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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 private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2015</b>  <b>Open to Public Inspection</b>

<b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<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	
	City or town, state or province, country, and ZIP or foreign postal code Baton Rouge, LA 70808		<b>G</b> Gross receipts \$ 111,761,907
<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 subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ www.provident.org		<b>H(c)</b> Group exemption number ▶	
<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>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	513
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	68,042
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	35,613
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,011,506	0
	<b>9</b> Program service revenue (Part VIII, line 2g)	81,607,148	82,287,268
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	452,630	18,429,144
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,897,398	5,975,671
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,968,682	106,692,083
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		119,171
	<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)	19,648,247	14,493,226
	<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) $\blacktriangleright$ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	103,238,979	106,492,525
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	122,887,226	121,104,922
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-29,918,544	-14,412,839
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16)		769,404,198	885,575,014
<b>21</b> Total liabilities (Part X, line 26)		901,649,595	1,029,886,584
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		-132,245,397	-144,311,570

<b>Part II Signature Block</b>					
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					
<b>Sign Here</b>	*****				2017-01-13
	Signature of officer				Date
	Steve Hicks Chairman & CEO				
				Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Rachel Spurlock		Preparer's signature Rachel Spurlock		Date
					Check <input type="checkbox"/> if self-employed
					PTIN P00520729
Firm's name ▶ CROWE HORWATH LLP					Firm's EIN ▶ 35-0921680
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122					Phone no (502) 326-3996

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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,  
(Continued in 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 98,802,338 including grants of \$ ) (Revenue \$ 75,716,089 )

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, 2015, 7,900 BEDS WERE AVAILABLE TO RESIDENTS WHO ALSO RECEIVED ENRICHMENT THROUGH COUNSELING, TUTORING AND OTHER ACTIVITIES, SERVICES AND PROGRAMS

4b

(Code ) (Expenses \$ 12,312,648 including grants of \$ ) (Revenue \$ 9,149,123 )

IN 2015, THE SENIOR LIVING RESOURCES DIVISION CONSISTS OF 51 UNITS 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

4c

(Code ) (Expenses \$ 4,514,745 including grants of \$ 119,171 ) (Revenue \$ 3,329,685 )

AS OF DECEMBER 31, 2015, THE AFFORDABLE HOUSING DIVISION CONSISTS OF 2 PROPERTIES WITH 280 UNITS APPROXIMATELY 40% OF THESE UNITS ARE AVAILABLE FOR RESIDENTS WHO EARN 60% OR LESS OF THE AREA MEDIAN INCOME EXAMPLES OF PROGRAMS THAT CAN BE OFFERED TO THE RESIDENTS OF THE FACILITIES ARE HEALTH, SOCIAL AND EDUCATION SUPPORT GROUPS, FOOD AND NUTRITION CLASSES, AND JOB READINESS TRAINING

4d

Other program services (Describe in Schedule O )








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

4e







Total program service expenses ▶

115,629,731

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

**Part IV** Checklist of Required Schedules *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b>	Yes	
<b>24a</b>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . . 	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . . 	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>35b</b>	Yes	
<b>36</b>	<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> . . . . .	<b>36</b>		No
<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
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 (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEVE 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) STEVE HICKS CHAIRMAN & CEO	38.0	X		X				548,796	0	24,936
(2) NANCY H HENZE DIRECTOR	1.0	X						24,000	0	0
(3) WALTER BUMPHUS PH.D DIRECTOR	1.0	X						24,000	0	0
(4) TOM E GREENE III DIRECTOR	1.0	X						24,000	0	0
(5) THOM HARROW DIRECTOR	1.0	X						24,000	6,000	0
(6) WALTER MONSOUR NON-EXECUTIVE CHAIRMAN	1.0	X						48,000	6,000	0
(7) DEBRA W LOCKWOOD PRESIDENT & CFO	35.0			X				354,146	0	36,219
(8) DONOVAN O HICKS EVP & CHIEF LEGAL OFFICER	37.0			X				345,775	0	29,604
(9) MARLA SCANNICCHIO SENIOR VP OF FINANCE	40.0					X		191,086	0	34,461
(10) JOSEPH ALTON DIRECTOR - PROJECT DEVELOPMENT	40.0					X		149,277	0	37,428
(11) PAMELA FORESTIER CONTROLLER	40.0					X		125,333	0	2,208
(12) MARY DEPIETRO MANAGING DIRECTOR OF SENIOR LIVING	40.0					X		172,659	0	34,895
(13) DAVID GRAND JR ASSOCIATE COUNSEL	40.0					X		154,247	0	32,886



**Part VII**    **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								2,185,319	12,000	232,637

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 8

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	Yes

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

(A) Name and business address	(B) Description of services	(C) Compensation
REHAB SOLUTIONS  539 OLD HOWELL ROAD GREENVILLE, SC 29615	REHABILITATION SERVICES	484,311
CROWE HOWARTH  P O BOX 71570 CHICAGO, IL 606941570	AUDIT/TAX SERVICES	404,149
CAPSTONE ON CAMPUS MANAGEMENT LLC  431 OFFICE PARK DRIVE BIRMINGHAM, AL 35223	MANAGEMENT COMPANY	397,564
LBK MANAGEMENT  1320 GREENWAY DRIVE SUITE 720 IRVING, TX 75038	MANAGEMENT COMPANY	375,553
CARITHERS-WALLACE-COURTENAY LLC  4343 NORTHEAST EXPRESSWAY ATLANTA, GA 30340	PROJECT MANAGEMENT SERVICES	249,874

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 12

Part VIII

Statement of Revenue

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

☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		0			
Program Service Revenue	2a	RENTAL REVENUE	Business Code 532000	67,492,952	67,492,952		
	b	PATIENT SERVICE REVENUE	900099	7,661,957	7,661,957		
	c	FITNESS FACILITY MEMBERSHIP DUES	713940	5,515,439	5,447,397	68,042	
	d	RESIDENT SERVICE REVENUE	623990	1,168,913	1,168,913		
	e	ANCILLARY REVENUE	900099	448,007	448,007		
	f	All other program service revenue		0	0	0	
	g	Total. Add lines 2a-2f . . . . .		82,287,268			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		510,199		510,199
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses		22,988,769		
		c	Gain or (loss)	0	5,069,824		
		d	Net gain or (loss) . . . . .		17,918,945		17,918,945
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from fundraising events . . . . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from gaming activities . . . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
		b	Less cost of goods sold . . . . .	b			
		c	Net income or (loss) from sales of inventory . . . . .				
Miscellaneous Revenue		Business Code					
11a		CONFERENCE INCOME	900099	964,803	964,803		
	b	DINING SUBLEASE	900099	861,776	861,776		
	c	MANAGEMENT FEE	900099	209,434	209,434		
	d	All other revenue . . . . .		3,939,658	3,939,658	0	
	e	Total. Add lines 11a-11d . . . . .		5,975,671			
12	Total revenue. See Instructions . . . . .		106,692,083	88,194,897	68,042	18,429,144	

Part IX Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	119,171	119,171		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,483,476		1,483,476	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	11,327,673	9,494,421	1,833,252	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	98,065	85,877	12,188	
9	Other employee benefits.	706,239	651,811	54,428	
10	Payroll taxes.	877,773	717,803	159,970	
11	Fees for services (non-employees):				
a	Management.	2,143,813	2,143,813	0	
b	Legal.	465,963	392,712	73,251	
c	Accounting.	332,079	240,209	91,870	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,451,830	2,939,038	512,792	0
12	Advertising and promotion.	524,827	520,932	3,895	
13	Office expenses.	2,145,159	2,038,236	106,923	
14	Information technology.	457,044	361,263	95,781	
15	Royalties.				
16	Occupancy.	9,054,578	8,980,618	73,960	
17	Travel.	178,403	147,293	31,110	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	24,937	14,533	10,404	
20	Interest.	43,985,285	43,857,080	128,205	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	27,409,701	27,256,179	153,522	
23	Insurance.	2,660,278	2,535,461	124,817	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Bad Debt Expense.	2,591,062	2,591,062		
b	Maintenance and Repairs.	3,500,580	3,453,342	47,238	
c	Issuer/Trustee/Loc Remarketing Fees.	1,713,283	1,713,283		
d	Other Taxes.	709,671	681,335	28,336	
e	All other expenses.	5,144,032	4,694,259	449,773	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	121,104,922	115,629,731	5,475,191	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		6,055,034	<b>1</b>	11,235,866
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		4,015,001	<b>4</b>	2,211,805
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		6,011,202	<b>9</b>	5,672,058
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 789,689,000			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 108,821,527	653,327,472	<b>10c</b>	680,867,473
	<b>11</b>	Investments—publicly traded securities . . . . .		1,367,955	<b>11</b>	971,931
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		98,627,534	<b>15</b>	184,615,881
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		769,404,198	<b>16</b>	885,575,014
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		51,081,903	<b>17</b>	63,582,745
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		314,667	<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		703,323,823	<b>20</b>	823,385,809
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		113,007,747	<b>23</b>	106,337,647
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	459,892
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		33,921,455	<b>25</b>	36,120,491
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		901,649,595	<b>26</b>	1,029,886,584
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		-132,245,397	<b>27</b>	-144,311,570
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		-132,245,397	<b>33</b>	-144,311,570
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		769,404,198	<b>34</b>	885,575,014

**Part XI**    **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	106,692,083
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	121,104,922
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-14,412,839
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	-132,245,397
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-20,343
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	2,367,009
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-144,311,570

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 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>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)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
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 section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
18 Private foundation.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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		4,347,353	667,282	1,011,506	0	6,026,141
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	51,392,807	64,803,570	69,879,281	81,607,148	76,771,737	344,454,543
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	51,392,807	69,150,923	70,546,563	82,618,654	76,771,737	350,480,684
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						350,480,684

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6	51,392,807	69,150,923	70,546,563	82,618,654	76,771,737	350,480,684
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143,966	217,078	406,256	555,353	510,199	1,832,852
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	48,763	106,527	116,984	113,859	68,042	454,175
<b>c</b> Add lines 10a and 10b	192,729	323,605	523,240	669,212	578,241	2,287,027
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,839,168	8,138,302	8,877,417	9,783,539	11,423,160	44,061,586
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	57,424,704	77,612,830	79,947,220	93,071,405	88,773,138	396,829,297
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	88.32 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	89.05 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.58 %
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	0.76 %

- 19a 33 1/3% support tests—2015.** 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. ► ☒
- b 33 1/3% support tests—2014.** 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. ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐



Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete <b>Part I</b> of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete <b>Part II</b> of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI**   **Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 5839168 0, COLUMN B - 8138302 0, COLUMN C - 8877417 0, COLUMN D - 9783539 0, COLUMN E - 11423160 0, COLUMN F - 44061586 0,

Name of the organization Provident Resources Group Inc	Employer identification number 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the 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 can 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" on 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 education)<div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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, and not on a historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenue included on Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a	Revenue included on 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 acquisition, 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

126,872

1d

1e

126,872

1f

0

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		36,044,995		36,044,995
b Buildings		641,887,313	84,250,482	557,636,831
c Leasehold improvements		75,000	21,709	53,291
d Equipment		52,333,637	23,881,598	28,452,039
e Other		59,348,055	667,738	58,680,317
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				680,867,473





**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<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 (losses) 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 XIII ) . . . . .	<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 XIII ) . . . . .	<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 must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<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 XIII ) . . . . .	<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 XIII ) . . . . .	<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 must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part I, Line 1(a) Escrow and Custodial Arrangements	THE RESIDENT TRUST ESCROW ACCOUNTS WERE FOR GRACELAND NURSING CENTER LLC AND CITRUS HEALTH & REHABILITATION CENTER LLC THESE TWO ENTITIES WERE SOLD TO A THIRD PARTY IN APRIL 2015

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

# 2015

**Open to Public  
Inspection**

58-2492101

☒ Yes      ☐ No

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>2</b>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	2
<b>3</b>	Enter total number of other organizations listed in the line 1 table . . . . .	0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	PROVIDENT RESOURCES GROUP (PRG) PROVIDES FUNDS TO PROVIDENT AFFORDABLE HOUSING RESOURCES (PAHR) AND THE FOUNDATION FOR RENEWABLE ENERGY AND THE ENVIRONMENT (FREE) TO HELP MAINTAIN OPERATIONS TO SERVE AND 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 AND PROMOTE A BETTER FUTURE BASED ON ENERGY, WATER AND MATERIALS CONSERVATION, RENEWABLE ENERGY USE, ENVIRONMENTAL RESILIENCE, AND SUSTAINABLE LIVELIHOODS. PRG MONITORS PAHR AND FREE'S CASH DISBURSEMENTS AND REVIEWS FOR REASONABLENESS TO ENSURE THE GRANTED MONEY IS USED FOR THE INTENDED PURPOSES. IN ADDITION, ALL TRANSFERS OF FUNDS ARE APPROVED BY THE BOARD OF DIRECTORS.

Additional Data

Software ID: 15000238  
Software Version: 2015v3.0  
EIN: 58-2492101  
Name: Provident Resources Group Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Provident Affordable Housing Resources Inc 5565 Bankers Avenue Baton Rouge, LA 70808	31-1707833	501(c)(3)		94,524	FMV	FORGIVENESS OF MANAGEMENT FEES	Program Support
The Foundation for Renewable Energy and Environment 5565 Bankers Avenue Baton Rouge, LA 70808	27-4704700	501(c)(3)		24,647	FMV	FORGIVENESS OF MANAGEMENT FEES	Program Support

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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Provident Resources Group Inc

Employer identification number  
58-2492101

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVE HICKS CHAIRMAN & CEO	(i)	516,879 -----	0 -----	31,917 -----	0 -----	24,936 -----	573,732 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 DEBRA W LOCKWOOD PRESIDENT & CFO	(i)	324,494 -----	0 -----	29,652 -----	3,064 -----	33,155 -----	390,365 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 DONOVAN O HICKS  EVP & CHIEF LEGAL OFFICER	(i)	307,789 -----	0 -----	37,986 -----	0 -----	29,604 -----	375,379 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 MARLA SCANNICCHIO SENIOR VP OF FINANCE	(i)	190,039 -----	0 -----	1,047 -----	1,850 -----	32,611 -----	225,547 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 JOSEPH ALTON DIRECTOR - PROJECT DEVELOPMENT	(i)	128,539 -----	20,000 -----	738 -----	1,554 -----	35,874 -----	186,705 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 MARY DEPIETRO MANAGING DIRECTOR OF SENIOR LIVING	(i)	158,340 -----	0 -----	14,319 -----	1,740 -----	33,155 -----	207,554 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 DAVID GRAND JR ASSOCIATE COUNSEL	(i)	153,418 -----	0 -----	829 -----	0 -----	32,886 -----	187,133 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

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

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

Return Reference	Explanation
Schedule J, Part II, Column (B)(iii) OTHER REPORTABLE COMPENSATION	PROVIDENT RESOURCES GROUP INC 'S PAID TIME OFF POLICY REQUIRES EMPLOYEES TO PAYOUT ACCRUED PTO OVER A SPECIFIC LIMIT (WHICH IS DETERMINED ANNUALLY) THE TOTAL AMOUNT OF PTO PAYOUTS FOR EMPLOYEES LISTED ON SCHEDULE J IS BROKEN OUT BELOW STEVE HICKS - \$30,837 DEBRA LOCKWOOD - \$27,759 DONOVAN HICKS - \$36,675 MARY DEPEITRO - \$13,026
Schedule J, Part I, Line 7 Non-fixed payments	During 2015, Joseph Alton, Director - Project Development was given a bonus per the Compensation Committee's approval. This was a discretionary amount according to his employment offer.



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As Filed Data -

DLN: 93493016013057

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 Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LA Local Gov environ facilities & community development authority	72-1416168	546279UQ1	12-15-2004	14,610,000	new infrastructure & facilities		X		X		X
B NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	645918YV9	06-11-2010	210,763,676	NEW INFRASTRUCTURE & FACILITIES		X		X		X
C CABELL COUNTY WEST VIRGINIA	55-6000305		07-30-2010	9,353,000	ACQUISITION OF FACILITIES		X		X		X
D LA Local Gov environ facilities & community development authority	72-1416158	546276BT2	04-29-2009	9,800,000	AQUISITION OF FACILITIES		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	1,665,000		6,290,000		435,000		980,000	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	14,829,638		211,085,651		9,353,000		9,800,000	
4	Gross proceeds in reserve funds . . . . .	904,109		15,257,694		0		0	
5	Capitalized interest from proceeds . . . . .	778,433		20,420,739		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	255,385		2,971,990		0		196,000	
8	Credit enhancement from proceeds . . . . .	159,156		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	12,732,555		168,583,305		9,353,000		9,604,000	
11	Other spent proceeds . . . . .	0		3,851,923		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2005		2011		2010		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X			X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %	
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 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X			X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider . . . . .	Regions Financial Corp							
c	Term of hedge . . . . .	350 %							
d	Was the hedge superintegrated? . . . . .		X						
e	Was the hedge terminated? . . . . .		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X			X		X
b	Name of provider . . . . .	Morgan Stanley Flexible Agreements Inc		NATIXIS FUNDING CORP					
c	Term of GIC . . . . .	400 %		600 %					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X		X					
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-mediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part IV, Line 4c Term of Hedge	For all bonds reported on Schedule K, the term of the hedge reported is computed from December 31, 2015

Return Reference	Explanation
<p>Schedule K, Part III, Line 3a Management Contracts</p>	<p>THE TAXPAYER HAS ENTERED INTO MANAGEMENT AGREEMENTS WITH RESPECT TO CERTAIN OF THE PROJECTS DESCRIBED IN SCHEDULE K THESE CONTRACTS HAVE BEEN REVIEWED BY BOND COUNSEL AND TAXPAYER'S COUNSEL TO ENSURE COMPLIANCE WITH REVENUE PROCEDURE 97-13</p>

Return Reference	Explanation
Schedule K, Part V Procedures to Undertake corrective action	<p>The Organization has established a written Tax-Exempt Bond Compliance Policy whose purpose is to help foster compliance with rules regarding recordkeeping, investments and arbitrage of bond proceeds, expenditure of bond proceeds and private business use related to tax-exempt bonds</p> <p>The Organization reviews the use of those proceeds on an on-going basis</p> <p>The Organization would alert the Issuer to any identified violations of federal tax requirements related to these bonds in a timely manner</p> <p>The organization would cooperate with the issuer as necessary to comply with the voluntary closing agreement program if self-remediation is not available</p> <p>As of December 31, 2015, the Organization is not aware of any violations of federal tax requirements related to any outstanding tax-exempt bonds</p>

Return Reference	Explanation
Schedule K, Part IV, Line 5c Term of GIC with Regions	For LA Local Government Environmental Facilities and Community Development Authority (12/15/04) GIC RELATED TO NSU 2004 REGIONS FOR A TERM OF 1 YEAR

Return Reference	Explanation
Schedule K, Part IV, Line 2b Exception to Rebate	<p>For all bonds reported on Schedule K, the project and cost of issuance funds were spent within the temporary periods, however, an arbitrage rebate liability calculation is still required and performed as required</p> <p>Therefore, the bonds do not qualify for an exception to rebate</p>

Return Reference	Explanation
<p>Schedule K, Part II, Line 11 LA LOCAL GOVT ENVIR FACILITIES FOR 17,570,000</p>	<p>OTHER SPENT PROCEEDS ARE CURRENTLY ON HAND WITH THE TRUSTEE IN AN ACCOUNT DESIGNATED FOR THE SPENT PROCEEDS THIS WAS USED TO PAY DOWN THE BONDS</p>



Return Reference	Explanation
Schedule K, Part IV, Line 5c TERM OF GIC	FOR ALL BONDS REPORTED ON SCHEDULE K, THE TERM OF THE GIC REPORTED IS COMPUTED FROM THE DATE OF ISSUE OF THE BONDS TO THE DATE OF TERMINATION OF THE GIC

Return Reference	Explanation
<p>Schedule K, Part II, Line 11 NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY \$210,763,676</p>	<p>OTHER SPENT FUNDS OF \$3,851,923 ON THE NEW JERSEY ECONOMIC DEVELOPMENT FUNDS IN 2011, \$3,851,923 OF PROCEEDS FROM THIS 2010A SERIES BOND WERE ISSUED THIS AMOUNT WAS ISSUED TO REDEEM SERIES 2010B BONDS IN ACCORDANCE WITH SECTION 3 4(B) OF THE TRUST INDENTURE AN OPINION WAS RECEIVED FROM TAX COUNSEL THAT STATED THAT USING THE PROCEEDS TO REDEEM THE SERIES B BONDS WOULD NOT ADVERSELY AFFECT THE EXCLUSION FROM GROSS INCOME OF THE INTEREST ON THE BONDS FOR FEDERAL INCOME TAX PURPOSES</p>

Return Reference	Explanation
<p>Schedule K, Part III, Line 5 PRIVATE BUSINESS USE</p>	<p>FOR CABELL COUNTY, WEST VIRGINIA \$79,737,500 ISSUE FOR BONDS ISSUED BY CABELL COUNTY, WEST VIRGINIA, APPROXIMATELY \$35,613 OF TAXABLE UNRELATED BUSINESS INCOME WAS IDENTIFIED FOR THE FISCAL YEAR ENDING 12 31 2015 TOTAL REVENUES FOR THIS PROJECT WERE \$10,061,750 FOR THE FISCAL YEAR ENDING 12 31 2015 RESULTING IN PRIVATE BUSINESS USE AS A RESULT OF UNRELATED BUSINESS ACTIVITY CARRIED OF LESS THAN 1%</p>

Return Reference	Explanation
Schedule K, Part IV, Line 3 Variable Rate Issue versus Fixed Rate Issue	For LA Local Government Environmental Facilities and Community Development Authority (January 2007) SCHEDULE K - BOND ISSUANCE FOR LA FACILITIES FOR BUILDING OFFICE BUILDING - THIS ISSUANCE HAD 3 SERIES 2007A 2,635,000 VARIABLE RATE 2007B 465,000 FIXED RATE 2007C 400,000 FIXED RATE

Return Reference	Explanation
Schedule K, Part II, Line 3 ALL LISTED BONDS ON SCHEDULE K	IF THE TOTAL PROCEEDS OF THE ISSUE EXCEEDS THE ISSUE PRICE OF EACH RESPECTIVE BOND, THE DIFFERENCE IS DUE TO INVESTMENT EARNINGS THROUGH YEAR PLACED IN SERVICE INVESTMENT EARNINGS ARE INCLUDED IN THE TOTAL PROCEEDS OF EACH ISSUE

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME LA LOCAL GOV ENVIRON \$14,610,000 NO REBATE DUE	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 6/15/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME LA LOCAL GOV ENVIRON \$3,500,000 NO REBATE DUE	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 1/1/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME LA LOCAL GOV ENVIRON \$17,570,000 NO REBATE DUE	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 6/15/2012



Return Reference	Explanation
Schedule K, Part IV, Line 5c ISSUER CALIFORNIA STATEWIDE COMMUNITIES DEV AUTHORITY	FOR CALIFORNIA STATEWIDE COMMUNITIES DEV AUTHORITY, TWO GICS WERE ISSUED GIC ISSUED BY BAYERISCHE LANDESBANK - TERM 0 YRS GIC ISSUED BY BAYERISCHE LANDESBANK - TERM 8 YRS

Return Reference	Explanation
Schedule K, Part IV, Line 2b ISSUER NAME LA LOCAL GOV ENVIRON \$9,800,000 REBATE NOT DUE YET	THE CALCULATION FOR COMPUTING EXCEPTION TO REBATE WAS PERFORMED ON 4/29/14

Return Reference	Explanation
Schedule K, Part IV, Line 2b ISSUER NAME BALTIMORE COUNTY \$42,500,000 EXCEPTION TO REBATE	THE CALCULATION FOR COMPUTING EXCEPTION TO REBATE WAS PERFORMED ON 6/1/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2b ISSUER DISTRICT OF COLUMBIA EXCEPTION TO REBATE	THE CALCULATION FOR COMPUTING EXCEPTION TO REBATE WAS PERFORMED ON 4/13/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2a ISSUER DISTRICT OF COLUMBIA REBATE NOT DUE YET	THE CALCULATION FOR COMPUTING REBATE NOT DUE YET WAS PERFORMED ON 4/13/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2a ISSUER NAME SEMINOLE COUNTY INDUSTRIAL REBATE NOT DUE YET	THE NEXT SCHEDULED CALCULATION IS DUE 12/30/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2b ISSUER NAME SEMINOLE COUNTY INDUSTRIAL EXCEPTION TO REBATE	THE NEXT SCHEDULED CALCULATION IS DUE 12/30/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME SEMINOLE COUNTY INDUSTRIAL NO REBATE DUE	THE NEXT SCHEDULED CALCULATION IS DUE 12/30/2018



Return Reference	Explanation
Schedule K, Part IV, Line 2a ISSUER NAME PUBLIC FINANCE AUTHORITY REBATE NOT DUE YET	THE NEXT SCHEDULED CALCULATION IS DUE 8/11/2016

Return Reference	Explanation
Schedule K, Part IV, Line 2b ISSUER NAME PUBLIC FINANCE AUTHORITY EXCEPTION TO REBATE	THE NEXT SCHEDULED CALCULATION IS DUE 8/11/2016

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME PUBLIC FINANCE AUTHORITY NO REBATE DUE	THE NEXT SCHEDULED CALCULATION IS DUE 8/11/2016

Return Reference	Explanation
Schedule K, Part IV, Line 2a ISSUER NAME CALIFORNIA STATEWIDE COMMUNITIES REBATE NOT DUE YET	THE CALCULATION FOR COMPUTING REBATE NOT DUE YET WAS PERFORMED 4/1/14

Return Reference	Explanation
Schedule K, Part IV, Line 2b ISSUER NAME CALIFORNIA STATEWIDE COMMUNITIES EXCEPTION TO REBATE	THE CALCULATION FOR COMPUTING EXCEPTION TO REBATE WAS PERFORMED ON 4/1/14

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME CALIFORNIA STATEWIDE COMMUNITIES NO REBATE DUE	THE CALCULATION FOR NO REBATE DUE WAS PERFORMED ON 4/1/14

Return Reference	Explanation
Schedule K, Part IV, Line 2c ISSUER NAME LA LOCAL GOV ENVIRON \$9,800,000 NO REBATE DUE	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 4/29/14

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name LA Local Gov environ facilities & community development authority The calculation for computing no rebate due was performed on 06/15/2012



Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY The calculation for computing no rebate due was performed on 06/01/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name CABELL COUNTY, WEST VIRGINIA The calculation for computing no rebate due was performed on 07/01/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name LA Local Gov environ facilities & community development authority The calculation for computing no rebate due was performed on 04/29/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name Public Finance Authority The calculation for computing no rebate due was performed on 09/01/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name Baltimore County, Maryland The calculation for computing no rebate due was performed on 06/01/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name LA Local Gov environ facilities & community development authority The calculation for computing no rebate due was performed on 01/01/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY The calculation for computing no rebate due was performed on 06/01/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name CABELL COUNTY, WEST VIRGINIA The calculation for computing no rebate due was performed on 07/01/2015



Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name LA Local Gov environ facilities & community development authority The calculation for computing no rebate due was performed on 06/15/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name DISTRICT OF COLUMBIA The calculation for computing no rebate due was performed on 04/01/2015

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 Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Public Finance Authority	27-3866124	74439YAA9	08-11-2011	88,345,000	NEW INFRASTRUCTURE & FACILITIES		X		X		X
B	Baltimore County Maryland	52-6000089		06-26-2009	42,500,000	ACQUISITION OF FACILITIES		X		X		X
C	LA Local Gov environ facilities & community development authority	72-1416168		01-10-2007	3,500,000	new office building		X		X		X
D	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		06-11-2010	23,600,000	NEW INFRASTRUCTURE & FACILITIES		X		X		X
Part II Proceeds												
					A		B		C		D	
1	Amount of bonds retired . . . . .				470,000		3,131,318		1,572,813		7,749,407	
2	Amount of bonds legally defeased . . . . .				0		0		0		0	
3	Total proceeds of issue . . . . .				88,345,556		42,500,000		3,587,087		23,600,000	
4	Gross proceeds in reserve funds . . . . .				4,146,000		0		0		0	
5	Capitalized interest from proceeds . . . . .				2,491,744		169,315		146,486		0	
6	Proceeds in refunding escrows . . . . .				0		0		0		0	
7	Issuance costs from proceeds . . . . .				2,321,522		847,273		70,000		0	
8	Credit enhancement from proceeds . . . . .				0		0		0		0	
9	Working capital expenditures from proceeds . . . . .				0		0		0		0	
10	Capital expenditures from proceeds . . . . .				79,386,290		41,483,412		3,370,601		23,600,000	
11	Other spent proceeds . . . . .				0		0		0		0	
12	Other unspent proceeds . . . . .				0		0		0		0	
13	Year of substantial completion . . . . .				2012		2009		2008		2011	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . .					X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X		X	
Part III Private Business Use												
					A		B		C		D	
					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
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		X

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X			X	X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %	
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 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider . . . . .	BOACompass		COMPASS BANK		CAPITAL ONE			
c	Term of hedge . . . . .	70 %		150 %		130 %			
d	Was the hedge superintegrated? . . . . .		X		X		X		
e	Was the hedge terminated? . . . . .		X		X		X		

**Part IV Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K  
(Form 990)

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 Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Provident Resources Group Inc

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CABELL COUNTY WEST VIRGINIA	55-6000305	12681XAD0	07-30-2010	79,737,500	ACQUISITION OF FACILITIES		X		X		X
B LA Local Gov environ facilities & community development authority	72-1416168	546279UQ1	08-09-2007	18,044,163	new infrastructure & facilities		X		X		X
C SEMINOLE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2349746		12-30-2013	56,000,000	ACQUISITION OF FACILITIES		X		X		X
D CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	13078RFG0	05-13-2013	44,650,000	NEW INFRASTRUCTURE & FACILITIES		X		X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired . . . . .				400,000	1,665,000	75,000	0		
2	Amount of bonds legally defeased . . . . .				0	0	0	0		
3	Total proceeds of issue . . . . .				80,150,000	18,287,549	56,000,000	44,650,111		
4	Gross proceeds in reserve funds . . . . .				2,759,307	1,515,452	2,000,000	3,870,000		
5	Capitalized interest from proceeds . . . . .				0	1,319,733	0	3,466,034		
6	Proceeds in refunding escrows . . . . .				0	0	0	0		
7	Issuance costs from proceeds . . . . .				872,032	207,326	503,335	893,000		
8	Credit enhancement from proceeds . . . . .				91,000	134,697	0	0		
9	Working capital expenditures from proceeds . . . . .				0	0	0	0		
10	Capital expenditures from proceeds . . . . .				76,427,661	15,051,999	53,496,665	36,421,077		
11	Other spent proceeds . . . . .				0	58,342	0	0		
12	Other unspent proceeds . . . . .				0	0	0	0		
13	Year of substantial completion . . . . .				2010	2008	2013	2015		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .					X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .					X		X		X
16	Has the final allocation of proceeds been made? . . . . .				X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X	

Part III

Private Business Use

		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %	
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 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X	X		X	
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider . . . . .	MORGAN KEEGAN		Regions Financial Corp		Bank of America			
c	Term of hedge . . . . .	1250 %		350 %		1300 %			
d	Was the hedge superintegrated? . . . . .		X		X		X		
e	Was the hedge terminated? . . . . .		X		X		X		

Part IV

Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X	X	
b Name of provider . . . . .			MBIA Inc		Bank of America		Bayerische Landesbank	
c Term of GIC . . . . .			100 %		1300 %		100 %	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .			X		X		X	
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



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Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Provident Resources Group Inc

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	25483WAK8	02-14-2013	113,931,725	NEW INFRASTRUCTURE & FACILITIES		X		X		X
B NJ ECONOMIC DEVELOPMENT AUTHORITY	22-2015817	64577BHW7	04-30-2015	130,507,859	NEW INFRASTRUCTURE & FACILITIES		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		0					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	113,978,481		130,576,235					
4	Gross proceeds in reserve funds . . . . .	7,291,125		8,177,867					
5	Capitalized interest from proceeds . . . . .	10,379,367		10,634,134					
6	Proceeds in refunding escrows . . . . .	0		0					
7	Issuance costs from proceeds . . . . .	2,192,356		2,440,494					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	90,533,930		20,697,147					
11	Other spent proceeds . . . . .	0		0					
12	Other unspent proceeds . . . . .	3,581,703		88,626,593					
13	Year of substantial completion . . . . .	2015		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		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				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %					
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 %					
6	Total of lines 4 and 5 . . . . .	0 %		0 %					
7	Does the bond issue meet the private security or payment test? . . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X	X					
b	Exception to rebate? . . . . .		X		X				
c	No rebate due? . . . . .	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
<b>b</b>	Name of provider . . . . .	DEUTSCHE BANK SECURITIES							
<b>c</b>	Term of GIC . . . . .	100 %							
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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

Department of the  
Treasury  
Internal Revenue  
Service

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
Provident Resources Group Inc

**Employer identification number**

58-2492101

**Return  
Reference**

**Explanation**

Form 990,  
Part III, Line 1  
MISSION  
STATEMENT

(CONTINUED FROM FORM 990, PART III, LINE 1) 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 THAT 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

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>Board-Delegated Power Committees of Directors, Executive Committee Pursuant to Section 14-3-825 of the Act, the Board of Directors, by resolution passed by a majority of the Directors then in office, may designate one or more other committees to have to the extent provided in such resolution. The Board of Directors may designate and exercise the Board of Director's authority under Section 14-3-801 of the Act ("Board-delegated powers") such committees as it determines necessary or appropriate for the conduct of the Corporation's affairs, each such committee to consist of such Directors of the Corporation and such other persons (who formerly were members of the Board of Directors) as are appointed by the board who shall serve at the pleasure of the Board of Directors. Except to the extent that such grant of powers is limited by Section 14-3-825 of the Act, to the extent provided in the resolution, any such committee with Board-delegated powers will have and may exercise all the authority of the Board of Directors granted to it by resolution of the Board of Directors. Such committee or committees will have such name or names as may be determined from time to time by resolution adopted by the Board of Directors. Each committee shall elect a chairman from among the members of such committee. Each committee shall also keep regular minutes of its proceedings and report the same to the Board of Directors when required. The Board of Directors may, by resolution passed by a majority of the Directors then in office, at any time change the members of, fill vacancies in, limit, expand or alter the authority of, and discharge any committee of said Board of Directors. The Board of Directors may, but shall not be required to, create an Executive Committee of the Board of Directors. If created, the Executive Committee shall be created pursuant to this Section 7.1 and shall, in the interim between meetings of the Board of Directors, have and exercise such power and authority of the Board of Directors under Section 14-3-801 in the management of the affairs of the Corporation as are delegated by the Board of Directors as limited by the Act.</p>

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	STEVE E HICKS AND DONOVAN HICKS - Family relationship

Return Reference	Explanation
Form 990, Part VI, Line 3 Delegation of management duties	<p>Provident Resources Group, Inc 's affordable housing properties are managed by a related company, Provident Resources Management, LLC (PRM) PRM contracts with an unaffiliated management agent to oversee the on-site staff and manage the operations of the Properties The management fees are 4 - 5% of the gross receipts of the properties The management agreements are on a month to month basis until terminated by either party with 30 days' written notice</p> <p>PROVIDENT RESOURCES GROUP, INC 'S EDUCATION PROPERTIES ARE MANAGED BY UNAFFILIATED MANAGEMENT COMPANIES MANAGEMENT COMPANIES ARE RESPONSIBLE FOR PLANNING AND EXECUTING BUDGETS OR FINANCIAL OPERATIONS</p>

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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 their review and information. Following the audit committee's review, each voting member of the governing body received a copy of the Form 990 before it was filed with the IRS.



Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>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, Executive Vice President and Chief Legal Officer. 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.</p>

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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 Chairman & CEO, the President & CFO, and the Executive VP and Chief Legal Officer. Minutes are maintained to document the deliberations and actions of the committee.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See narrative above for Part VI, Line 15a

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's financial statements, conflict of interest policy, and governing documents are available upon written request

Return Reference	Explanation
Form 990, Part VIII, Line 7c GAIN ON STATEMENT OF REVENUE	<p>In 2014, at the direction of the Organization's Governing Board, the Organization made the strategic decision to re-focus the Organization's mission of serving the needs of the elderly away from owning and operating skilled nursing facilities to owning and operating special purpose facilities designed to provide assisted living and memory care services to the elderly To achieve this objective, the Governing Board directed that Senior Management of the Corporation pursue the sale and transfer of the Organization's two skilled nursing facilities After securing competitive bids for the two properties, the Organization negotiated and consummated transactions in 2015 for the sale of the two facilities The resulting net proceeds from the sale of the facilities remaining after discharging the outstanding mortgage indebtedness have been used in furtherance of the charitable purposes and activities of the Organization</p>

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	PARKING INCOME - Total Revenue 131631, Related or Exempt Function Revenue 131631, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OIL LEASE INCOME - Total Revenue 13691, Related or Exempt Function Revenue 13691, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTHER INCOME - Total Revenue 3794336, Related or Exempt Function Revenue 3794336, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP - 1528311, ELIMINATION ADJUSTMENT - 838698,

Return Reference	Explanation
Schedule D, Part VI, Line 1e OTHER	\$54,376,631 IN "OTHER" RELATES TO CONSTRUCTION IN PROGRESS FOR PROVIDENT GROUP - ROWAN PROPERTIES, LLC, AN ENTITY THAT WAS UNDER CONSTRUCTION IN 2015



Return Reference	Explanation
Schedule R, Part II	THE FOUNDATION FOR RENEWABLE ENERGY AND ENVIRONMENT WAS NOT A SUPPORTING ORGANIZATION AS OF APRIL 2015

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Provident Resources Group Inc

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Provident Resources Group Inc

Employer identification number  
58-2492101

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)PROVIDENT AFFORDABLE HOUSING RESOURCES INC 5565 BANKERS AVENUE  BATON ROUGE, LA 70808 31-1707833	AFFORDABLE HOUSING	CA	501(c)3	9	PROVIDENT RESOURCES GROUP INC	Yes	
(2)THE FOUNDATION FOR RENEWABLE ENERGY AND ENVIRONMENT 5565 BANKERS AVENUE  BATON ROUGE, LA 70808 27-4704700	SUPPORTING ORGANIZATION	DE	501(c)3		PROVIDENT RESOURCES GROUP INC	Yes	

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PROVIDENT GROUP - CANTON COVE <b>(1)</b> PROPERTIES LLC  5565 BANKERS AVENUE BATON ROUGE, LA 70808 46-2840618	ASSISTED LIVING FACILITY	GA	PROVIDENT SENIOR LIVING RESOURCES LLC	Related	0	0		No		Yes		0 %
PROVIDENT GROUP - CREEKSIDE <b>(2)</b> PROPERTIES LLC  5565 BANKERS AVENUE BATON ROUGE, LA 70808 46-2860608	ASSISTED LIVING FACILITY	GA	PROVIDENT SENIOR LIVING RESOURCES LLC	Related	0	0		No		Yes		0 %

**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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> MUNICIPAL CORRECTIONS FINANCE HOLDING LLC  5565 BANKERS AVENUE BATON ROUGE, LA 70808 72-1509520	MANAGEMENT	DE	PROVIDENT RESOURCES GROUP INC	C Corporation	0	40,594	100 %	Yes	
PROVIDENT CAPITAL <b>(2)</b> ADVISORS LLC  5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-0615635	HEALTHCARE	GA	PROVIDENT RESOURCES GROUP INC	C Corporation	0	0	100 %	Yes	
<b>(3)</b> PDG HOLDINGS LLC  5565 BANKERS AVENUE BATON ROUGE, LA 70808 46-3437171	SENIOR LIVING	DE	PROVIDENT RESOURCES GROUP INC	C Corporation	0	731,329	100 %	Yes	

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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, or (iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENT AFFORDABLE HOUSING RESOURCES INC	B	94,524	FMV
(2) PROVIDENT SENIOR LIVING RESOURCES INC	D	1,519,372	FMV

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]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 58-2492101

Name: Provident Resources Group Inc

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) GRACELAND NURSING CENTER LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 62-1826172	NURSING	TN	4,816,141	5,964,331	PROVIDENT RESOURCES GROUP INC
(1) PROVIDENT FOUNDATION-BK TEXAS LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 72-1499383	HOUSING	DE	15,668	2,319,806	PROVIDENT RESOURCES GROUP INC
(2) PROVIDENT FOUNDATION-WEDGEWOOD TERRACE LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 72-1502336	ASSISTED LIVING	ID	1,172,790	2,793,140	PROVIDENT RESOURCES GROUP INC
PROVIDENT GROUP-CITRUS HEALTH AND REHABILITATION (3) CENTER LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 75-3006601	NURSING	DE	3,166,033	4,803,641	PROVIDENT RESOURCES GROUP INC
(4) EMMAUS SENIOR LIVING HOLDINGS LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 48-1286475	ASSISTED LIVING	GA	0	0	PROVIDENT RESOURCES GROUP INC
(5) PROVIDENT GROUP-NSU PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 77-0650670	EDUCATION	LA	5,080,082	26,464,043	PROVIDENT RESOURCES GROUP INC
(6) PROVIDENT CORPORATE PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 87-0748791	CORPORATE	GA	226,433	3,915,099	PROVIDENT RESOURCES GROUP INC
(7) PROVIDENT RESOURCES GROUP - TRINITY PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-3491203	HOUSING	LA	2,206,620	10,924,825	PROVIDENT RESOURCES GROUP INC
(8) PROVIDENT RESOURCES GROUP - TOWSON PLACE PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-4740719	EDUCATION	MD	5,446,751	36,959,173	PROVIDENT RESOURCES GROUP INC
(9) PROVIDENT RESOURCES MANAGEMENT LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-4155963	CORPORATE	LA	1,389,761	585,619	PROVIDENT RESOURCES GROUP INC
(10) PROVIDENT GROUP - CITRUS PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 26-2644363	SENIOR LIVING	FL	171,518	229,709	PROVIDENT RESOURCES GROUP INC
(11) PROVIDENT GROUP - MARSHALL PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 27-2783366	EDUCATION	WV	10,061,750	72,394,316	PROVIDENT RESOURCES GROUP INC
(12) PROVIDENT GROUP - CONTINUUM PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 27-3060687	EDUCATION	FL	5,107,595	65,785,302	PROVIDENT RESOURCES GROUP INC
(13) PROVIDENT GROUP - MONTCLAIR PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 27-1739925	EDUCATION	NJ	21,817,751	194,509,901	PROVIDENT RESOURCES GROUP INC
(14) PROVIDENT GROUP - STANHOPE PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 45-1607588	EDUCATION	NC	7,171,006	86,789,420	PROVIDENT RESOURCES GROUP INC
(15) PROVIDENT GROUP - HOWARD PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808	EDUCATION	DC	11,597,953	113,978,358	PROVIDENT RESOURCES GROUP INC
(16) PROVIDENT GROUP - POMONA PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 45-5350644	EDUCATION	DE	4,160,413	45,044,439	PROVIDENT RESOURCES GROUP INC
(17) PROVIDENT GROUP - UCF PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 46-4159112	EDUCATION	DE	5,732,740	58,123,591	PROVIDENT RESOURCES GROUP INC
(18) PROVIDENT SENIOR LIVING RESOURCES INC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 46-2831670	SENIOR LIVING	DE	0	1,519,372	PROVIDENT RESOURCES GROUP INC
(19) PROVIDENT GROUP - ROWAN PROPERTIES LLC 5565 BANKERS AVENUE BATON ROUGE, LA 70808 47-2970992	EDUCATION	NJ	0	148,275,360	PROVIDENT RESOURCES GROUP INC