EXTENDED TO NOVEMBER 15, 2022

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	2021 Calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		04-32985	38
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	PO BOX 8265		(617) 66	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	I.	G Gross receipts \$	821,249.
Г	Ameno	ROUND ROCK, TX 78683		H(a) Is this a group re	
F	Applic			for subordinates	
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····
_	T	empt status: X 501(c)(3) 501(c) ()	or 527	1 ' '	
		e: NWW. PROVIDECARE. ORG	01 327	⊣ ′	list. See instructions
			I. v	H(c) Group exemptio	
			L Year	of formation: 1990 N	M State of legal domicile: MA
P	art I	Summary	DIIGAME		D ACCTOR
ø	1	Briefly describe the organization's mission or most significant activities: TO E	DUCATE	I, TRAIN, AN	D ASSIST
au		HEALTHCARE AND SOCIAL SERVICE PROVIDERS			
ern		Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	
ò				3	9
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	17
ξ	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,229,678.	791,869.
ğ		Program service revenue (Part VIII, line 2g)		13,500.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,980.	24,193.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,336.	5,187.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,297,494.	821,249.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,585,268.	1,291,861.
Expenses	162			0.	0.
)en	l loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 289,8	32.		
X	1,7			409,811.	413,031.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,995,079.	1,704,892.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-697,585.	
_ (19	Revenue less expenses. Subtract line 18 from line 12			
tso			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,715,659.	2,960,013.
et A	21	Total liabilities (Part X, line 26)		130,350.	95,584.
골	22	Net assets or fund balances. Subtract line 21 from line 20		3,585,309.	2,864,429.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer		Doto	
Sig	ın	•		Date	
He	re	MOLLY QUINN, TREASURER			
		Type or print name and title		Data	I DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		COLLEEN D'ALFONSO COLLEEN D'ALFON	SO 0	9/06/22 if self-employ	P01707306
	parer	Firm's name DANIEL DENNIS & COMPANY LLP		Firm's EIN ▶	04-2734675
Use	Only	Firm's address 990 WASHINGTON STREET, STE 203			4=1 444 555
		DEDHAM, MA 02026		Phone no. (6	17) 262-9898
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			Yes No

Form	m 990 (2021) PROVIDE, INC. 04-32	98538	Page 2
Pai	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO EDUCATE, TRAIN, AND ASSIST HEALTHCARE AND SOCIAL SERVICE P	ROVIDE	RS
	TO CARE FOR AND SUPPORT WOMEN SEEKING ABORTION.		
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	X 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	X 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	and
	revenue, if any, for each program service reported.		107
4a	(Code:) (Expenses \$ 1,039,984 • including grants of \$) (Revenue \$		187.
	REFERRALS PROGRAM - HEALTH CARE AND SOCIAL SERVICE PROVIDERS		
	NURSES, PHYSICIANS, COUNSELORS, SOCIAL WORKERS, AND CASE MANA		
	AS A CRITICAL LINK TO PROVIDING PEOPLE QUALITY, COMPASSIONATE		
	A RANGE OF HEALTH CARE NEEDS, INCLUDING REPRODUCTIVE HEALTH CARE AGENCY WORKS IN PARTNERSHIP WITH HEALTH AND SOCIAL SERVICE PRODUCTIVE PRODUCTI		
	BUILD A HEALTH SYSTEM THAT IS EQUIPPED TO RESPOND TO UNINTENDE		5 10
	PREGNANCY COUNSELING, INCLUDING ACCESS TO ABORTION, IN A CLIM		
	DIMINISHING ACCESS. THE AGENCY ENVISIONS A HEALTHCARE SYSTEM		
	CARES FOR THE WHOLE PERSON, MEETS PEOPLE'S NEEDS WITH DIGNITY		
	RESPECT, AND GIVES WORKERS THE TOOLS AND SUPPORT TO OFFER THE		CARE
	TO THEIR CLIENTS. THE AGENCY'S WORK ADDRESSES THE SYSTEMIC EXC		
	MARGINALIZED POPULATIONS, AS WELL AS THE MISINFORMATION ABOUT		
4b			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	1 020 004		
		Form 9	90 (2021)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	as most go remains on the ray column by y, into 11 in 12, 13 most constant y, and the minimum			

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the maching of section 513(b)(13)3 If "Yes" complete Schodule R. Part V. line 3	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		25
37		37		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contidued Contidued a recipolitic of floto to dirty line in this flat v		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
	O O/ O == F			

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Form **990** (2021)

Form 990 (2021) PROVIDE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 17								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
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			l					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			37					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11							
sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.	8							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
р	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 That the ground of records on head								
	Enter the amount of reserves on hand	14a		X					
		14a 14b		 ^``					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x					
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

PROVIDE, INC. 04-3298538 Form 990 (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	з		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		•	
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 211 one of this economic requests information about periode not required by the internal ribrariae economy		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
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		х
h	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►AL, CO, FL, IL, KY, MA, MD, ME, NC	, OK	, PA	, sc
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	, o or my,	, availe	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	u miai	.o.ai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LISA M PERDUE - 937-399-2000			
	14 EAST MAIN STREET SUITE 500, SPRINGFIELD, OH 45502			
	CER COURTE OF THE TIME OF CHARGE	_	000	

Form **990** (2021)

Form 990 (2021) PROVIDE, INC. 04-3298538 Page 7

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B)	organization com (C) Position				1		(D) Reportable	(E)	(F) Estimated
Name and title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	compensation	Reportable compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) FATIMAH GIFFORD	40.00	,,		,,				1.60 200	_	6 220
EXECUTIVE DIRECTOR	5.00	Х		Х				168,300.	0.	6,330.
(2) MARY O'DOHERTY	3.00	x		x				0.	0.	0.
PRESIDENT (3) WALT KLAUSMEIER	5.00	^		^				0.	0.	0.
TREASURER	3.00	X		x				0.	0.	0.
(4) SARAH DIETRICH, RN	5.00			123					•	•
CLERK		x		x				0.	0.	0.
(5) KATHERINE BOURNE, MPH	5.00									
DIRECTOR		Х						0.	0.	0.
(6) ISELA ARRAS	5.00									
DIRECTOR		Х						0.	0.	0.
(7) BETTY FARRELL, CNM, MSN, MPH DIRECTOR	5.00	Х						0.	0.	0.
(8) JAMARR BROWN DIRECTOR	5.00	Х						0.	0.	0.
(9) DENISE HOLMES, JD, MPH	5.00									
DIRECTOR		Х						0.	0.	0.
(10) MUGDHA MOKASHI	5.00									
DIRECTOR		Х						0.	0.	0.
		Γ								

Form 990 (2021)

Form 990 (2021) PROVIDE, INC. 04-3298538 Page 8

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	9	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	an	nount	of
		week	_	cer ar	na a a T	irecto	or/trus	itee)	from	from relate			other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	gg.			ated		organization	(W-2/1099-MI			om th	
		organizations	ustee	trust		يو	suadı		(W-2/1099-MISC/	1099-NEC)	·	anizat	
		below	ual tr	ional		ploye	t con	١.	1099-NEC)				d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l orgo	amzam	0113
		,	=	=	0	3	王高	Œ						
							<u> </u>							
							-							
									160 000					
	Subtotal								168,300.		0.		6,3	
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								168,300.		0.		6,3	30.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportab	ole			1
	compensation from the organization										—		Yes	No
3	Did the organization list any former officer,	director trust	ee l	kev e	emp	love	e o	r hic	nhest compensated emr	olovee on	ľ		100	110
	line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e J t	for such individual			4	Х	
5	Did any person listed on line 1a receive or a										3			
<u></u>	rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .					5		X
	tion B. Independent Contractors	mnoncotod in	don	on de	not o	ont	ro oto	250 1	that received more than	¢100,000 of oor		ation :	from	
1	Complete this table for your five highest co the organization. Report compensation for										npens	alion	ITOITI	
	(A)	ano oaiomaan y	<u>ou.</u>	oriai	ng v	*****	0	Ī	(B)	your.		((
	Name and business	address	N	INC	E				Description of s	services	С		nsatio	n
								_			<u> </u>			
								_						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					<u> </u>							

132008 12-09-21

					E, I	NC.				04-3298	538 Page 9
Pai	rt V	<u> </u>	Statement of Re	venu	е						
			Check if Schedule O	contair	s a resp	onse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D) Revenue excluded
								Total revenue	Related or exempt function revenue		
									Tarrottorrevortac	200110001000100	sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
ar our											
S, G			Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations								
s, (mil			Government grants (contr				352,290.				
rion			All other contributions, gifts,								
the l			similar amounts not included		1f		439,579.				
i o d		g	Noncash contributions included in	lines 1a-	1f 1 g						
a Ĉ		_	Total. Add lines 1a-1f				>	791,869.			
							Business Code				
g	2	а									
ا ﴿ خَ		b									
Se		С									
Program Service Revenue		d									
ogr R		е									
Ŗ		f	All other program service	revenu	ie						
			Total. Add lines 2a-2f								
	3		Investment income (include	ding div	vidends,	intere	est, and				
			other similar amounts)					24,193.			24,193.
	4		Income from investment of								
	5		Royalties								
			•		(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of		(i) Secur	ities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
evenue		С	Gain or (loss)	7c							
		d	Net gain or (loss)			<u></u>					
Other R	8	а	Gross income from fundraisi	ng even	ts (not						
δ			including \$		of						
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
		С	Net income or (loss) from	gamin	g activiti	es	<u>,</u>				
	10	а	Gross sales of inventory,								
			and allowances								
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales c	of invent	ory					
န္			MT GODT T 3			_	Business Code	F 40F	F 40F		
ne or	11	а	MISCELLANEOUS	KE	∨ ENÜ	<u> </u>	900099	5,187.	5,187.		
Miscellaneous Revenue		b									
Sce Re∕		С									
≝_			All other revenue					F 10F			
		е	Total. Add lines 11a-11d					5,187.			

12 Total revenue. See instructions

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

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	·			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	4-4-60	404 -01		
	trustees, and key employees	174,630.	106,524.	38,419.	29,687
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			100 00=	110 100
7	Other salaries and wages	877,214.	535,101.	192,987.	149,126
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	150 000	26.245	24.251	08 04 0
9	Other employee benefits	158,929.	96,947.	34,964.	27,018
10	Payroll taxes	81,088.	49,464.	17,839.	13,785
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11 000		2 506	
С	Accounting	11,800.	7,198.	2,596.	2,006
d	, , , , , , , , , , , , , , , , , , , ,				
е	ř ,				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	0 000	F F02	1 005	1 524
12	Advertising and promotion	9,022.	5,503.	1,985.	1,534
13	Office expenses	52,407.	31,968.	11,530.	8,909
14	Information technology				
15	Royalties				
16	Occupancy	20 276	10 400	C CC1	E 147
17	Travel	30,276.	18,468.	6,661.	5,147
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E0 E72	25 720	12 006	0 057
19	Conferences, conventions, and meetings	58,572.	35,729.	12,886.	9,957
20	Interest				
21	Payments to affiliates	9,612.	5,863.	2,115.	1 621
22	Depreciation, depletion, and amortization	3,576.	2,181.	787.	1,634
23	Other expanses Itamize expanses not severed	3,370.	4,101.	101•	000
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) CONSULTANTS	208,985.	127,481.	45,977.	35,527
a	PAYROLL PROCESSING	13,158.	8,026.	2,895.	2,237
b	PROFESSIONAL DEVELOPMEN	8,542.	5,211.	1,879.	1,452
C	DUES AND SUBSCRIPTIONS	6,542.	3,211.	1,434.	1,111
d		555.	3,961.	122.	94
	All other expenses	1,704,892.	1,039,984.	375,076.	289,832
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,10 1 ,092•	±,000,90±•	313,010•	207,032
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-09-21				Form 990 (2021

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PROVIDE, INC.

Form 990 (2021) Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,148,979.	1	438,562
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			254,850.	3	56,467
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ons		5		
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	4,624
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			4.0 - 0.1		1000
	b	Less: accumulated depreciation		20,646.	18,701.	10c	10,989
	11	Investments - publicly traded securities		0 000 100	11	0 110 071	
	12	Investments - other securities. See Part IV, line		2,293,129.	12	2,449,371	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2 515 650	15	0 060 013
	16	Total assets. Add lines 1 through 15 (must ed			3,715,659.	16	2,960,013
	17	Accounts payable and accrued expenses			130,350.	17	95,584
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, sub				20	
Lia		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D		· .		25	
	26	Total liabilities. Add lines 17 through 25			130,350.	26	95,584
	20	Organizations that follow FASB ASC 958, cl			130,330.	20	33,304
es		and complete lines 27, 28, 32, and 33.	ieck iiei				
anc	27	Net assets without donor restrictions			1,827,376.	27	2,302,730
Bal	28	Net assets with donor restrictions			1,757,933.	28	561,699
nd		Organizations that do not follow FASB ASC					312,111
Net Assets or Fund Balances		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fund	S			29	
set:	30	Paid-in or capital surplus, or land, building, or o				30	
As	31	Retained earnings, endowment, accumulated				31	
₹	32	Total net assets or fund balances			3,585,309.	32	2,864,429
_	33	Total liabilities and net assets/fund balances			3,715,659.	33	2,960,013
					, -,		Form 990 (202

04-3298538 Page **12** PROVIDE, INC.

	990 (2021) PROVIDE, INC.	04-	·329853	8	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1			249.
2	Total expenses (must equal Part IX, column (A), line 25)	2			892.
3	Revenue less expenses. Subtract line 2 from line 1	3			643.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			309.
5	Net unrealized gains (losses) on investments	5	1	62,	763.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,8	64,	429.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Х
				Ye	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t) Z	Σ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	, 2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		38	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3t		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PROVIDE, INC. 04-3298538 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2021 PROVIDE, INC. 04-3298538 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Solication of Grantzations 2000 in Sea in Sections 17 5(2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)
(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.)
 A Public Support

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	6420102.	1707942.	3572273.	1229678.	791,869.	13721864.			
2	Tax revenues levied for the organ-									
	ization'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	6420102.	1707942.	3572273.	1229678.	791,869.	13721864.			
	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)						3877256.			
6	Public support. Subtract line 5 from line 4.						9844608.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	6420102.	1707942.	3572273.	1229678.	791,869.	13721864.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	16,176.	14,011.	65,572.	50,980.	24,193.	170,932.			
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.)		7,315.	5,841.	3,336.		16,492.			
11	Total support. Add lines 7 through 10						13909288.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	13,500.			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop	here					>			
	ction C. Computation of Publ									
14	Public support percentage for 2021 (I					14	70.78 %			
15	Public support percentage from 2020					15	71.87 %			
16a	33 1/3% support test - 2021. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2020. If the o									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the		•		•		. —			
	organization meets the facts-and-circ						▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S			

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

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

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	inization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	713		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	0-		
	9с		
	10a		
	10b		
_			

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PROVIDE TNC. **Employer identification number** 04 - 3298538

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
_	> \$		(1) (1) (2) (3)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		ther offinial Assets.
12	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pub	, ,	
	service, provide in Part XIII the text of the footnote to its finan	, ,	•
h	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, of research in fair	icianice of public service,
	(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 trea		
_	the following amounts required to be reported under FASB AS	·	. ga, provide
а	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	Assets included in Form 990, Part X		

132051 10-28-21

Schedule D (Form 990) 2021

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

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Oth	er Si	milar A	ssets(contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	at make	signific	cant use c	of its	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 1	Loan or exc	hange progra	am				
b	Scholarly research	е	. 🔲 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	empt p	urpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er simila	ır asse	ts		
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgai	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" or	n Form	990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t inclu	ded		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								•	
	, ,	·	Ü						Amount	:
С	Beginning balance						-	1c		
	Additions during the year							1d		
	Distributions during the year							le		
f	Ending balance							1f		
	Did the organization include an amount on F	orm 990. Part X. line	21. for 6	escrow or c	ustodial acco	ount liab	… ∟ ilit∨?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						-			
Pai										
	· ·	(a) Current year		rior year				ree years b	ack (e) Four	years back
1a	Beginning of year balance	,					• •		1,7	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	•									
f	and programs Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the curr	ront year and balance	co (lino 1	a column (a)) hold as:	I				
a	Board designated or quasi-endowment	rent year end baland	%	g, coluitii (a)) Held as.					
b	Permanent endowment	%								
		⁷⁰ %								
С	The percentages on lines 2a, 2b, and 2c sho	, -								
20		•	ation the	at are hold o	and administs	arad for t	the or	nonization		
Sa	Are there endowment funds not in the posse	ssion of the organiz	alion ina	at are rielu a	and administ	ered for i	riie org	gariizatiori	ſ	Yes No
	by: (i) Unrelated organizations								3a(i)	100 110
h	(ii) Related organizations	ations listed as requi	rad on S	obodulo Pi)				3a(ii)	
ο Δ									30	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	iurius.						
· u	Complete if the organization answere) Part IV	/ line 11a 9	See Form 990) Part X	line 1	Ω		
	Description of property	(a) Cost or o			t or other		ccum		(d) Book	. voluo
	Description of property	basis (investr			(other)	٠,,	precia		(u) Boor	\ value
4.	Land	`	1.0111)	Daoio	(Otriol)	ue	Piccia			
	Land									
b	Buildings									
C C	Leasehold improvements			3	1,635.		20	,646.	1 /	0,989.
d	Equipment			7	, _ , 0 5 5 •		20	, 0 = 0 •	 	.,,,,,,
	Other		X colun	nn (R) line '	10c)				1 (0,989.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PROVIDE, INC	c.	04	-3298538 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	1,013,624.	END-OF-YEAR MARKET	VALUE
(B) CERTIFICATES OF DEPOSIT	1,435,747.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,449,371.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	/		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25).
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturr) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	984,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	162,763.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	162,763.
3	Subtract line 2e from line 1			3	821,249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	821,249.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	1,704,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,704,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,704,892.
Pa	rt XIII Supplemental Information.				
lines	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2:			4, Fait	A, IIII6
	E AGENCY HAS EVALUATED THE TAX POSITIONS	TAKEN I	N ITS PREV	IOU	SLY FILED
RE'	TURNS AND THOSE EXPECTED TO BE TAKEN IN	ITS 2021	RETURNS A	ND]	BELIEVES
TH	EY ARE MORE-LIKELY-THAN-NOT OF BEING SUS	TAINED I	F EXAMINED	ВУ	FEDERAL OR
ST	ATE TAX AUTHORTITIES. AT DECEMBER 31, 2	021, THE	AGENCY BE	LIE	VES THAT IT
HA	S NO UNCERTAIN TAX POSITIONS WITHIN ANY	OF ITS O	PEN TAX RE	TURI	NS.
(2	018-2020)				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PROVIDE, INC.

Employer identification number 04-3298538

Pá	art I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Z Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 1: 504/ (0) 504/ (4) 1504/ (40) 1: 1: 1 1: 50			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			Х
a	The organization?	5a		X
a	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
а		6a		Х
h	The organization? Any related organization?	6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	JD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4958-6(c)?	19	l	1

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Schedule J (Form 990) 2021

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

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

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

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

(A) Name and Title		(B) Breakdown of W	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FATIMAH GIFFORD	(i)	168,300.	0.	0.	5,049.	1,281.	174,630.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O (Form 990)

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 Form 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PROVIDE, INC.

Employer identification number 04-3298538

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WOMEN SEEKING ABORTION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WITH PARTICULAR ATTENTION TO THE U.S. SOUTH AND MIDWEST. TO MEET THE NEEDS OF THE HEALTHCARE AND SOCIAL SERVICE INDUSTRY, THE AGENCY OFFERS A VARIETY OF TRAININGS. SINCE 2012, THE AGENCY'S REFERRALS INITIATIVE HAS TRAINED 10,514 PARTICIPANTS FROM 1,462 SITES THROUGH A TOTAL OF 871 TRAININGS. WITH IN-PERSON TRAININGS STILL ON PAUSE IN 2021, THE AGENCY UTILIZED 17 VIRTUAL TRAININGS TO SERVE 259 PARTICIPANTS REPRESENTING 98 SITES. 86 PERCENT OF PARTICIPANTS HAD NO RECORD OF PRIOR TRAINING; 14 PERCENT WERE REPEAT PARTICIPANTS. NEARLY 60 PERCENT OF SITES HAD NOT BEEN PREVIOUSLY TRAINED, A 50 PERCENT INCREASE FROM 2020. THE AGENCY'S SUCCESS IS BUILT ON OUR ABILITY TO DEVELOP AND MAINTAIN CRUCIAL SINCE 2013, PROVIDE HAS TRAINED 1,300 SITES AND 10,500 PARTNERSHIPS. INDIVIDUALS THROUGH OUR ABORTION REFERRALS TRAININGS. OF THOSE ORGANIZATIONS, 500 IMPLEMENTED STRUCTURAL CHANGES IN POLICIES, PROCEDURES, AND TRAINING RESOURCES, DEMONSTRATING STRONG TRUST IN THE AGENCY'S EXPERTISE.

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

THE IRS 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND TREASURER AND AND PROVIDED TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW.

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

REVIEW OF ANNUAL DISCLOSURES AND IMMEDIATE ADDRESS OF ANY CONFLICTS BY THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Page **2**

Name of the organization PROVIDE, INC.	Employer identification number 04-3298538
EXECTUIVE DIRECTOR	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY INDEPEND	ENT BOARD MEMBERS
AND INCLUDE REVIEWS OF THIRD PARTY PUBLISHED SALARY SURVE	YS AND SALARY
INFORMATION GAINED FROM COLLEAGUE ORGANIZATIONS THROUGH 9	90 REVIEW AND
PERSONAL COMMUNICATION. ALL EMPLOYEE COMPENSATION IS REVI	EWED AND APPROVED
BY THE EXECUTIVE DIRECTOR AND PROVIDED TO THE BOARD ON AN	ANNUAL BASIS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, CO, FL, IL, KY, MA, MD, ME, NC, OK, PA, SC, TN, WV, GA, LA, TX	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON WRITTEN REQUEST	
FORM 990, PART XII, LINE 2C EXPLANATION:	
THERE WAS NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION	PROCESS
DURING THE TAX YEAR.	