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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization PROVIDENT RESOURCES GROUP INC		<b>D</b> Employer identification number 58-2492101
		Doing Business As PROVIDENT GROUP		<b>E</b> Telephone number (225) 766-3977
		Number and street (or P O box if mail is not delivered to street address) 5565 BANKERS AVENUE	Room/suite	<b>G</b> Gross receipts \$ 48,776,241
		City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70808		
	<b>F</b> Name and address of principal officer STEVE E HICKS 5565 BANKERS AVENUE BATON ROUGE, LA 70808		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.PROVIDENT.ORG				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1999	<b>M</b> State of legal domicile GA	

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities PROVIDENT RESOURCES GROUP, INC PROVIDES FOR THE NEEDS OF THE ELDERLY, PROMOTES HEALTHY COMMUNITIES, SERVES THE POOR & DISTRESSED, PROMOTES EDUCATION, AND LESSENS THE BURDEN OF GOVERNMENT		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b> 60	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 10	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	32,715	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,603,216	43,165,229
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,714,937	929,255
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	557,823	1,590,421
			44,908,691	45,684,905
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	72,781	1,498,995
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,629,471	14,745,324
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	25,202,973	34,210,062
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,905,225	50,454,381
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	4,003,466	-4,769,476
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	149,573,281	203,127,957
	<b>21</b>	Total liabilities (Part X, line 26)	168,755,711	223,278,942
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	-19,182,430	-20,150,985

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-12</div> <div>Date</div> </div>
	<div> <div>STEVE E HICKS CEO</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input checked="" type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>CROWE HORWATH LLP</div> <div>3815 River Crossing Parkway</div> <div>Suite 300</div> <div>Indianapolis, IN 462400977</div> </div> <div> <div>EIN</div> <div>Phone no (317) 569-8989</div> </div> </div>

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

SEE SCHEDULE O

- 2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No
- If “Yes,” describe these new services on Schedule O
- 3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No
- If “Yes,” describe these changes on Schedule O
- 4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code )	(Expenses \$ 19,261,088	including grants of \$	(Revenue \$ 26,263,795 )
IN 2009, THE SENIOR LIVING RESOURCES DIVISION OFFERED ACTIVITIES, SERVICES AND PROGRAMS TO MEET THE SPECIAL NEEDS OF THE AGED AND ELDERLY, INCLUDING HOUSING AND HEALTHCARE, WITHIN AN ENVIRONMENT THAT PROMOTES THE DIGNITY AND INDEPENDENCE OF THE RESIDENTS 554 UNITS WERE PROVIDED THROUGH THIS PROGRAM WITH 90% OCCUPANCY				




4b	(Code )	(Expenses \$ 8,085,199	including grants of \$ 1,498,995 )	(Revenue \$ 7,285,927 )
AS OF DECEMBER 31, 2009, THE CORPORATION OWNED 6 PROPERTIES WITH APPROXIMATELY 1,236 UNITS APPROXIMATELY 75% OF THESE UNITS ARE AVAILABLE FOR RESIDENTS WHO QUALIFY AS VERY LOW, LOW, AND MODERATE-INCOME FAMILIES DURING 2009, THE CORPORATION DEVELOPED AND ENRICHED ITS HOUSING PROGRAMS, INCLUDING HEALTH, SOCIAL AND EDUCATION PROGRAMS TO IMPROVE THE QUALITY OF LIFE AND POTENTIAL FOR BASIC EDUCATION SUPPORT GROUPS, FOOD AND NUTRITION CLASSES, AND JOB READINESS TRAINING ARE EXAMPLES OF PROGRAMS THAT WERE OFFERED TO THE RESIDENTS OF THE FACILITIES IN 2009				

4c	(Code )	(Expenses \$ 10,051,262	including grants of \$	(Revenue \$ 9,615,507 )
THE EDUCATION RESOURCES DIVISION PROMOTES AND ADVANCES EDUCATION THROUGH THE DEVELOPMENT, CONSTRUCTION, ACQUISITION, OWNERSHIP, MANAGEMENT, MAINTENANCE, OPERATION, AND DISPOSITION OF EDUCATION - RELATED FACILITIES AND THROUGH THE PROVISION OF VARIOUS RELATED PROGRAMS, ACTIVITIES AND SERVICES AS OF DECEMBER 31, 2009, 1,302 BEDS WERE AVAILABLE TO RESIDENTS WHO ALSO RECEIVED ENRICHMENT THROUGH COUNSELING, TUTORING AND OTHER ACTIVITIES, SERVICES AND PROGRAMS				

4d	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

4e	Total program service expenses	\$ 37,397,549
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, 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	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	144		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	608		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
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? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	6	
b	Enter the number of voting members that are independent . . . . .	1b	5	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ STEVE E HICKS 5565 BANKERS AVENUE BATON ROUGE, LA 70808 (225) 766-3977

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE E HICKS CHAIRMAN, PRESIDENT & CEO	40	X		X				424,145	0	14,773
NANCY H HENZE DIRECTOR	1	X						22,000	0	0
THOM HARROW DIRECTOR	1	X						24,000	6,000	0
TOM E GREENE III DIRECTOR	1	X						24,000	0	0
WALTER BUMPHUS PHD DIRECTOR	1	X						24,000	0	0
WALTER MONSOUR VICE CHAIRMAN	1	X						48,000	6,000	0
MARY DEPIETRO VP & DIRECTOR OF SENIOR LIVING	40			X				148,249	0	23,371
DONOVAN O HICKS SENIOR VP & GENERAL COUNSEL	40			X				234,609	0	21,871
DEBRA W LOCKWOOD EXECUTIVE VP AND CFO	40			X				248,571	0	10,386
MARLA SCANNICCHIO VP & DIRECTOR OF ACCOUNTING	40			X				120,093	0	23,225
ALLEN CURTIS ADMINISTRATOR	40					X		115,959	0	23,146
JOHN WHITE ADMINISTRATOR	40					X		111,683	0	8,426



1b	Total	1,545,309	12,000	125,198
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization7

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AEGIS PO BOX 8103 FORT SMITH, AZ 72902	THERAPY SERVICES	2,313,886
REBECCA ALELMAN 545 S MAIN SUITE 111 MEMPHIS, TN 38103	LEGAL SERVICES	461,973
LBK MANAGEMENT SERVICES 1320 GREENWAY DRIVE SUITE 720 IRVING, TX 75038	MANAGEMENT COMPANY	379,181
JE DUNN CONSTRUCTION COMPANY 929 HOLMES ROAD KANSAS CITY, MO 64106	GENERAL CONTRACTOR	292,079
CROWE HORWATH PO BOX 145415 CINCINNATI, OH 45250	AUDIT/TAX SERVICES	274,529

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization8

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0					
	b	Membership dues . . . . .	1b	0					
	c	Fundraising events . . . . .	1c	0					
	d	Related organizations . . . .	1d	0					
	e	Government grants (contributions)	1e	0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0					
	g	Noncash contributions included in lines 1a-1f \$ 0							
	h	Total. Add lines 1a-1f . . . . .						0	
Program Service Revenue			Business Code						
	2a	PATIENT SERVICE REVENUE		24,360,328	24,360,328	0	0		
	b	RENTAL REVENUE		16,157,474	16,157,474	0	0		
	c	RESIDENT SERVICE REVENUE		1,786,049	1,786,049	0	0		
	d	ANCILLARY REVENUE		861,378	861,378	0	0		
	e			0	0	0	0		
	f	All other program service revenue		0	0	0	0		
	g	Total. Add lines 2a-2f . . . . .			43,165,229				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		938,449	0	0	938,449		
	4	Income from investment of tax-exempt bond proceeds . . .		0	0	0	0		
	5	Royalties . . . . .		0	0	0	0		
	6a	(i) Real		(ii) Personal					
		Gross Rents	0	0					
		b Less rental expenses	0	0					
		c Rental income or (loss)	0	0					
	d	Net rental income or (loss) . . . . .		0	0	0	0		
	7a	(i) Securities		(ii) Other					
		Gross amount from sales of assets other than inventory	0	3,082,142					
		b Less cost or other basis and sales expenses	0	3,091,336					
		c Gain or (loss)	0	-9,194					
	d	Net gain or (loss) . . . . .		-9,194	0	0	-9,194		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	0				
		b Less direct expenses . . . . .	b	0					
		c	Net income or (loss) from fundraising events . . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a	0				
		b Less direct expenses . . . . .	b	0					
		c	Net income or (loss) from gaming activities . . .		0				
	10a	Gross sales of inventory, less returns and allowances .		a	0				
b Less cost of goods sold . . . . .		b	0						
c		Net income or (loss) from sales of inventory . . .		0	0				
Miscellaneous Revenue		Business Code							
11a	MANAGEMENT FEES			311,321	311,321	0	0		
b	CONFERENCE INCOME			209,300	209,300	0	0		
c	OIL LEASE INCOME			269,874	0	0	269,874		
d	All other revenue . . . . .			799,926	799,926	0	0		
e	Total. Add lines 11a-11d . . . . .			1,590,421					
12	Total revenue. See Instructions . . . . .			45,684,905	44,485,776	0	1,199,129		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,498,995	1,498,995		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,396,520	0	1,396,520	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages	12,052,407	9,772,059	2,280,348	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	20,053	516	19,537	0
9	Other employee benefits . . . . .	288,915	10,059	278,856	0
10	Payroll taxes . . . . .	987,429	49,345	938,084	0
11	Fees for services (non-employees)				
a	Management . . . . .	202,330	0	202,330	0
b	Legal . . . . .	813,677	0	813,677	0
c	Accounting . . . . .	243,717	0	243,717	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	0	0	0	0
g	Other . . . . .	5,131,327	4,234,511	896,816	0
12	Advertising and promotion . . . . .	329,308	194,976	134,332	0
13	Office expenses . . . . .	1,542,464	835,790	706,674	0
14	Information technology . . . . .	240,446	2,276	238,170	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	2,870,255	2,551,763	318,492	0
17	Travel . . . . .	34,359	1,990	32,369	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	62,907	6,780	56,127	0
20	Interest . . . . .	8,548,267	8,548,267	0	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	6,141,252	6,141,252	0	0
23	Insurance . . . . .	2,867,435	349,458	2,517,977	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	DIETARY	934,730	934,730	0	0
b	OTHER TAXES	833,155	0	833,155	0
c	BAD DEBT EXPENSE	679,592	679,592	0	0
d	LOC/REMARKETING FEES	991,815	0	991,815	0
e	ISSUER FEES	53,500	0	53,500	0
f	All other expenses	1,689,526	1,585,190	104,336	0
25	Total functional expenses. Add lines 1 through 24f	50,454,381	37,397,549	13,056,832	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			5,476,142	1	2,961,467
	2	Savings and temporary cash investments . . . . .			0	2	1,599,444
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			3,599,032	4	3,549,733
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			0	5	76
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			717,698	9	1,825,787
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	192,805,347			
	b	Less accumulated depreciation . . . . .	10b	22,975,053	119,950,653	10c	169,830,294
	11	Investments—publicly traded securities . . . . .			2,395,221	11	3,637,593
	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 . . . . .			17,434,535	15	19,723,563
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			149,573,281	16	203,127,957
Liabilities	17	Accounts payable and accrued expenses . . . . .			8,071,289	17	7,320,067
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			637,420	19	2,174,146
	20	Tax-exempt bond liabilities . . . . .			138,455,676	20	185,318,433
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			9,104,742	23	11,577,354
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities Complete Part X of Schedule D . . . . .			12,486,584	25	16,888,942
	26	Total liabilities. Add lines 17 through 25 . . . . .			168,755,711	26	223,278,942
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-19,182,430	27	-20,150,985
	28	Temporarily restricted net assets . . . . .			0	28	0
	29	Permanently restricted net assets . . . . .			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			0	32	0
	33	Total net assets or fund balances . . . . .			-19,182,430	33	-20,150,985
	34	Total liabilities and net assets/fund balances . . . . .			149,573,281	34	203,127,957

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization PROVIDENT RESOURCES GROUP INC	Employer identification number 58-2492101
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	32,715	0	32,715
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,448,134	34,836,107	38,276,668	36,603,216	43,165,229	186,329,354
3Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6Total. Add lines 1 through 5	33,448,134	34,836,107	38,276,668	36,635,931	43,165,229	186,362,069
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
bAmounts 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	0	0	0	0	0	0
cAdd lines 7a and 7b	0	0	0	0	0	0
8Public Support (Subtract line 7c from line 6 )						186,362,069

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	33,448,134	34,836,107	38,276,668	36,635,931	43,165,229	186,362,069
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	140,261	273,419	242,211	493,490	938,449	2,087,830
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
cAdd lines 10a and 10b	140,261	273,419	242,211	493,490	938,449	2,087,830
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0			0	0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )	379,005	161,903	1,023,000	557,823	1,708,104	3,829,835
13Total support (Add lines 9, 10c, 11 and 12 )	33,967,400	35,271,429	39,541,879	37,687,244	45,811,782	192,279,734
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	96.922 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	97.85 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.086 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.67 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
OTHER INCOME, FORM 990, SCHEDULE A, PART III, LINE 12, 2005 \$379,005 2006 \$161,903 2007 \$1,023,000 2008 \$557,823 2009 \$1,708,104 TOTAL \$3,829,835,

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> PROVIDENT RESOURCES GROUP INC	<b>Employer identification number</b> 58-2492101
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	18,685,984		18,685,984
b Buildings . . . . .	0	128,225,871	16,919,406	111,306,465
c Leasehold improvements . . . . .	0	38,461,235	5,074,961	33,386,274
d Equipment . . . . .	0	6,421,324	847,294	5,574,030
e Other . . . . .	0	1,010,933	133,392	877,541
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				169,830,294



<b>Part XI    Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>			
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year   Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net)   Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements   Combine lines 3 and 9	<b>10</b>	

<b>Part XII    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue   Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

<b>Part XIII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses   Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

<b>Part XIV    Supplemental Information</b>
---

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	US GAAP PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY IF THE TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITES TO BE RECOGNIZED AT DECEMBER 31, 2009 AND 2008. PROVIDENT IS NO LONGER SUBJECT TO EXAMINATION BY US FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2006 AND FOR ALL STATE INCOME TAXES THROUGH 2006. PROVIDENT DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. PROVIDENT WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. PROVIDENT HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF DECEMBER 31, 2009 AND 2008.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PROVIDENT RESOURCES GROUP INC

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
58-2492101

Part I 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 the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENT AFFORDABLE HOUSING RESOURCES INC5565 BANKERS AVENUE BATON ROUGE, LA 70808	311707833	501(C)(3)	1,498,995				PROGRAM ASSISTANCE

2

Enter total number of section 501(c)(3) and government organizations . . . . .

1

3

Enter total number of other organizations . . . . .

0



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
PROVIDENT RESOURCES GROUP INC

Employer identification number  
58-2492101

Part I

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PROVIDENT RESOURCES GROUP INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

DLN: 93493319040370

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
58-2492101

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	LA LOCAL GOVERNMENT ENVIRONMENTAL FACILITIES & COMMUNITY DEVELOPMENT AUTHOR	72-1416168	546279UQ1	12-15-2004	14,610,000	NEW INFRASTRUCTURE & FACILITIES		X		X
B	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF KANSAS CITY MO	43-1157670	48503CAA2	12-14-2006	52,415,000	NEW INFRASTRUCTURE & FACILITIES		X		X
C	LA LOCAL GOVERNMENT ENVIRONMENTAL FACILITIES & COMMUNITY DEVELOPMENT AUTHOR	72-1416168		01-10-2007	3,500,000	NEW OFFICE BUILDING		X		X
D	LA LOCAL GOVERNMENT ENVIRONMENTAL FACILITIES & COMMUNITY DEVELOPMENT AUTHOR	72-1416168	546279UQ1	08-09-2007	17,570,000	NEW INFRASTRUCTURE & FACILITIES		X		X
E	LA LOCAL GOVERNMENT ENVIRONMENTAL FACILITIES & COMMUNITY DEVELOPMENT AUTHOR	72-1416158	546276BT2	04-29-2009	9,800,000	AQUISITION/REHAB AND EQUIP TWO RESIDENTIAL RENTAL HOUSING PROPERTIES		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	14,905,464		55,467,967		3,587,088		18,282,191		9,801,719	
2	Gross proceeds in reserve funds	983,075		4,267,067		0		0		0	
3	Proceeds in refunding or defeasance escrows	0		0		0		0		0	
4	Other unspent proceeds	0		0		0		0		0	
5	Issuance costs from proceeds	255,385		899,777		70,000		0		196,000	
6	Working capital expenditures from proceeds	0		0		0		0		0	
7	Capital expenditures from proceeds	13,291,349		43,618,514		3,283,514		15,580,750		9,604,000	
8	Year of substantial completion	2005		2008		2008		2008		2009	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X		X		X		X	
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X			X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X		X		X			X
b	Name of provider	REGIONS FINANCIAL CORP      BANK OF AMERICA      CAPITAL ONE									
c	Term of hedge	4 0      20 0      10 0      7 0      0 0									
4a	Were gross proceeds invested in a GIC?	X		X		X		X			X
b	Name of provider	MORGAN STANLEY FLEXIBLE AGREEMENTS INC      BANK OF AMERICA      MBIA INC									
c	Term of GIC	4 0      20 0      0 0      1 0      0 0									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X				X			
5	Were any gross proceeds invested beyond an available temporary period?		X		X				X		
6	Did the bond issue qualify for an exception to rebate?		X		X				X		

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization PROVIDENT RESOURCES GROUP INC	Employer identification number 58-2492101
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Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A BALTIMORE COUNTY MARYLAND	52-6000089		06-26-2009	42,500,000	TO FINANCE THE ACQUISITION OF LAND AND BUILDINGS IN TOWSON MARYLAND		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	42,500,180		0							
2	Gross proceeds in reserve funds	0									
3	Proceeds in refunding or defeasance escrows	0									
4	Other unspent proceeds	0									
5	Issuance costs from proceeds	847,273									
6	Working capital expenditures from proceeds	0									
7	Capital expenditures from proceeds	41,483,412									
8	Year of substantial completion	2009									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?	X									
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X									
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	COMPASS BANK									
c	Term of hedge		5 0								
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC		0 0								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										



Identifier	Return Reference	Explanation
Organization's mission	Form 990, Part III, Line 1	THE STATED CHARITABLE PURPOSE OF THE ORGANIZATION SHALL INCLUDE, WITHOUT LIMITATION, A BROAD RANGE OF ACTIVITIES, PROGRAMS, AND SERVICES THAT -PROVIDE FOR AND SERVE THE NEEDS OF THE ELDERLY, WHICH MAY BE ACCOMPLISHED BY THE DEVELOPMENT, CONSTRUCTION, ACQUISITION, OWNERSHIP, OPERATION, MANAGEMENT, AND DISPOSITION OF SKILLED NURSING FACILITIES, ASSISTED LIVING FACILITIES, INDEPENDENT LIVING FACILITIES, REHABILITATIVE CARE FACILITIES, AND OTHER TYPES OF SENIOR LIVING FACILITIES -SERVE TO PROMOTE AND ADVANCE THE PHYSICAL HEALTH, EMOTIONAL HEALTH, MENTAL HEALTH AND SOCIAL WELL-BEING OF THE INDIVIDUALS, FAMILIES, AND COMMUNITIES SERVED BY THE ORGANIZATION, WHICH MAY BE ACCOMPLISHED BY THE DEVELOPMENT, CONSTRUCTION, ACQUISITION, OWNERSHIP, MANAGEMENT, MAINTENANCE, OPERATION, AND DISPOSITION OF GENERAL AND ACUTE CARE, HOSPITAL FACILITIES, MEDICAL CLINICS, MENTAL HEALTH FACILITIES, REHABILITATIVE CARE FACILITIES, PEDIATRIC FACILITIES, MEDICAL RESEARCH AND DIAGNOSTIC FACILITIES, MEDICAL TRAINING AND EDUCATIONAL FACILITIES, AND OTHER TYPES OF INPATIENT RELATED SERVICES, PROGRAMS, AND ACTIVITIES MAY BE PURSUED -SERVE TO RELIEVE THE POOR AND DISTRESSED, COMBAT COMMUNITY DETERIORATION, ELIMINATE DISCRIMINATION AND PREJUDICE, AND LESSEN NEIGHBORHOOD TENSIONS BY PROVIDING SAFE, DECENT, AND SANITARY HOUSING TO PERSONS OF LOW AND VERY LOW INCOME -SERVE TO LESSEN THE BURDEN OF GOVERNMENT, WHICH CHARITABLE PURPOSE MAY BE ACCOMPLISHED THROUGH VARIOUS MEANS, INCLUDING, WITHOUT LIMITATION, THE DEVELOPMENT, CONSTRUCTION, ACQUISITION, OWNERSHIP, MANAGEMENT, MAINTENANCE, OPERATION AND DISPOSITION OF PUBLIC FACILITIES, PUBLIC BUILDINGS, PUBLIC WORKS, AND INFRASTRUCTURE OF VARIOUS TYPES -SERVE TO PROMOTE AND ADVANCE EDUCATION THROUGH VARIOUS MEANS INCLUDING THE DEVELOPMENT, CONSTRUCTION, ACQUISITION, OWNERSHIP, MANAGEMENT, MAINTENANCE, OPERATION, AND DISPOSITION OF FACILITIES OF VARIOUS TYPES INCLUDING EDUCATIONAL, RESEARCH, AND STUDENT-HOUSING FACILITIES AND THROUGH THE PROVISION OF DEVELOPMENT, ENRICHMENT, COUNSELING, TUTORING, AND OTHER ACTIVITIES, SERVICES, AND PROGRAMS
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	STEVE E HICKS AND DONOVAN HICKS - FAMILY RELATIONSHIP.
Delegation of management duties	Form 990, Part VI, Section A, Line 3	PROVIDENT RESOURCES GROUP, INC 'S AFFORDABLE HOUSING PROPERTIES ARE MANAGED BY AN UNAFFILIATED MANAGEMENT COMPANY UNDER SEPARATE PROPERTY MANAGMENT AGREEMENTS ENTERED INTO WITH RESPECT TO THE INDIVIDUAL PROPERTIES THE MANAGEMENT FEE IS 5% OF THE GROSS RECEIPTS OF THE PROPERTIES THE MANAGEMENT AGREEMENT IS ON A MONTH TO MONTH BASIS UNTIL TERMINATED BY EITHER PARTY WITH 30 DAYS' WRITTEN NOTICE AND APPROVAL OF MERRILL LYNCH CAPITAL SERVICES, INC, AND LEHMAN BROTHERS, INC PROVIDENT RESOURCES GROUP, INC 'S EDUCATION PROPERTIES ARE MANAGED BY UNAFFILIATED MANAGEMENT COMPANIES FOR THE YEAR ENDED DECEMBER 31, 2009, MANAGEMENT FEES TOTALED \$477,122 MANAGEMENT COMPANIES ARE RESPONSIBLE FOR PLANNING AND EXECUTING BUDGETS OR FINANCIAL OPERATIONS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE FINAL DRAFT OF THE FORM 990 WAS REVIEWED IN DETAIL BY MANAGEMENT THE FINAL DRAFT WAS THEN PRESENTED TO AUDIT COMMITTEE (COMPRISED OF NON MANAGEMENT BOARD MEMBERS) FOR REVIEW, DISCUSSION AND APPROVAL FOLLOWING THE APPROVAL BY THE COMMITTEE, EACH VOTING MEMBER OF THE GOVERNING BODY RECEIVED A COPY OF THE FORM 990 BEFORE IT WAS FILED WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL MEMBERS OF SENIOR MANAGEMENT, BOARD OF DIRECTORS, AND BOARD COMMITTEES SIGN ANNUALLY CONFLICT OF INTEREST STATEMENTS ALL STATEMENTS ARE COLLECTED AND REVIEWED BY DONOVAN HICKS, THE SVP & GENERAL COUNSEL UNDER HIS DIRECTION, ELECTRONIC AND PAPER COPIES OF ALL COI FORMS ARE MAINTAINED IF A MATTER CONCERNING A POTENTIAL CONFLICT ARISES AT A COMMITTEE OR BOARD MEETING, THE CONFLICT IS EVALUATED WITHOUT THE POTENTIALLY CONFLICTED MEMBER AND A DETERMINATION IS MADE BY THE COMMITTEE OR GOVERNING BOARD ABOUT WHETHER THE PERSON SHOULD BE RESTRICTED FROM DISCUSSION AND VOTE
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE HUMAN RESOURCES DEPARTMENT DOES A MARKET REVIEW OF COMPENSATION FOR ALL OFFICERS THAT ANALYSIS IS COMPARED TO HISTORICAL COMPENSATION AND EVALUATED RELATIVE TO THE PERCENTILE FOR THE INDUSTRY AND SIZE COMBINED WITH PERFORMANCE EVALUATIONS, THE ANALYSIS IS PRESENTED TO THE COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE GOVERNING BOARD FOR THEIR REVIEW, DELIBERATION, AND DECISION ABOUT WHERE TO SET COMPENSATION FOR THE OFFICERS THIS PROCESS WAS USED FOR THE COMPENSATION OF THE PRESIDENT & CEO MINUTES ARE MAINTAINED TO DOCUMENT THE DELIBERATIONS AND ACTIONS OF THE COMMITTEE IN ADDITION, ON SEPTEMBER 8, 2009, PROVIDENT RESOURCES GROUP, INC HIRED REZNICK GROUP TO PERFORM A COMPENSATION STUDY FOR ALL OFFICERS RESULTS OF THIS STUDY WERE NOT RECEIVED UNTIL 2010 DURING 2009, THERE WERE NO SALARY ADJUSTMENTS FOR ANY OFFICER
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE HUMAN RESOURCES DEPARTMENT DOES A MARKET REVIEW OF COMPENSATION FOR ALL OFFICERS THAT ANALYSIS IS COMPARED TO HISTORICAL COMPENSATION AND EVALUATED RELATIVE TO THE PERCENTILE FOR THE INDUSTRY AND SIZE COMBINED WITH PERFORMANCE EVALUATIONS, THE ANALYSIS IS PRESENTED TO THE COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE GOVERNING BOARD FOR THEIR REVIEW, DELIBERATION, AND DECISION ABOUT WHERE TO SET COMPENSATION FOR THE OFFICERS THIS PROCESS WAS USED FOR THE COMPENSATION OF THE EXECUTIVE VP & CFO AND SENIOR VP & GENERAL COUNSEL MINUTES ARE MAINTAINED TO DOCUMENT THE DELIBERATIONS AND ACTIONS OF THE COMMITTEE THE EXECUTIVE VP & CFO REVIEWS THE PERFORMANCE OF THE VP & DIRECTOR OF SENIOR LIVING AND THE VP & DIRECTOR OF ACCOUNTING AT YEAR END AS THEIR SUPERVISOR, THE EXECUTIVE VP & CFO PREPARES A WRITTEN VALUATION DOCUMENTING PERFORMANCE IN COMPARISON TO PERFORMANCE STANDARDS SIMULTANEOUSLY, THE HUMAN RESOURCES SUPERVISOR PROVIDES A DETAILED MARKET STUDY USING VARIOUS SOURCES WITH THE PRIMARY BEING ERI THE MARKET STUDY TAKES INTO ACCOUNT TOTAL REVENUES, LINE(S) OF BUSINESS, JOB RESPONSIBILITIES, GEOGRAPHIC DIFFERENCES, ETC BASED ON PERFORMANCE EVALUATIONS AND THE MARKET STUDY THE COMPENSATION IS EVALUATED IN ADDITION, ON SEPTEMBER 8, 2009, PROVIDENT RESOURCES GROUP, INC HIRED REZNICK GROUP TO PERFORM A COMPENSATION STUDY FOR ALL OFFICERS RESULTS OF THIS STUDY WERE NOT RECEIVED UNTIL 2010 DURING 2009, THERE WAS NO SALARY ADJUSTMENTS FOR ANY OFFICER
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST



SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization PROVIDENT RESOURCES GROUP INC	Employer identification number 58-2492101
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Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because 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
PROVIDENT AFFORDABLE HOUSING RESOURCES INC  5565 BANKERS AVENUE  BATON ROUGE, LA 70808 31-1707833	AFFORDABLE HOUSING	CA	501(C)(3)	9	NA

Part III

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MUNICIPAL CORRECTIONS FINANCE LP	LEASES FACILITIES	DE	MCFH LLC	RELATED	75,619	1,940,817	No	0			No
5565 BANKERS AVENUE BATON ROUGE, LA70808 72-1590951											

Part IV

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MUNICIPAL CORRECTIONS FINANCE HOLDING LLC 5565 BANKERS AVENUE BATON ROUGE, LA70808 72-1509520	MANAGEMENT	DE	NA	C CORPORATION	150,619	142,935	100 00 %
PROVIDENT CAPITAL ADVISORS LLC 5565 BANKERS AVENUE BATON ROUGE, LA70808 26-0615635	HEALTHCARE	GA	NA	C CORPORATION	50,000	24,980	100 0 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	MUNICIPAL CORRECTIONS FINANCE HOLDING LLC	P	91,500
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Software ID: 09000329

Software Version: v2009.2.0

EIN: 58-2492101

Name: PROVIDENT RESOURCES GROUP INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
GRACELAND NURSING CENTER LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 62-1826172	NURSING	TN	15,225,262	9,404,880	NA
PROVIDENT FDTN-BK TEXAS LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 72-1499383	HOUSING	TX	6,233,420	34,897,527	NA
PROVIDENT FDTN-WEDGEWOOD TERRACE LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 72-1502336	ASTD LIVING	ID	1,322,068	3,365,418	NA
PROVIDENT GROUP-CROWN POINTE LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 72-1500086	ASTD LIVING	CA	0	16,861	NA
PROVIDENT GROUP-CITRUS HEALTH AND REHABILITATION CENTER LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 75-3006601	NURSING	DE	9,671,275	6,372,835	NA
EMMAUS SENIOR LIVING HOLDINGS LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 48-1286475	ASTD LIVING	GA	0	0	NA
PROVIDENT GROUP-NSU PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 77-0650670	EDUCATION	LA	3,985,519	30,729,343	NA
PROVIDENT GROUP-UMKC PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 20-5087918	EDUCATION	MO	3,978,755	52,355,824	NA
PROVIDENT CORPORATE PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 87-0748791	CORPORATE	GA	319,441	4,664,292	NA
PRG - TRINITY PROPERTIES 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-3491203	HOUSING	LA	1,328,332	14,066,398	NA
PRG - TOWSON PLACE PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-4740719	EDUCATION	MD	2,292,039	42,729,958	NA
PROVIDENT RESOURCES MANAGEMENT LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-4155963	CORPORATE	LA	506,946	136,734	NA
PROVIDENT GROUP - CITRUS PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-2644363	SENIOR LIVING	FL	547,144	4,874,649	NA

Additional Data

Software ID:

Software Version:

EIN: 58-2492101

Name: PROVIDENT RESOURCES GROUP INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE		24,360,328	24,360,328	0	0
RENTAL REVENUE		16,157,474	16,157,474	0	0
RESIDENT SERVICE REVENUE		1,786,049	1,786,049	0	0
ANCILLARY REVENUE		861,378	861,378	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DIETARY	934,730	934,730	0	0
OTHER TAXES	833,155	0	833,155	0
BAD DEBT EXPENSE	679,592	679,592	0	0
LOC/REMARKETING FEES	991,815	0	991,815	0
ISSUER FEES	53,500	0	53,500	0