Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury 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

20 19

Open to Public
Inspection

A F	or th	ne 2019 calendar year, or tax year beginning , 2019,	and end	ing			, 20	
B c	heck if a	C Name of organization PROVIDENT, INC.			D Employer id	entificatio	on number	
	Addre				43-0652	2630		
	7		Room/suite)	E Telephone n	umber		
	Initia	al return 2650 OLIVE STREET			(314) 37	1-650	0	
	Term	City or town, state or province, country, and ZIP or foreign postal code						
	Amer				G Gross receip	ts \$	6,811	L,262.
		F Name and address of principal officer: KEVIN DROLLINGER			H(a) Is this a gro subordinates		r Yes	X No
	_ ,	2650 OLIVE STREET, ST. LOUIS, MO 63103			H(b) Are all subord		ed? Yes	No
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 5	527	If "No," atta	ch a list. (se	e instructions)	
J	Websi	ite: ▶ WWW.PROVIDENTSTL.ORG			H(c) Group exem	ption numb	er 🕨	
K	Form	of organization: X Corporation Trust Association Other ▶	L Year	of format	ion: 1860 M	State of I	egal domicile	: MO
P	art I	Summary						
Governance	2 3	Briefly describe the organization's mission or most significant activities: BUILDII EXCEPTIONAL BEHAVIORAL HEALTH SERVICES, ESPECIALL THE GREATEST NEED. Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)	Y FOR	THOSE	WITH of its net asset			26.
حة س	4	Number of independent voting members of the governing body (Part VI, line 1b)				4		26.
Activities	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5		165.
Ę.	6	Total number of volunteers (estimate if necessary)				6		69.
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a		0
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	<u> </u>		7b		0
					Prior Year		Current \	
ne ne	8	Contributions and grants (Part VIII, line 1h)	for	7├	4,275,13			0,285
Revenue	9	Program service revenue (Part VIII, line 2g)		. l	785,28			9,208
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		J	128,56			$\frac{2,963}{6,300}$
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-49,81			6,390
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		_	5,139,16			$\frac{6,066}{9,091}$
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			87,57	0.		8,081
	14	Benefits paid to or for members (Part IX, column (A), line 4)			3,724,67		3 67	$\frac{0}{0,597}$
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			3,721,07	0.	3,07	0,357
ben	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶259,321.		-				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,077,10)1.	1.09	1,189
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	4,889,35			9,867
	19	Revenue less expenses. Subtract line 18 from line 12		-	249,81			6,199
or	13	revenue less expenses. Subtract line 10 Honrilline 12		Begin	ning of Current		End of Ye	
ets	20	Total assets (Part X, line 16)			7,242,62			3,614
Ass I Ba	21	Total liabilities (Part X, line 26)		•	3,782,90	06.		1,470.
Net Line	20 21 22	Net assets or fund balances. Subtract line 21 from line 20.			3,459,71	4.	4,54	2,144
	rt II	Signature Block				'		
Un	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedule	les and stat	ements, a	and to the best o	f my knov	wledge and b	pelief, it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	nas any ki	nowledge.			
C: -								
Sig		Signature of officer			Date			
He	re	\						
		Type or print name and title						
Paid	4	Print/Type preparer's name Preparer's signature	Date 11	/11/202	Check	if PTIN		_
	parer	TROY A LINDSEY	11/	11/202	- John omploy		104123	7
	Only	Firm's name ► BKD , LLP			Firm's EIN		60260	
		Firm's address ▶ 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733			Phone no.	314-2	31-5544	$\overline{}$
		IRS discuss this return with the preparer shown above? (see instructions)	<u></u>				X Yes	No
For	rape	erwork Reduction Act Notice, see the separate instructions.					Form 99	0 (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this	form, visit www.irs.gov/e-file-providers/e-file-i	for-charities	-and-non-profits.					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		_			_
	ions required to file an income tax return othe orm 7004 to request an extension of time to f		,	O-C filers), partnerships,	REN	√IICs, a	and trusts	i
Гуре or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification nur	nber	(TIN)		_
orint	PROVIDENT, INC.			43-0652630)			
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.					
iling your	2650 OLIVE STREET							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For ST. LOUIS, MO 63103	r a foreign ad	dress, see instructions.					
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1	
Application		Return	Application				Retur	
s For		Code	Is For				Code	
	r Form 990-EZ	01	Form 990-T (corporat	ion)			07	—
orm 990-B		02	Form 1041-A	- 2 - 42 - 2 4 N	—		80	—
	(individual)	03	Form 4720 (other tha	n individual)	—		09	—
Form 990-P		04	Form 5227		—		10	—
	(sec. 401(a) or 408(a) trust)	05	Form 6069		—		11	—
-01111 990-1	(trust other than above) STEPHANIE FRENC	06	Form 8870		—		12	—
Telephor If the org If this is for the who	te No. ► 314 371-6500 In anization does not have an office or place of for a Group Return, enter the organization's follogroup, check this box In an and TINs of all members the extension in the case of the extension in the case of	business ir ur digit Gro f it is for pa ion is for.	Fax No. In the United States, check the group, check th	GEN) _ his box ▶ _		If th and att	nis is tach	
	est an automatic 6-month extension of time u			to file the exempt	org	anizati	on return	1
X N	tax year beginning	, 20	, and ending	, 2				
	tax year entered in line 1 is for less than 12 m Change in accounting period							
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the	=		_		^
	fundable credits. See instructions.	4700	0000		3a	\$		0.
	application is for Forms 990-PF, 990-T,		•					^
	ated tax payments made. Include any prior year				3b	\$		0.
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	·	.	•		Λ
	ronic Federal Tax Payment System). See instru ou are going to make an electronic funds withdrawa		it) with this Form 9969		3c			0.
nstructions.	ou are going to make an electronic runds withdrawa	ıı (un ect deb	n <i>)</i> with this FUIII 0008, St	E I OIIII 0400-EU AIIU FOIIII	00/	9-EU I(ı payıner	11
	Act and Paperwork Reduction Act Notice, see inst	ructions			Form	8868	(Rev. 1-20	1201
	i upor ironi noudollon not nolloc, dee illati						111011 1 21	, <u>-</u>)

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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
<u>_</u>	Briefly d	escribe the organization's mission:	
•	•	NG BRIGHTER FUTURES THROUGH EXCEPTIONAL BEHAVIORAL HEALTH	
		ES, ESPECIALLY FOR THOSE WITH THE GREATEST NEED.	
2		organization undertake any significant program services during the year which were not listed	
		m 990 or 990-EZ?	Yes X No
	•	describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any	
		describe these changes on Schedule O.	Yes X No
4	Describe expense	the organization's program service accomplishments for each of its three largest programs. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant expenses, and revenue, if any, for each program service reported.	
48	(Code:) (Expenses \$ 1,922,719. including grants of \$ 8,081.) (Revenue \$	398,150.
	PROVII	ENT'S LICENSED THERAPISTS PROVIDE MENTAL HEALTH COUNSELING	
		LTS AND CHILDREN IN VARIOUS CAPACITIES, INCLUDING	
		DUAL, FAMILY, GROUP AND COUPLES THERAPY. PROVIDENT HAS	
		ED ITS SERVICE DELIVERY MODEL, OFFERING SUPPORT IN THREE	
		LING OFFICES AS WELL AS IN MULTIPLE SCHOOLS AND SATELLITE	
		ONS. FOR OVER A DECADE, PROVIDENT HAS WORKED WITH MENTS OF CORRECTIONS TO OFFER GROUP THERAPY TO ADULT MALE	
		ENDERS AS THEY REENTER SOCIETY. THE OVERARCHING GOAL OF THIS	
		S TO PREVENT FUTURE VICTIMS, AND THIS IS DONE BY TEACHING	
		EMPATHY AND PERSONAL ACCOUNTABILITY. IN 2019, PROVIDENT	
		ED COUNSELING TO 2,027 CLIENTS.	
4k	Code:) (Expenses \$962,671. including grants of \$) (Revenue \$ _	300,683.
	<u>ATTA</u>	CHMENT 1	
40	Code:) (Expenses \$	375.
		ENT'S AFTERSCHOOL PROGRAM SERVED 746 LOW INCOME YOUTH IN TEN	
		CHOOL SITES IN ST. LOUIS CITY AND JENNINGS SCHOOL DISTRICTS	
		9. THE PROGRAM OFFERS A SAFE AND NURTURING LOCATION DURING	
		ITICAL HOURS OF 3 TO 6 PM. CHILDREN AGES 4-15 ARE OFFERED	
		IC SUPPORT AND ENRICHMENT, SOCIAL AND LIFE SKILLS, HEALTH	
		CREATION, AND CHARACTER DEVELOPMENT, AS WELL AS A HOT MEAL DAY THAT SCHOOL IS IN SESSION.	
	EVERI	DAI THAT SCHOOL IS IN SESSION.	
40	Other p	ogram services (Describe on Schedule O.)	
	(Expens	, , ,	
		ogram service expenses ► 3,603,685.	
JS/ 9E	1020 2.000	NET WOOD 11 (11 (2000 B) 20 CO	Form 990 (2019
	196	OCD K927 11/11/2020 7:36:29 AM V 19-7.5F 74008	PAGE

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l		3.5
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		3,7	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		21

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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	Х	
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
0.7		20		- 21
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
29		29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
36		20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		3.7
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reportable garning (garnoling) withings to prize withers!	10		

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Part	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 165								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	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	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h							
	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							
	Sponsoring organizations maintaining donor advised funds.	0-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90							
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
	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								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b							
	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		Х					
	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		Х					
	If "Yes," complete Form 4720, Schedule O.								

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sect	ion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26									
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
	any other officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X						
	one or more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:									
а	The governing body?	8a	Χ							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37							
	describe in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V							
а	The organization's CEO, Executive Director, or top management official	15a	X	v						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a		4.0		X						
	with a taxable entity during the year?	16a		A						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h								
Secti	on C. Disclosure	16b		Ь—						
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires on expenientia to make its Forms 1033 (4034 or 1034 A. if applicable), 000, and 000 is	10	tion 5	:04/-\						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	นบท 5	υ I (C)						
	X Own website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,						
	and financial statements available to the public during the tax year.		·							
20	State the name, address, and telephone number of the person who possesses the organization's books and record STEPHANIE FRENCH 2650 OLIVE STREET ST. LOUIS, MO 63103	ls ▶								

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

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

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

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

	Check this box if	neither	the organizati	on nor anv	related	organization	compensate	ed anv curre	nt officer.	director, or	trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)KEVIN DROLLINGER	35.00									
PRESIDENT & EXECUTIVE DIRECTOR	5.00			Х				207,569.	0.	41,489.
(2) STEPHANIE FRENCH	35.00									,,
DIRECTOR OF FINANCE	5.00	1		Х				125,846.	0.	7,770.
(3)JULIE MCDOWELL	38.00							,		,
DIRECTOR OF ADVANCEMENT	2.00	1				X		105,151.	0.	1,759.
(4) JACK LAY	1.00									· · ·
CHAIR	1.00	Х		Х				0.	0.	0
(5) ROBERT FRUEND, JR	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(6) TED WILLIAMSON	1.00									
TREASURER	1.00	Х		Х				0.	0.	0
(7) LAWRENCE THOMAS	1.00									
IMMEDIATE PAST CHAIR	1.00	Х						0.	0.	0
(8) TOM ACKERMAN	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(9) PETER AMBROSE	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(10) NANNETTE BAKER	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(11) ALICIA BARNES	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(12) DENISE BENTELE	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(13) JOHN BUTLER	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(14) KELLY DOLAN	1.00									
DIRECTOR	1.00	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe	ition more	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) GERALD EARLY	1.00									
DIRECTOR	1.00	Х						0 .	0.	0
16) IDA EARLY	1.00									
DIRECTOR	1.00	Х						0 .	0.	0
17) JOHN ELSER II	1.00								_	_
DIRECTOR	1.00	X						0 .	0.	0
18) ADAM FOURNIE	1.00									0
DIRECTOR 19) MARLA FRANZ	1.00	X						0 .	0.	0
DIRECTOR	$\frac{1.00}{1.00}$	v						0	0	0
20) KAREN FRIEDMAN	1.00	X						0 .	0.	0
DIRECTOR	1.00	Х						0.	0.	0
21) MICHAEL GIRSCH	1.00	- 1						0.	0.	
DIRECTOR	1.00	Х						0	0.	0
22) EDWARD LAWLOR	1.00								0.	
DIRECTOR	1.00	Х						0.	0.	0
23) BOB SANDERS	1.00									
DIRECTOR	1.00	Х						0.	0.	0
24) SANFORD SCOTT	1.00									
DIRECTOR	1.00	Х						0 .	0.	0
25) AARON STEWART	1.00									
DIRECTOR	1.00	X						0 .	0.	0
1b Sub-total							\blacktriangleright	438,566.	0.	51,018.
c Total from continuation sheets to Part VII, S	-						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	438,566.	0.	51,018.
2 Total number of individuals (including but not reportable compensation from the organization			liste 3	d at	OOV	e) who	o re	ceived more than	\$100,000 of	
Teportable compensation from the organization)							Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	5,"	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	ron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest componential from the organization. Percent									' '	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 \blacktriangleright 0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employe	ees (c	ontinue	ed)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson direct	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from	am	(F) stimated nount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		org: and	om the anization d related anizations
26) ROBERT WAGNER	1.00											
DIRECTOR	1.00	X						0	•	0.		
27) HENRY WEBBER DIRECTOR	$\frac{1.00}{1.00}$	X						0		0.		
28) CHARLIE WIEGERS	1.00	Λ						0	•	0.		
DIRECTOR	1.00	X						0		0.		
29) RISA ZWERLING	1.00	21							•	0.		
DIRECTOR	1.00	X						0		0.		
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *	0.		0.		0
2 Total number of individuals (including but not reportable compensation from the organizatio			liste 3	d a	bov	e) who	re	eceived more than	\$100,000 of	f		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes					4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any					5	X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	

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

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Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	ose or note to an	v line in this Part \	/111		
		Oncok ii Genedale O contains a respoi	ise of note to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	· —	1,628,650.				
ifts, ar Ar		Fundraising events 1c Related organizations 1d	286,689.				
s, G mila	е	Government grants (contributions) 1e	1,482,909.				
ion r Si	f	, , , , , ,					
ibut	~	and similar amounts not included above . 1f Noncash contributions included in	1,212,037.				
ontr od O	g	lines 1a-1f 1g	\$ 109,514.				
a Č	h	Total. Add lines 1a-1f		4,610,285.			
ø.			Business Code				
Program Service Revenue	2a	COUNSELING SERVICES	624100	699,208.	699,208.		
Se	b c						
ram eve	d						
rog R	е						
Ф.	f	All other program service revenue Total. Add lines 2a-2f		699,208.			
	<u>g</u> 3	Investment income (including dividends,		0,00,200.			
		other similar amounts)		63,691.			63,691.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a	(II) I CIGOTIAI				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a 1,392,203.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 1,332,931.					
Rev	С	, ,					
Other R	d	Net gain or (loss)		59,272.			59,272.
₹	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	45,875.				
	b	Less: direct expenses 8b	92,265.				
	С	Net income or (loss) from fundraising events.		-46,390.			-46,390.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less	0.				
	b	returns and allowances	0.				
		Net income or (loss) from sales of inventory		0.			
Sn			Business Code				
Miscellaneous Revenue	11a						
ellar ven	b						
isce Re	d C	All other revenue					
Σ	e	Total. Add lines 11a-11d	_ >	0.			
10.4	12	Total revenue. See instructions	. >	5,386,066.	699,208.		76,573.
JSA							Form QQ0 (2010)

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Part IX Statement of Functional Expenses

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

	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
	Grants and other assistance to domestic organizations			J	
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,081.	8,081.		
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	382,673.	112,898.	238,643.	31,132.
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	2,696,390.	2,303,012.	212,048.	181,330.
8	Pension plan accruals and contributions (include			2.5	
	section 401(k) and 403(b) employer contributions)	122,405.	93,453.	26,088.	2,864.
9	Other employee benefits	224,953.	197,456.	14,883.	12,614.
10	Payroll taxes	244,176.	196,413.	32,251.	15,512.
11	Fees for services (nonemployees):				
a	Management	0.	602	02 581	
b	Legal	84,174.	603.	83,571.	
C	Accounting	52,832.		52,832.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.			10.740	
1	f Investment management fees	10,748.		10,748.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	101 440	120 270	60,915.	256.
	(A) amount, list line 11g expenses on Schedule O.)	181,449.	120,278.	21,219.	3,786.
	Advertising and promotion	168,493.	113,984.	49,722.	4,787.
	Office expenses	94,901.	79,099.	10,312.	5,490.
	Information technology	0.	19,099.	10,312.	3,490.
	Royalties	298,586.	248,519.	50,067.	
	Occupancy	25,375.	18,441.	5,384.	1,550.
	Travel	23,373.	10,111.	3,301.	1,330.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40	· · · · · · · · · · · · · · · · · · ·	6,353.	3,948.	2,405.	
	Conferences, conventions, and meetings	0.	377101	2,103.	
	Interest Payments to affiliates	0.			
	Depreciation, depletion, and amortization	102,440.	73,758.	28,682.	
	Insurance	24,065.	16,974.	7,091.	
	Other expenses. Itemize expenses not covered	,		,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT	9,841.	9,841.		
b					
c					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,769,867.	3,603,685.	906,861.	259,321.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	166,912.	1	270,050.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	1,787,866.	3	2,029,511.
	4	Accounts receivable, net	277,240.	4	354,231.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	105,954.	9	129,479.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,081,674.			
	b	1 241 516	1,674,327.	10c	1,740,158.
	11	Investments - publicly traded securities	2,287,019.	11	2,461,870.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	943,302.	15	1,028,315.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,242,620.	16	8,013,614.
	17	Accounts payable and accrued expenses	257,449.	17	253,554.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	91,923.	19	77,075.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ιġ		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	1,166,792.	23	1,116,537.
	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	2,266,742.	25	2,024,304.
	26	Total liabilities. Add lines 17 through 25	3,782,906.	26	3,471,470.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	542,472.	27	1,245,419.
Ва	28	Net assets with donor restrictions.	2,917,242.	28	3,296,725.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Ϋ́	32	Total net assets or fund balances	3,459,714.	32	4,542,144.
Š	33	Total liabilities and net assets/fund balances	7,242,620.	33	8,013,614.
	JJ	Total habilities and het assets/fully baldifets,	1,272,020.	აა	Form 990 (2019)

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	10 (2010)					<u> </u>
Part .	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,3	86,0	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,769,867.		67.
3	Revenue less expenses. Subtract line 2 from line 1	3			16,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,4	59,7	14.
5	Net unrealized gains (losses) on investments	5		2	85,9	78.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1	80,2	253.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4,5	42,1	44.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		🖺	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🗀	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?	🗀	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
	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 1	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		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 Open to Public 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 s	section 1	70(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	ation 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	ate:						
5		An organization operated f	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	•			•	,,,,,,,		
7	Х	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 section 170(b)(1)(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 f nent income and u n after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from 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		Type I. A supporting orga	•		,		• • • • • • • • • • • • • • • • • • • •	,, , , , ,	
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization.	•					and (a) the other design	
b	L	Type II. A supporting org	-						
		control or management of		=	tne sam	ie persor	is that control or man	age the supported	
_	Г	organization(s). You must	•		م ما اممد		n with and functional	lu into aroto d with	
С	L	Type III functionally integ						iy integrated with,	
		its supported organization		· ·				tad arganization(a)	
d	_	Type III non-functionally that is not functionally interest.			-			- ' '	
		requirement (see instruct			-			an altentiveness	
е		Check this box if the orga	•	-				I Type III	
C	_	functionally integrated, or						i, Type iii	
f	En	ter the number of supported	• •			organizat			
a		ovide the following information	-						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	,	our governing ment?	support (see instructions)	other support (see instructions)	
				above (see instructions))	Yes	No	instructions)	mstructions)	
/A\									
(A) ——									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,260,447.	4,162,689.	4,228,673.	4,278,138.	4,610,285.	21,540,232.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	4,260,447.	4,162,689.	4,228,673.	4,278,138.	4,610,285.	21,540,232.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						66,173.	
6	Public support. Subtract line 5 from line 4						21,474,059.	
	tion B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(O.T.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	4,260,447.	4,162,689.	4,228,673.	4,278,138.	4,610,285.	21,540,232.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47,856.	46,279.	56,303.	57,644.	63,691.	271,773.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	615.	0.	0.	0.	0.	615.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-6,725.	-60,294.	-80,048.	-49,819.	-46,390.	-243,276.	
11	Total support. Add lines 7 through 10						21,569,344.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,195,080.	
13	First five years. If the Form 990 is for organization, check this box and stop here .	<u> </u>						
Sec	tion C. Computation of Public Sup		•		1			
14	Public support percentage for 2019 (lin	. ,	•	. (//		14	99.56%	
15	Public support percentage from 2018					15	99.83 %	
16a	331/3% support test - 2019. If the org	=						
	box and stop here. The organization qu							
b	331/3% support test - 2018. If the org							
	this box and stop here. The organization	•		-				
17a	10%-facts-and-circumstances test - 2							
	10% or more, and if the organization					-	•	
	Part VI how the organization meets to			•	•			
	organization							
b	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the orga						-	
	Explain in Part VI how the organization				_	-		
	supported organization						▶ □	
18	Private foundation. If the organization						, —	
	instructions					ahadula A (Farm 0		

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		. ,		. ,	.,	.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	• [
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	ution's first seco	nd third fourth	or fifth tax v	rear as a section	 n_501(c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			ımn (f))		15	%
16	Public support percentage from 2018 Sche		•			16	<u> </u>
	tion D. Computation of Investment					1 1	
17	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019. If the or						
. . . a	17 is not more than 331/3%, check thi	-					
h	331/3% support tests - 2018. If the orga			•			<u> </u>
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-			. —

Schedule A (Form 990 or 990-EZ) 2019 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

organization was described in section 509(a)(1) or (2).

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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		
Jecti	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	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 Part VI 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 line 3 below.	inaturi	ationa l	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstruc	Yes	
2	Activities Test. Answer (a) and (b) below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
L				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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 Part VI the role played by the organization in this regard	3h		1

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
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 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-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019				
_1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
C	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2015							
b	Excess from 2016							
C	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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

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

2019

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

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization PROVIDENT, INC.

Employer identification number 43-0652630

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$1,628,650.	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$826,363.	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 co	pies of Part II if :	additional space is needed.

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 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

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Internal Revenue Service Name of the organization PROVIDENT. INC.

Inspection Employer identification number

PRC	VIDENT, INC.		43-0652630
Pa	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets	s held in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal cont	rol? Yes No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that of	grant funds can be used
	only for charitable purposes and not for the benef	it of the donor or donor advisor, c	or for any other purpose
	conferring impermissible private benefit?		Yes No
Pa	t I Conservation Easements.		
_	Complete if the organization answered		97.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		vation of a historically important land area
	Protection of natural habitat	Preser	vation of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribu	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified	* *	
d	Number of conservation easements included in (c		
3	historic structure listed in the National Register Number of conservation easements modified, training		
3	tax year >	isierieu, releaseu, extiliguisileu, o	i terminated by the organization during the
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy reg		
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspe		
	>	3, 2, 3	,
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enfo	rcing conservation easements during the year
	▶ \$	-	-
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its reve	nue and expense statement and
	balance sheet, and include, if applicable, the text of		financial statements that describes the
	organization's accounting for conservation easeme		
Pa	Organizations Maintaining Collections		
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to report in its is held for public exhibition, educ	revenue statement and balance sheet works cation, or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets help		or research in furtherance of public service,
	provide the following amounts relating to these iter (i) Revenue included on Form 990, Part VIII, line 1		> •
2	(ii) Assets included in Form 990, Part X		·
2	following amounts required to be reported under F.		• • • • • • • • • • • • • • • • • • • •
а	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019 Page 2

Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, oi	r Other Simila	Assets (c	ontinu	ed)	
3	Using the organization's acquisition		other records, chec	k any of the	e following that	make sign	ificant	use c	of its
	collection items (check all that app	y):							
а	Public exhibition		d Loan	or exchange	program				
b	Scholarly research		e Other						
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization	on's exempt	purpo	se in	Part
	XIII.								
5	During the year, did the organization					_	_		7
	assets to be sold to raise funds rath		ained as part of the	organization	n's collection?		Yes		No
Pa	Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		s" on Form 990, F	Part IV, line	9, or reported	an amoun	t on Fo	orm	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions	or other assets	not			
	included on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:					_
						Amount			
С	Beginning balance			1c					
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance								
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been p	rovided on Part 2	(III			
Pa	t V Endowment Funds.			5 (N (II	10				
	Complete if the organiza								
		(a) Current year	(b) Prior year	(c) Two yea	` '	e years back	(e) Fou		
1a	Beginning of year balance	2,287,019.	2,536,957.	2,470		63,209.	2,		022.
b	Contributions	36,579.	39,424.	21	,194.	6,204.		3 ,	,522.
С	Net investment earnings, gains,	400 041	160 607	204	017 1	CE 0C2		с г	C O 1
	and losses	408,941.	-168,627.	384	,217. 1	65,863.		-65,	604.
	Grants or scholarships								
е	Other expenditures for facilities	259,921.	114,071.	332	,262.	57,355.		486	,000.
	and programs	10,748.	6,664.		,478.	7,635.			,731.
f	Administrative expenses	2,461,870.	2,287,019.	2,536		7,033.	2		209.
g	End of year balance	l			l .	70,200.		303,	
2	Provide the estimated percentage Board designated or quasi-endown	of the current year of the current year.	end balance (line 1g.	column (a))	held as:				
	0 -	5590 %	_ ^0						
	Permanent endowment ► 2.5 Term endowment ►	%							
·	The percentages on lines 2a, 2b, a	, ,	00%						
3a	Are there endowment funds not in	·		are held an	d administered f	or the			
•	organization by:	and poddoddion or a	o organization that	aro mora am	ia aamiinotoroa i	01 1110	[Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•						
	TVI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	ation answered "Ye							
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d)	Book va	alue	
1a	Land	,	, (88,667.	1			88,6	567.
b	Buildings		2,3	368,887.	990,928	3.		77,9	
С	Leasehold improvements			6,324.	5,632				593.
d	Equipment		(517,796.	344,95	7.	2	72,8	339.
е	Other								
	I. Add lines 1a through 1e. (Column		n 990. Part X. colum	n (B), line 10	Oc.)	>	1,7	40,1	58.

Schedule D (F	Form 990) 2019 Investments - Other Securities.			Page 3
rait vii	Complete if the organization answere	ed "Yes" on Form 990,	, Part IV, line 11b. See Form 990, Pa	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation	alue
(1) Financia	al derivatives			
	held equity interests	-		
(3) Other_				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990,	, Part IV, line 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	عابيم
(1)			Cost of end-or-year market vi	aiu G
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX	Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11d See Form 990 Pa	art X line 15
		Description	, , a.t., , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) INTE	REST IN TRUSTS			1,028,315.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (B) line 15.)	•	1,028,315
Part X	Other Liabilities.	,		· · ·
	Complete if the organization answere line 25.	ed "Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 9	990, Part X,
1.	(a) Desci	ription of liability		(b) Book value
(1) Feder	ral income taxes			
(2) ACCR	UED PENSION LIABILTY			2,024,304.
(3)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col. (B) line 25	5)	>	2,024,304.

Schedule D (Form 990) 2019 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	6,174,289.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	798,971.
3	Subtract line 2e from line 1	3	5,375,318.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 10,748.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	10,748.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,386,066.
Part 2		ırn.	
1	Total expenses and losses per audited financial statements	1	5,091,859.
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		
	Other losses		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	332,740.
3	Subtract line 2e from line 1	3	4,759,119.
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 10,748.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	10,748.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,769,867.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2019 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 AN IRREVOCABLE BENEFICIARY OF A PERPETUAL TRUST HELD AND ADMINISTERED BY AN INDEPENDENT TRUSTEE. THE PERPETUAL TRUST PROVIDES FOR THE DISTRIBUTION OF THE NET INCOME OF THE TRUST BUT PROVIDENT WILL NEVER RECEIVE THE ASSETS OF THE TRUST.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS

SPECIAL EVENTS \$92,265

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST \$ 28,907

CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$151,346

TOTAL \$272,518

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS

SPECIAL EVENTS \$92,265

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 information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	e organization					Employer identification	on number
	ENT, INC.	1 . 16 .1			\	43-0652630	
Part I	Fundraising Activities. Com Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1 Ind	licate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
a	Mail solicitations	е	Solid	citation of i	non-government g	_j rants	
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g			ising events		
d	In-person solicitations	J			J		
or b If "	d the organization have a written of key employees listed in Form 990 Yes," list the 10 highest paid ind mpensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total .							
	t all states in which the organiza gistration or licensing.	ation is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
_							

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	332,564.			332,564.
œ		Less: Contributions Gross income (line 1 minus	286,689.			286,689.
		line 2)	45,875.			45,875.
	4	Cash prizes				
	5	Noncash prizes	307.			307.
enses	6	Rent/facility costs	8,041.			8,041.
Direct Expenses	7	Food and beverages	46,651.			46,651.
Direc	8	Entertainment	549.			549.
	9	Other direct expenses	36,717.			36,717.
	10	Direct expense summary. Add lin	es 4 through 9 in colui	mn (d)		92,265.
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	-46,390.
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, I	Part IV, line 19, or	reported more than
υ O		\$10,000 diri dilli 330 L2, lili		(b) Pull tabs/instant	(-) Oth	(d) Total gaming (add
enn			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	obtract line 7 from line	1, column (d)	<u></u> ▶	
9 a k	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts gar duct gaming activities	in each of these state		Yes No
l O a		Were any of the organization's gaming	g licenses revoked, susp			Yes No

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
~	amount of gaming revenue retained by the third party \$\bigs\ \bigs\ \bigs\
С	If "Yes," enter name and address of the third party:
•	
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	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) 2019

SCHEDULE I (Form 990)

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

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

2019

Inspection

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

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

0F1288 1 000

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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	107.		8,081.	FMV	RENT, TRANSPORTATION
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

PROVIDENT PROVIDES ASSISTANCE TO INDIVIDUALS AS PART OF CASE MANAGEMENT

UNDER GRANTS TO WORK WITH SPECIFIED GROUPS FROM SPONSOR ORGANIZATIONS.

PROVIDENT MUST ACCOUNT FOR AMOUNTS SPENT TO THOSE SPONSOR ORGANIZATIONS,

AND ALSO USES BUDGETS AND INTERNAL ACCOUNTING BY PROGRAM TO IDENTIFY AND

CONTROL EXPENDITURES.

Schedule I (Form 990) (2019)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

43-0652630 PROVIDENT, INC. **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)			
	Discretionary spending account 1 ersonal services (such as maid, chadired)			
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	۸. ا		
_	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 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			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	· · · · · · · · · · · · · · · · · · ·	0		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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	reportable compensation		in column (B) reported as deferred on prior Form 990	
KEVIN DROLLINGER	(i)	192,305.	15,000.	264.	22,573.	18,916.	249,058.	15,000.
1PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
40	(i) (ii)							
13								
4.4	(i) (ii)							
14	(i)							
45	(i) (ii)							
15	(i)							
16	(ii)							
16	(")							<u> </u>

Schedule J (Form 990) 2019

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

2019

Open To Public Inspection

Name of the organization								Employer	identifi	ication	numbe	r	
PROVIDENT, INC.								43-	0652	630			
Part I Excess Benefit Complete if the											line 4	0b.	
1 (a) Name of disqualified	norcon	(b) Relatio	nship	between	disqualified pers	on and	(c) D	escription	of trans	action		(d)	Corrected
(a) Name of disqualified	person			organiz	ation		(0)	escription	UI II al 15	action		Υe	s No
(1)													
(2)													\perp
(3)													\perp
(4)													_
(5)													+
(6)						1.6.							
2 Enter the amount of t										- ф			
under section 4958 . 3 Enter the amount of ta													
3 Enter the amount of to	ax, ii ariy, ori ii	ne z, above,	reim	bursec	i by the organ	lizatioi				, ф_			
Part II Loans to and/or Complete if the organization rep	organization a	answered "Ye	es" o	n Form , Part 〉	n 990-EZ, Pa (, line 5, 6, or	rt V, li 22.	ne 38a or Form 9	990, Part	: IV, lin	ne 26;	or if tl	ne	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origina principal am		(f) Balance due	(g) In	default?		proved pard or nittee?	(i) Wi agreer	
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)									<u> </u>				
(3)									—				
(4)									—				
(5)									┼	-			
(6)									—	-			
(7)									+-	+			
(8) (9)									\vdash	 			
(10)									+	+			
Tatal							\$						
Part III Grants or Assis Complete if the	tance Benefit organization a	i ng Interest answered "Ye	ed Pe es" o	ersons. n Form	n 990, Part IV	, line 2	7.						
(a) Name of interested person		p between intere		(c) Amou	ınt of assistance		(d) Type of assistance	е	(e)) Purpos	se of as	sistance	:
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 Page 2

Business Transactions Involving Interested Persons. Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) KATHLEEN SCHLEMMER	FAMILY MEMBER OF OFFICER	49,658.	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

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

Open to Public Inspection Employer identification number

PROVIDENT, INC.

43-0652630

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2.	11,579.	MARKET VA	LUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		115	20.025				
25	Other ►(ATCH 1)		115.	97,935.				
26	Other ►()							
27	Other ►()							
	Other ►(
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29		.,	
	-						Yes	No
30a	During the year, did the organizat		•		•			
	28, that it must hold for at least the	-				200		Х
	to be used for exempt purposes for		olaing perioa?			30a		
	If "Yes," describe the arrangement i		onee neliev that assure	o the review of and				
31	Does the organization have a					24	Х	
20-	contributions?					31	Δ.	
₃∠a	Does the organization hire or use	-	_	· · · · · · · · · · · · · · · · · · ·		220	x	
L	contributions?					32a	Λ	
	If "Yes," describe in Part II.	amaunt in -	alumn (a) for a time of	norty for which column (-)	io oboolead			
33	If the organization didn't report an describe in Part II.	amount in C	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) 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) (2019)

Schedule M (Form 990) (2019) 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.	58,860.	FMV
MICROSOFT WINDOWS USER	LI X	1.	14,265.	FMV
MICROSOFT WINDOWS SERVE	ER X	1.	2,960.	FMV
SUPPLIES & AUCTION ITER	MS X	112.	21,850.	FMV
TOTALS	_ =	115.	97,935.	

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

2019

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 A, LINE 4

THE ORGANIZATION'S GOVERNING DOCUMENTS WERE MODIFIED DURING THE YEAR TO INCREASE THE NUMBER OF DIRECTORS ON THE BOARD TO NO MORE THAN THIRTY MEMBERS.

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

FORM 990 REVIEW PROCESS

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

Name of the organization

PROVIDENT, INC.

Employer identification number

43-0652630

PROVIDENT, INC. USES DATA FROM AN INDEPENDENT COMPENSATION REVIEW

PERFORMED BY AAIM IN JUNE 2016, ADJUSTED FOR INFLATION, AND COMPARES ITS

RATE OF PAY WITH OTHER SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS SETS

THE SALARY FOR THE EXECUTIVE DIRECTOR AND MONITORS AND EVALUATES

PERFORMANCE ANNUALLY. FOR OTHER OFFICERS AND KEY EMPLOYEES, PROVIDENT

BASES ANNUAL COMPENSATION INCREASES ON OVERALL PERFORMANCE OF KEY

METRICS, WHICH ARE ASSIGNED A NUMERICAL AVERAGE WHICH THEN DICTATES THE

SUGGESTED AMOUNT OF ADJUSTMENT FOR A GIVEN POSITION. SALARY ADJUSTMENTS

ARE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT AND APPROVED BY THE

EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE JOINTLY.

FORM 990, PART VI, SECTION C, LINE 19

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. GOVERNING

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN

REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$151,346

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST 28,907

TOTAL \$180,253

ATTACHMENT 1

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

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

INTERVENTION/SUICIDE PREVENTION SERVICES TO THE ST. LOUIS

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

ATTACHMENT 1 (CONT'D)

COMMUNITY AND BEYOND. OUR HOTLINES WERE ESTABLISHED IN 1966 AND RECEIVE AN AVERAGE OF 127 CALLS EVERY DAY, 33% OF WHICH ARE FROM SUICIDAL INDIVIDUALS. THUS, OUR HOTLINE POTENTIALLY SAVES 42 LIVES DAILY. OTHER PROGRAMS INCLUDE: THE SURVIVORS OF SUICIDE (SOS) SUPPORT GROUP FOR THOSE WHO HAVE LOST SOMEONE TO SUICIDE; THE FEELING KINDA BLUE SOCIAL MEDIA WEBSITE DESIGNED FOR YOUNG ADULTS WHO MAY BE EXPERIENCING DEPRESSION; THE HOPE AFTER PROGRAM WHICH PROVIDES INTENSIVE TELEPHONIC CASE MANAGEMENT TO INDIVIDUALS AT VERY HIGH RISK FOR SUICIDE; AS WELL AS ANSWERING THE STATE-WIDE 1-888-BETSOFF GAMBLING HOTLINE, DISASTER DISTRESS HELPLINE, AND SERVING AS A BACKUP CENTER FOR NATIONAL SUICIDE PREVENTION LIFELINE. 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 SAFE. IN

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► 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 Employer identification number PROVIDENT, INC. 43-0652630

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
1)					
2)					
3)					
4)					
5)					
6)					
Identification of Related Tax-Exempt Organizations. Complete	if the organization ans	wered "Ves" on Fo	rm 000 Part I\	/ line 3/1 hecause	a it had

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	olled
						Yes	No
(1) MARY RYDER HOME 43-0758611							
4361 OLIVE STREET ST LOUIS, MO 63108	RESIDENTIAL	MO	501(C)(3)	7	PROVIDENT	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
· /							

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

Schedule R (Form 990) 2019

JSA

Page 2 Schedule R (Form 990) 2019

Part III	Identification of Relat because it had one or	•			•	0	inswered "Yes"	on Form	n 990, Part IV,	line 34,	
	(a) ne, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income (related	(f) Share of total	(g) Share of end-of-	(h) Disproportionate	(i) Code V - UBI	(j) General or	Pe

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		managing partner?		(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Page 3 Schedule R (Form 990) 2019

	(· ····· · · · · · · · · · · · · · · ·
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		Χ
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
-	Reimbursement paid by related organization(s) for expenses				1q	Х	
-							
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thres	sholds	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d)		_
	Name of related organization	type (a-s)	Amount involved		nt invo		y
	MARY RUDER HOME		12 600	MCME 3	GD E		T.C.
(1)	MARY RYDER HOME	0	13,698.	MGMT A	GKE.	EME!	N.T.
(2)	MADY DYDED HOME		12 000	INVOIC	יהכ		
(2)	MARY RYDER HOME	Q	12,988.	TIMAOTO	.ED		
		1		I			

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) MARY RYDER HOME	0	13,698.	MGMT AGREEMENT
(2) MARY RYDER HOME	Q	12,988.	INVOICES
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(state or foreign inco		(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Are all partners section 501(c)(3) organizations? Yes No		(f) (g) Share of total income assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)	_												
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
(1.0)	1												

Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **990-T**

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

`		· ,,	
calendar year 2019 or other tax year beginning _	01/01	, 2019, and ending_	12/31

	For cale	ndar year 2019 or other t	ax year begin	ning	01/01,20	19, an	d endin	12/31	_ , 20 _	<u>19</u> .	2(019
Department of the Treasury		►Go to www.irs.g	ov/Form990	<i>T</i> for in	nstructions ar	d the	latest ii	nformation.		-	Onen to Pu	ublic Inspection for
Internal Revenue Service	▶ Do	not enter SSN numbers									501(c)(3) C	Organizations Only
A Check box if address changed		Name of organization (Check bo	ox if nar	ne changed and	see inst	tructions	.)	D			e instructions.)
B Exempt under section		PROVIDENT, I	NC.									
X 501(C)(3)	Print	Number, street, and room	m or suite no. I	f a P.O.	box, see instruc	ions.			4	43-06	52630	
408(e) 220(e)	Type								E		ted busines	ss activity code
408A530(a)		2650 OLIVE S	TREET							(366 1118	structions.)	
529(a)	1	City or town, state or pr		, and Z	IP or foreign pos	tal code	9					
C Book value of all assets at end of year		ST. LOUIS, M										
•		up exemption number										
	•	eck organization type					501(c)			101(a) 1		Other trust
H Enter the number of	_		des or busine	sses.		16 1				•	(or first) ur	
trade or business her								•				describe the
•		e end of the previous s	entence, cor	nplete	Parts I and II,	comple	ete a Sc	hedule M fo	each	addition	al	
trade or business, th			milin on offili			4 060	idian, a	معد المطاعد	?			Yes X No
		corporation a subsidia identifying number of t	•	•		t-Subsi	idiary co	ntrolled gro	up?			_ Yes No
J The books are in care				poratio	DII. 🖊	Tel	enhone	number >	314-	- 371 –	6500	
Part I Unrelated					(A) Inc		Српопс		pense			(C) Net
1a Gross receipts or		or Business intoin			(7,7,1110			(5) 2	ролоо		'	(6) 1101
b Less returns and allowa			c Balance ▶	1c								
		ule A, line 7)		2								
ŭ	`	2 from line 1c		3								
·		attach Schedule D)		4a								
		Part II, line 17) (attach Fo		4b								
• , , ,		trusts		4c								
		r an S corporation (attach state		5								
6 Rent income (Sch	nedule C)			6								
7 Unrelated debt-fi	nanced in	come (Schedule E)		7								
8 Interest, annuities, roy	alties, and re	ents from a controlled organizat	ion (Schedule F)	8								
9 Investment income of a	a section 50	1(c)(7), (9), or (17) organization	on (Schedule G)	9								
10 Exploited exempt	activity i	ncome (Schedule I)		10								
11 Advertising incon	ne (Sched	dule J)		11								
,		ctions; attach schedule)		12								
		ough 12		13			0.	1 4	` '5		<u> </u>	
Part II Deductio		Taken Elsewhere he unrelated busin			ns for limita	ations	on de	eductions	.) (De	ductio	ons must	be directly
										Τ		
		directors, and trustees										
		(see instructions)										
		4562)										
		on Schedule A and els								21b		
										22		
23 Contributions to	deferred	compensation plans								23		
		s										
25 Excess exempt ex	xpenses (Schedule I)								25		
26 Excess readership	p costs (S	schedule J)								26		
		schedule)										
28 Total deductions	. Add line	es 14 through 27								28		
		ole income before ne								29		
		ig loss arising in tax ye	_	-								
31 Unrelated busine	ss taxabl	e income. Subtract line	30 from line	29			<u></u> .	<u></u>		31		

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this	s form, visit www.irs.gov/e-file-providers/e-file-	for-charities	-and-non-profits.						
Automatic	c 6-Month Extension of Time. Only subm	it original	(no copies needed).				_		
All corpora	tions required to file an income tax return other	er than For	m 990-T (including 112	0-C filers), partnerships,	REMIC	S, and trusts			
	Name of exempt organization or other filer, see in	estructions		Taxpayer identification nur	mher (T		_		
Type or	Traine of exempt organization of other filer, see in	iotractions.		Taxpayer identification flui	iibei (i	111)			
print	PROVIDENT, INC.			43-0652630)				
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.				_		
due date for iling your	2650 OLIVE STREET								
eturn. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				_		
nstructions.	ST. LOUIS, MO 63103								
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)		0 7			
Application	1	Return	Application			Returi			
ls For		Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporat	ion)		07	—		
Form 990-E		02	Form 1041-A	- 1- P 1-1 D			08		
	(individual)	03	Form 4720 (other tha	09	—				
Form 990-F		04	Form 5227 Form 6069			10	—		
	Γ (sec. 401(a) or 408(a) trust) Γ (trust other than above)	06	Form 8870			12	—		
-01111 990-	STEPHANIE FRENC		FUIII 6670				—		
Telephon If the org If this is	he No. ► 314 371-6500 ganization does not have an office or place of for a Group Return, enter the organization's fole group, check this box ►	business ir our digit Gro If it is for pa	Fax No. ▶ the United States, checoup Exemption Number (GEN)					
1 I requ	est an automatic 6-month extension of time u	ntil	11/16 , 20	20 , to file the exempt	organ	ization return	_		
for the	e organization named above. The extension is calendar year 20 19 or tax year beginning		ganization's return for:		20	_·			
	tax year entered in line 1 is for less than 12 m Change in accounting period								
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the	-			_		
	fundable credits. See instructions.				3a \$		0.		
	s application is for Forms 990-PF, 990-T						_		
	ated tax payments made. Include any prior yea				3b \$		0.		
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re				_		
	ronic Federal Tax Payment System). See instru		'O 10 01 E 0005		3c \$		0.		
•	ou are going to make an electronic funds withdrawa	ai (direct deb	it) with this form 8868, se	ee Form 8453-EO and Form	88/9-l	±∪ for paymen	τ		
nstructions.	Act and Paperwork Reduction Act Notice, see inst	ructions			Eorm 0	868 (Rev. 1-20	20)		
UI FIIVACY	ACL AND PAPELWOIN NEUDUCION ACLINOLICE, SEE INST	1 UCUUI 13.			i Ollili O	JJU (NEV. 1-20	2U)		

JSA

PROVIDENT, INC. 43-0652630 Form 990-T (2019) Page 2

	. (=:	,						9
Par	t III	Total Unrelated Business Taxable I	ncome					
32	Total o	unrelated business taxable income compu	ited from all unrelated t	rades or businesses (see	9			
	instructi	ons)			. 32			
33		s paid for disallowed fringes						
34		le contributions (see instructions for limitation rule			- H			
35		prelated business taxable income before pre						
33								0.
20		the sum of lines 32 and 33						- 0 .
36		on for net operating loss arising in tax						
		ons)						
37	Total of	unrelated business taxable income before specifi	ic deduction. Subtract line 36	from line 35				
38	Specific	deduction (Generally \$1,000, but see line 38 inst	tructions for exceptions)		. 38			
39	Unrelate	d business taxable income. Subtract line 38	8 from line 37. If line 38	3 is greater than line 37	,			
	enter the	smaller of zero or line 37			. 39			0.
Par		Tax Computation						
40		ations Taxable as Corporations. Multiply line 39 b	oy 21% (0.21)		▶ 40			
41			ctions for tax comput					
			Schedule D (Form 10					
42		x. See instructions		·				
	•							
43		ve minimum tax (trusts only)						
44		Noncompliant Facility Income. See instructions						
45		dd lines 42, 43, and 44 to line 40 or 41, whicheve	er applies		. 45			
Par		Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118; trusts	attach Form 1116)	46a				
b	Other co	edits (see instructions)		46b				
С	General	business credit. Attach Form 3800 (see instruction	ns)	46c				
d	Credit fo	r prior year minimum tax (attach Form 8801 or 88	327)	46d				
е		edits. Add lines 46a through 46d			. 46e			
47		line 46e from line 45						
48		es. Check if from: Form 4255 Form 8611						
49		a. Add lines 47 and 48 (see instructions)						0.
50		t 965 tax liability paid from Form 965-A or Form 9						
		ts: A 2018 overpayment credited to 2019		1	. 30			
51 a			F		-			
		timated tax payments	F		_			
C		osited with Form 8868			_			
d		organizations: Tax paid or withheld at source (see	F		_			
е		withholding (see instructions)	T	51e				
f	Credit for	r small employer health insurance premiums (atta	ch Form 8941)	51f				
g	Other cr	edits, adjustments, and payments: Form 2439						
	F	rm 4136 Other	Total ▶	51g				
52	Total pa	yments. Add lines 51a through 51g			. 52			
53	Estimate	ed tax penalty (see instructions). Check if Form 22	20 is attached		53			
54	Tax due	If line 52 is less than the total of lines 49, 50, ar	nd 53, enter amount owed		54			
55	Overpa	ment. If line 52 is larger than the total of lines 49	9, 50, and 53, enter amount o	verpaid	▶ 55			
56		amount of line 55 you want: Credited to 2020 estimate		Refunded	▶ 56			
		Statements Regarding Certain Acti						
57		time during the 2019 calendar year, did the				authority	Yes	No
31			-					
		financial account (bank, securities, or other)						
		Form 114, Report of Foreign Bank and Fi	nancial Accounts. If "Yes,	enter the name of th	e foreign	country		v
	here ►							X
58	-	ne tax year, did the organization receive a distribu	•	ntor of, or transferor to, a fo	reign trust	?		X
	If "Yes,"	see instructions for other forms the organization m	nay have to file.					
59		e amount of tax-exempt interest received or accru						
		der penalties of perjury, I declare that I have examined this			e best of m	y knowledge a	and beli	ef, it i
Sig	1 L ""	e, correct, and complete. Declaration of preparer (other than taxpa	yer) is based on all intormation of white		May tha	IDC discuss	thic -	oturo
Her						IRS discuss preparer sho		
		gnature of officer	Date Title		(see instructi			No
		Print/Type preparer's name Pr	reparer's signatuı	Date		PTIN		
Paid		TROY A LINDSEY	JAS	0 1 11/11/2020	eck L if If-employed	P0104	4123	7
	oarer	Firm's name ► BKD, LLP	, 0 (1 30		44-0160		
Use	Only	Firm's address > 211 N. BROADWAY, SUIT	E 600. ST LOTTS N			14-231-5		
		LIIII 9 GUOIGS > TIT IN PROGRAMAT, BUIT	- JOJ, DI. HOULD, I	Ph	une nດ ລ່		ノンエエ	

Form 990-1 (2019)								Page 3
Schedule A - Cost of G	oods Sold. I	Inter metho	d of invent	tory valuation	>			
1 Inventory at beginning of	/ear 1			6 Inventory	at end of yea	ar	6	
2 Purchases	2					ld. Subtract line		
3 Cost of labor	3					here and in Part		
4a Additional section 263A c				I. line 2			7	
(attach schedule)						section 263A (v		Yes No
b Other costs (attach schedu						or acquired for	·	
5 Total. Add lines 1 through	· · 							X
Schedule C - Rent Income		Property a	nd Perso	nal Property	I eased V	Vith Real Prope	rtv)	
(see instructions)	o (i roiii rioai	i roporty o		mai i roporty		Titil Roal Fropo	· · y /	
Description of property								
(1) (2)								
(3)								
(4)	2 Dont roo	-id -r						
		eived or accru	iea			-		
(a) From personal property (if the for personal property is more the	an 10% but not	percen	tage of rent fo	d personal property or personal property	exceeds		irectly connected with (a) and 2(b) (attach sch	
more than 50%	1	50% c	or if the rent is	s based on profit or	income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c	olumns 2(a) and					(b) Total deduction		
here and on page 1, Part I, line 6	` '	` '				Enter here and or Part I, line 6, colur		
Schedule E - Unrelated D			ee instruct	ions)			() •	
				, i	3. [Deductions directly cor		le to
1. Description of de	bt-financed property			income from or to debt-financed		debt-financ	_ ' ' '	
			ļ ŗ	property		nt line depreciation ch schedule)	(b) Other dedu (attach sched	
(1)					((/
(2)								
(3)								
(4)								
4. Amount of average	5. Average ac	ineted hasis						
acquisition debt on or	of or allo			. Column	7. Gross	income reportable	8. Allocable ded	
allocable to debt-financed	debt-finance (attach so			divided column 5	(columi	n 2 x column 6)	(column 6 x total of 3(a) and 3(b)	
property (attach schedule)	(attach st	rredule)	+				- (-)	//
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					Enter her	e and on page 1, le 7, column (A).	Enter here and o	
					raiti, III	ie i, colullii (A).	Part I, line 7, col	uiiii (D).
Totals				▶				
Total dividends-received deduc	tions included in	column 8						

Form **990-T** (2019)

PROVIDENT, INC. 43-0652630 Form 990-T (2019) Page 4

Schedule F – Interest, Ann	uities, Royalties	s, and Re	nts Fr	om Contro	lled O	rganizat	ions (se	e instructio	ons)				
				ontrolled Or			•						
Name of controlled organization	2. Employer identification numb			ated income		of specified ents made	included	f column 4 th in the contro ion's gross in	lling	6. Deductions directly connected with income in column 5			
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organiz	ations	·											
7. Taxable Income	8. Net unrelated in (loss) (see instruct	I		Total of specific		include	t of column ed in the co ation's gross	ntrolling		I. Deductions directly nected with income in column 10			
(1)													
(2)													
(3)													
(4)													
Totals Schedule G-Investment Ir		tion 501	 (c)(7),	(9), or (17	. ′) Orga	Enter f Part I,	columns 5 a here and on line 8, column (see inst	page 1, mn (A).	Ent	dd columns 6 and 11. ler here and on page 1, rt I, line 8, column (B).			
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)					5. Total deductions and set-asides (col. 3 plus col. 4)				
(1)													
(2)													
(3)													
(4)													
	Enter here and o Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B).			
Totals													
Schedule I-Exploited Exe	mpt Activity In	come, Otl	her Th	an Advert	ising Ir	ncome (s	ee instru	ctions)					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experdirect connected production unrelated business in	from unrelication of ated from unrelication of ated from unrelication or busines 2 minus collection from unrelication or busines 2 minus collection from unrelication or busines 2 minus collection from unrelication or business of the		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		unrelated trade isiness (column nus column 3). gain, compute 5. Gi from is no		5. Gross income from activity that is not unrelated business income		nses ble to n 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)													
(2)													
(3)													
(4)													
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,					1		Enter here and on page 1, Part II, line 25.			
Schedule J-Advertising In	come (see instru	uctions)											
Part I Income From Peri	odicals Report	ed on a C	onsol	idated Bas	sis								
1. Name of periodical	2. Gross advertising income		3. Direct advertising costs		Direct gai		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		gain or (loss) (col. 2 minus col. 3). If a gain, compute				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** (2019)

Form 990-T (2019) PROVIDENT, INC. 43-0652630 Page 5

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	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 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)	_	_
1. Name	2.	Title	3. Percent of time devoted to business	4. Compensation unrelated l		
(1)			·	%		

Form **990-T** (2019)

(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.