u> </u>	6,325.	<u> </u>	4,706.	±,3		519.
ر C	Leasehold improvements			488,760.	ာ	86,168.	2	02,5	
d	Equipment			100,700.		00,100.		04,	
	Other  I. Add lines 1a through 1e. (Column		1 990 Part Y colum	n (R) line 1/	)c )		1 6	74,3	327
· Ola		(a) musi <del>c</del> yuai i Om	i JJU, i ait A, UUIUIII	( <i>∪),</i> IIII⊂ I(	<i></i>		⊥,∪	, ,,	

43-0652630 PROVIDENT, INC.

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities. Complete if the organization answered	L"Vos" on Form 000	Part IV line 11h See Form 000	Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
r are viii	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mark	Ket value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription		(b) Book value
(1) INTE	REST IN TRUSTS			943,302.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15 )		943,302
Part X	Other Liabilities.			7107002
raitA	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11e or 11f See For	m 990 Part X
	line 25.	1 103 0111 01111 000	, raitiv, into rie or rin. dec roi	111 000, 1 dit 71,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	al income taxes			
(2) ACCRI	JED PENSION LIABILTY	2,266,	742.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on (h) must operal Ferris 2000 Port V	2 266 5	7.4.2	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			anauta tha
<ol> <li>∠. Liability fo</li> </ol>	or uncertain tax positions. In Part XIII, provide the	lext of the foothote to the	e organization's financial statements that re	eports tne

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 8E1270 1.000

PROVIDENT, INC. 43-0652630

Schedule D (Form 990) 2018 Page **4** 

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,711,929.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	106,257.
3	Subtract line 2e from line 1	3	4,605,672.
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII, line 7b 4a 6,664.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	533,495.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,139,167.
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	5,288,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		405 045
е	Add lines 2a through 2d	2e	405,347.
3	Subtract line 2e from line 1	3	4,882,693.
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 6,664.		
	Other (Describe in Part XIII.)	4-	6,664.
	Add lines 4a and 4b	4c 5	4,889,357.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	1,000,007.
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr PAGE 5		

JSA 8E1271 1.000 Schedule D (Form 990) 2018 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

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.

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

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

SPECIAL EVENTS \$85,919

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST \$399,036

CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$127,795

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TOTAL \$526,831

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 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 \$85,919

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

PROVIDENT, INC.					43-0652630	ii number
Part I Fundraising Activities. C	omplete if the orga	nization a	answered	"Yes" on Form		17.
Form 990-EZ filers are no						
1 <u>Indi</u> cate whether the organization	raised funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitations	е	X Solid	citation of r	non-government g	rants	
<b>b</b> X Internet and email solicitations	s f			government grants	5	
c X Phone solicitations	g	X Spec	cial fundrai	ising events		
<b>d</b> X In-person solicitations						
2a Did the organization have a writter or key employees listed in Form 9	90, Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	X Yes No
b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of putions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
LET'S BUILD HOPE	ANNUAL PLAN		X	86,182.	42,500.	43,682.
2						
3						
3						
4						
5						
6						
7						
8						
9						
10						
otal			▶	86,182.	42,500.	43,682.
3 List all states in which the organi	zation is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or licensing.						
IL,MO,						

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

Schedule G (Form 990 or 990-EZ) 2018

PROVIDENT, INC. 43-0652630

Schedule G (Form 990 or 990-EZ) 2018

Page 2 **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 Part II

			eater than \$5,000.	<b>(b)</b> Event #2	(c) Other events	
			GALA	(b) E voit "2	(b) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	297,025.			297,025
& Re		Less: Contributions	260,925.			260,925
	3	Gross income (line 1 minus line 2)	36,100.			36,100
	4	Cash prizes				
	5	Noncash prizes	328.			328
enses	6	Rent/facility costs	7,509.			7,509
Direct Expenses	7	Food and beverages	42,535.			42,535
Direc	8	Entertainment	1,409.			1,409
	9	Other direct expenses	34,138.			34,138
1 Par	11	Direct expense summary. Add lin Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "`	ımn (d)	<u> </u>	85,919 -49,819 reported more than
enue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2					
0)		Cash prizes				
-xbens		Cash prizes				
ect	3					
Direct Expenses	3	Noncash prizes				
ect	3 4 5	Noncash prizes		Yes%	Yes%	
ect	3 4 5 6	Noncash prizes	Yes %	No		
ect	3 4 5 6 7	Noncash prizes	Yes % No es 2 through 5 in colu	mn (d)	No	
ect	3 4 5 6 7 8	Noncash prizes	Yes % No  es 2 through 5 in columbtract line 7 from line anization conducts ga	mn (d)  1, column (d)  ming activities: in each of these state	No ►	

Sched	ule G (Form 990 or 990-EZ) 2018 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
12	formed to administer charitable gaming?
13 a	Indicate the percentage of gaming activity conducted in:  The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
<b>.</b>	revenue? Yes No  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
b	amount of gaming revenue retained by the third party $\blacktriangleright$ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dow	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) 2018

#### SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

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

JSA 8E1288 1 000

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

## 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	70.		87,579.	FMV	RENT, TRANSPORTATION
2					
3					
4					
5					
5					
, Complemental Information Describe the					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

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

PROVIDENT PROVIDES ASSISTANCE TO INDIVIDUALS AS PART OF CASE

MANAGEMENT UNDER GRANTS TO WORK WITH SPECIFIED GROUPS FROM SPONSOR

ORGANIZATIONS. PROVIDENT MUST ACCOUNT FOR AMOUNTS SPENT TO THOSE

SPONSOR ORGANIZATIONS, AND ALSO USES BUDGETS AND INTERNAL ACCOUNTING

BY PROGRAM TO IDENTIFY AND CONTROL EXPENDITURES.

Schedule I (Form 990) (2018)

#### **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

Name of the organization PROVIDENT, INC.

Department of the Treasury

Internal Revenue Service

Employer identification number 43-0652630

Part	Questions Regarding Compensation			
			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			
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	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			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
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:	_		37
a	The organization?	5a		X
b	Any related organization?	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
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) 2018

Schedule J (Form 990) 2018 Page 2

## 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	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN DROLLINGER	(i)	193,390.	0.	264.	16,969.	12,082.	222,705.	0.
PRESIDENT & 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)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

### 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

## **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

2018

Open To Public Inspection

Name of the organization **Employer identification number** 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 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 (b) Relationship (f) Balance due (i) Written (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)

#### 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) 2018

(7) (8) (9) (10) Total

Schedule L (Form 990 or 990-EZ) 2018

### 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	(c) Ar interested person and the organization		(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) KATHLEEN SCHLEMMER	FAMILY MEMBER OF OFFICER	35,251.	GROSS WAGES		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

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

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

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

PROVIDENT, INC.

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

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

Name of the organization

43-0652630

Employer identification number

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 o noncash con			
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		2.	11,876.	MARKET VA	ALUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
. •	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( ATCH 1 )		107.	41,002.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for				
	which the organization completed F				29			
	· ·		,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and which is	n't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	ance policy that require	es the review of any i	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use				ell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) 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 PROCESS AUCTION ITEM SALES AT THE

ORGANIZATION'S ANNUAL GALA.

SCHEDULE M, PART I, COLUMN B

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

Schedule M (Form 990) (2018) 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
CISCO SWITCH	X	1.	1,747.	FMV
MICROSOFT WINDOWS USER	LI X	1.	4,525.	FMV
SUPPLIES & AUCTION ITEM	MS X	105.	34,730.	FMV
TOTALS	-	107.	41,002.	

### 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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 43-0652630

Name of the organization PROVIDENT, INC.

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

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

BY THE FINANCE DIRECTOR AND THE FINANCE COMMITTEE BEFORE BEING PRESENTED

TO THE MEMBERS OF THE BOARD FOR FINAL APPROVAL.

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

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL

CONFLICTS OF INTEREST TO THE BOARD CHAIR ANNUALLY, INCLUDING BOARD

MEMBERSHIPS ON, SUBSTANTIAL FINANCIAL INTERESTS IN, OR EMPLOYMENT OF THE

OFFICER, DIRECTOR OR KEY EMPLOYEE OR A RELATIVE OF THE OFFICER, DIRECTOR

OR KEY EMPLOYEE BY ANY ORGANIZATION DOING BUSINESS WITH THE AGENCY. THE

CHAIR DETERMINES WHETHER UNACCEPTABLE CONFLICTS EXIST AND ARRANGES WITH

THE OFFICER, DIRECTOR OR KEY EMPLOYEE TO CEASE ANY INAPPROPRIATE

ACTIVITY. UNSETTLED MATTERS ARE REPORTED TO THE BOARD FOR APPROPRIATE

ACTION.

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

Schedule O (Form 990 or 990-EZ) 2018 Page 2

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

PROVIDENT PERFORMS ANNUAL PERFORMANCE REVIEWS WHICH ARE ASSIGNED A

NUMERICAL AVERAGE WHICH THEN DICTATES THE SUGGESTED AMOUNT OF SALARY

ADJUSTMENT FOR A GIVEN POSITION. MANAGERS THEN COMPARE THE RECOMMENDED

SALARY ADJUSTMENT AGAINST THEIR EXPECTATIONS AND SALARY SURVEY RESULTS

FROM COMPARABLE ORGANIZATIONS AND SUGGEST ANY SALARY ADJUSTMENT.

SUGGESTIONS FOR SALARY ADJUSTMENT ARE REVIEWED BY THE HUMAN RESOURCES

DEPARTMENT AND APPROVED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE

JOINTLY. 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 \$(127,796)

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST (399,035)

-----

TOTAL (526,831)

ATTACHMENT 1

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

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

INTERVENTION/SUICIDE PREVENTION SERVICES TO THE ST. LOUIS

COMMUNITYAND BEYOND. OUR HOTLINES WERE ESTABLISHED IN 1966 AND

RECEIVE AN AVERAGE OF 176 CALLS EVERY DAY, 33% OF WHICH ARE FROM

Name of the organization PROVIDENT, INC.

Employer identification number 43-0652630

ATTACHMENT 1 (CONT'D)

SUICIDAL INDIVIDUALS. THUS, OUR HOTLINE POTENTIALLY SAVES 58

LIVES DAILY. OTHER PROGRAMS INCLUDE: THE SURVIVORS OF SUICIDE

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

THE FEELING KINDABLUE SOCIAL MEDIA WEBSITE DESIGNED FOR YOUNG

ADULTS WHO MAY BE EXPERIENCING DEPRESSION; THE HOPE AFTER PROGRAM

WHICH PROVIDES INTENSIVE TELEPHONIC CASE MANAGEMENT TO INDIVIDUALS

AT VERY HIGH RISK FOR SUICIDE; AS WELL AS ANSWERING THE STATE-WIDE

1-888-BETSOFFGAMBLING HOTLINE. THESE SUICIDE PREVENTION PROGRAMS

TRULY SAVE LIVES EVERY DAY BY STABILIZING THOSE IN CRISIS, AND

PROVIDING EDUCATION, TOOLS, AND CRITICAL SUPPORT TO HELP KEEP

INDIVIDUALS.

ATTACHMENT 2

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

COMMUNITY SUPPORT ENCOMPASSES PROVIDENT'S AFTERSCHOOL PROGRAM AND COMMUNITY EDUCATION EVENTS. IN 2018, PROVIDENT SERVED 788 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 4-15 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

Page 2 Schedule O (Form 990 or 990-EZ) 2018

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

ATTACHMENT 2 (CONT'D)

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 2018, OVER 1,800 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 2018 or other tax year beginning , 2018, 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) Employer identification number Name of organization ( Check box if Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed **B** Exempt under section PROVIDENT, INC. Print 43-0652630 X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 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.) 7,242,620. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses.  $\triangleright$  1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶STEPHANIE FRENCH Telephone number ► 314-371-6500 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) 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) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II 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 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22h 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 29 29

30

31

Unrelated business taxable income. Subtract line 31 from line 30

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

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

30

31

PROVIDENT, INC. 43-0652630 Form 990-T (2018) Page 2 **Total Unrelated Business Taxable Income** Part III 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 33 34 Amounts paid for disallowed fringes . 34 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 35 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 36 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) . . 37 37 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, 38 0. Part IV Tax Computation 39 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) . . . . . . . . . 40 Taxable at Trust Rates. See instructions for tax computation. Income tax 40 the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041). 41 Proxy tax. See instructions 41 42 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 43 44 44 Tax and Payments Part V 45 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). . . . . 45b General business credit. Attach Form 3800 (see instructions) 45d **d** Credit for prior year minimum tax (attach Form 8801 or 8827)...... 45e e Total credits. Add lines 45a through 45d 46 Subtract line 45e from line 44 46 47 Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 48 0. Total tax. Add lines 46 and 47 (see instructions) 48 49 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. 50c 50d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 50f Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total ▶ 50g 51 51 52 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 53 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid . . . . . . . . . 54 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) No At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X Χ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return Here with the preparer shown below (see instructions)? X Signature of officer Title Yes Print/Type preparer's name Date PTIN Preparer's signature Check **Paid** TROY A LINDSEY P01041237 self-employed **Preparer** ▶ BKD, LLP Firm's EIN ▶ 44-0160260 Firm's name

Form **990-T** (2018)

314-231-5544

**Use Only** 

Firm's address ▶ 211 N. BROADWAY, SUITE 600, ST. LOUIS, MO 63102-2733

-orm 990-1 (2018)								Page 3
Schedule A - Cost of Go	ods Sold. E	nter metho	d of invent	ory valuation	<b>&gt;</b>			
1 Inventory at beginning of ye	ear <b>. 1</b>			6 Inventory	at end of year	ar	6	
2 Purchases	2					ld. Subtract line		
3 Cost of labor	3			6 from	line 5. En	ter here and in		
4a Additional section 263A cos	sts			Part I, line	2		7	
(attach schedule)	4a					section 263A (w	ith respect to	Yes No
<b>b</b> Other costs (attach schedule				property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through 4	1b <b>- 5</b>			to the org	anization?			X
Schedule C - Rent Income	(From Real F	Property a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
,	2. Rent rece	ived or accru	ed					
(a) From personal property (if the p		percent	age of rent fo	l personal property or personal propert	y exceeds		rectly connected with a) and 2(b) (attach sch	
more than 50%)		50% o	r if the rent is	s based on profit or	income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of co	` '	(b). Enter				(b) Total deduction Enter here and on	page 1,	
here and on page 1, Part I, line 6,			!	:\		Part I, line 6, colun	nn (B) ▶	
Schedule E - Unrelated De	bt-Financed	income (s	ee instructi	ions)	3 [	Deductions directly con	unected with or allocah	ale to
1. Description of debt	financed property			income from or	J. 1	debt-finance		no to
i. Description of dept	-illianced property			to debt-financed property		nt line depreciation ach schedule)	(b) Other dedu (attach sched	
(1)								
(2)								
(3)								
(4)								
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	able to I property	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable dec (column 6 x total of 3(a) and 3(	of columns
(1)				%				
(2)				%				
(3)				%	<del>                                     </del>			
(4)				%				
			L	70	Enter her	e and on page 1,	Enter here and o	on page 1.
						ne 7, column (A).	Part I, line 7, col	
Tetalo								
Totals Total dividends-received deduction								

Form **990-T** (2018)

PROVIDENT, INC. 43-0652630 Form 990-T (2018) Page 4

Schedule F-Interest, Ann	uities, Royalties	s, and Re	nts Fro	om Contro	lled Or	ganizati	ions (see	instruction	ons)	-
		Exe	empt Co	ontrolled Or	ganizatio	ons	-			
Name of controlled organization	2. Employer identification numb			lated income instructions)		of specified ents made	included	f column 4 the in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc	II.		Total of specific payments made		includ	rt of column ed in the co ation's gros	ntrolling		I. Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals					<b>►</b>	Enter   Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of		(-)(-),	3. Deduction directly corticated attach sch	ctions nnected		<b>4.</b> Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals ▶ Schedule I – Exploited Exc	Enter here and Part I, line 9, c	olumn (A).	ther Th	nan Advert	ising Ir	ncome (s	see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B).
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expedired connected producted unrelated business	ctly ed with tion of ated	4. Net incor from unrelat or business 2 minus co If a gain, o cols. 5 thro	ted tradé (column lumn 3). ompute	from ac	s income tivity that unrelated s income	<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).	Enter here page 1, line 10, o	Part I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising I		uctions)								
Part I Income From Per			Conso	lidated Bas	sis					
										T
1. Name of periodical	2. Gross advertising income	3. Dir advertisir		4. Adver gain or (los 2 minus or a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute	1	culation ome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2018)

Form 990-T (2018) PROVIDENT, INC. 43-0652630 Page 5

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

2 tinoagn r on a n	,	,				
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	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2.	Γitle	3. Percent of time devoted to business	4. Compensation unrelated I	
(1)				%		

Form **990-T** (2018)

(2) (3)

(4)

Total. Enter here and on page 1, Part II, line 14

%

%

ATTACHMENT 1

#### ORGANIZATION'S ONLY UNRELATED TRADE OR 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 OF THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.