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

A For the 2018 calendar year, or tax year beginning

and ending

▶ 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

B C	heck if pplicabl	C Name of organization		D Employer identific	ation number				
	Addre:	PROVIDE, INC.							
	Name chang			04-3	298538				
	Initial return		Room/suite	E Telephone number					
	Final	DO BOX 410164		(617					
	termin ated			G Gross receipts \$	4,699,457.				
	Amend	ded CAMBRIDGE, MA 02141		H(a) Is this a group return					
	Application	F Name and address of principal officer: MEDANTE ZONEN		for subordinates? Yes X No					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) 0	r 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.PROVIDECARE.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1996	State of legal domicile: MA				
Pa		Summary							
e	1	Briefly describe the organization's mission or most significant activities: TO EI	DUCATE	, TRAIN, AND	D ASSIST				
Activities & Governance	l	HEALTHCARE AND SOCIAL SERVICE PROVIDERS T							
/err	l	Check this box if the organization discontinued its operations or dispos		1 _ 1	_				
Go				3	9				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			41				
ties	l	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		- I	0				
χį		Total number of volunteers (estimate if necessary)			0.				
Ψ		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38			0.				
		Net unrelated business taxable income nonn onn 990-1, inte 36		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		6,420,102.	1,707,942.				
	l	Program service revenue (Part VIII, line 2g)		0.	0.				
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,043.	-15,800.				
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	7,315.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,457,145.	1,699,457.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,777,036.	2,690,289.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.				
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 210,90)7.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,033,704.	949,931.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,810,740.	3,640,220.				
		Revenue less expenses. Subtract line 18 from line 12		2,646,405.	-1,940,763.				
s or nces	l		Ве	ginning of Current Year	End of Year				
Net Assets Fund Balanc		Total assets (Part X, line 16)		4,940,172. 174,206.	2,906,008.				
et A Ind		Total liabilities (Part X, line 26)		4,765,966.	107,484.				
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		4,705,900.	2,790,324.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of my	knowledge and helief it is				
		et, and complete. Declaration of preparer Apther than officer) is based on all information of whi			Knowledge and bellet, it is				
,	001100	Many O'Hohe	.o., p. opa. o.	04/25	5/19				
Sigr	า	Signature of officer		Date	7/ 1 2				
Her		MARY O'DOHERTY, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		COLLEEN D'ALFONSO COLLEEN D'ALFONS	SO 0	4/23/19 self-employe					
	arer	Firm's name DANIEL DENNIS & COMPANY LLP		Firm's EIN ▶	04-2734675				
Use	Only	Firm's address 990 WASHINGTON STREET, STE 308A			1				
		DEDHAM, MA 02026		Phone no. (6					
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No				

	1990 (2018) PROVIDE, INC.	04-3298538 Pag	ge 2
Pai	rt 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 SER	VICE PROVIDERS	
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,940,636 • including grants of \$) (Rever		
44	(Code:) (Expenses \$Z, 940,030 • including grants of \$) (Rever THE AGENCY ENVISIONS A WORLD IN WHICH ALL PEOPLE HAVE T		— '
	SUPPORT AND CARE THEY NEED TO DECIDE IF, HOW AND WHEN T		!N
	INTO THEIR LIVES. THE AGENCY BELIEVES THAT THEY HAVE A		
	THIS VISION A REALITY, AND THAT BROADER ENGAGEMENT AROU		'H
	WITHIN THE HEALTH CARE SYSTEM AND IN SOCIETY WILL ENSUR		
	IS AN ACCESSIBLE PART OF THE LARGER CONSTELLATION OF RE		
	NEED. THE AGENCY'S WORK FOCUSES ON MAKING SUSTAINABLE I	MPROVEMENTS TO	
	ABORTION ACCESS WHERE IT IS NEEDED MOST: IN RURAL COMMU		
	THE SOUTH AND MIDWEST, AND ON THE ENGAGEMENT OF PROFESS	IONAL GROUPS	
	SUCH AS PRIMARY CARE DOCTORS AND NURSES THAT DO THE MOS	T TO PROVIDE	
	CARE TO WOMEN IN THOSE AREAS.		
4b	(Code:) (Expenses \$	nue \$)
			—
	-		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	
			— ′
4d	Other program services (Describe in Schedule O.)	,	
4.5	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,940,636.)	—
<u>4e</u>	Total program service expenses ► 2,940,636.	Form 990 (2	018)
		1 01111 000 (2)

Form 990 (2018) PROVIDE, INC 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)?		х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<u> </u>
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		X
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		77	
	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		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 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,	174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,,		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 42

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Form 990 (2018) PROVIDE, INC.

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		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
	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	04-		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	-25
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "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			
	contributions? If "Yes," complete Schedule M	30		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part v		 I v	
4.	Enter the number reported in Box 2 of Form 1006. Fator 0, if not applicable		Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Senter the number of Forms W-2G included in 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	

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Form 990 (2018) 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 41							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			3,7				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	· ·	_		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		1				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50						
Va	any contributions that were not tax deductible as charitable contributions?		6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua						
b	were not tax deductible?	~	6b						
7	Organizations that may receive deductible contributions under section 170(c).		0.0						
	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 payo								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?		7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		_						
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	100							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100							
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
~	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	· · · · · · · · · · · · · · · · · · ·		14a		X				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2010)				

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
		1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9						
	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.		ما						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u>9</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			77				
	officer, director, trustee, or key employee?		. 2		X				
3	Did the organization delegate control over management duties customarily performed by or under the				37				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots				X				
4	Did the organization make any significant changes to its governing documents since the prior Form				X				
5	Did the organization become aware during the year of a significant diversion of the organization's as				X				
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				37				
_	more members of the governing body?		. <u>7a</u>		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	·			v				
_	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			v					
а	The governing body?			X					
b	Each committee with authority to act on behalf of the governing body?		8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				v				
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenue Coae.)		V	NI -				
40-	Did the averagination have local shorters by an above of this to 0		40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?		10a		- 22				
D	If "Yes," did the organization have written policies and procedures governing the activities of such cand branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	40. Did the approximation become without any first of interest on the O. If White II are to live 10.								
b									
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		12b	Х					
·	in Schedule O how this was done		12c	х					
13	Did the organization have a written whistleblower policy?			X					
14	Did the organization have a written document retention and destruction policy?			X					
15	Did the process for determining compensation of the following persons include a review and approx								
	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	Х					
	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 arrange	ement with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►AL, CO, FL, IL, F	KY,MA,MD,ME,N	C,OK	,PA	,sc				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a								
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial					
	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 be	ooks and records 🕨							
	MAGGIE BAKER - 617-661-1161	1.00							
	·	L28							
02200	SEE SCHEDULE O FOR FULL LIST OF STATES		Form	990	(2018				

10200423 735621 PROVIDE

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MELANIE ZUREK, EDM DIRECTOR/EXECUTIVE DIRECTO	40.00	x		х				164,329.	0.	18,252
(2) KATHERINE BOURNE, MPH	5.00									
PRESIDENT		Х		Х				0.	0.	0
(3) MARY O'DOHERTY	5.00									
TREASURER		Х		Х				0.	0.	0
(4) CHRISTY FUJIO, JD, MA	5.00							_	_	_
CLERK		Х		Х				0.	0.	0
(5) SARAH DIETRICH, RN	5.00	,,							0	0
DIRECTOR	F 00	Х		_				0.	0.	0
(6) BETTY FARRELL, CNM, MSN, MPH DIRECTOR	5.00	x						0.	0.	0
(7) WALTER KLAUSMEIER	5.00							0.	0.	
DIRECTOR	3.00	x						0.	0.	0
(8) DAN PELLEGROM, M. DIV	5.00								2 -	
DIRECTOR		Х						0.	0.	0
(9) FRANKIE STEIN, MPA	5.00									
DIRECTOR		Х						0.	0.	0
(10) JAMILA K. TAYLOR, PHD, MPA DIRECTOR	5.00	x						0.	0.	0
(11) WENDY ANDERSON	40.00	25						0.	0.	
SENIOR DIRECTOR OF PROGRAMS	1000	1				x		116,038.	0.	4,774
								,	-	<u>, </u>
		-								

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck) than (one	Reportable	Reportable	;	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	n an	compensation	compensation				
	week (list any	\vdash	Joi ail	u u	5510	., u us	.00)	from	from related			other	.a.:
	hours for	lirecto						the organization	organization (W-2/1099-MIS			pensa	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	30)		from the organization	
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		(** 27 1000 141100)				d relat	
	below	idual	ution	<u></u>	key employee	est co oyee	er					anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		-											
		1											
		1											
		-											
		1											
								200 267				2 0	26
1b Sub-total								280,367.		0.		3,0	<u>∠6.</u> 0.
c Total from continuation sheets to Part V								280,367.		0.	2	3,0	
d Total (add lines 1b and 1c)									000 of reportab	• •		5,0	20.
compensation from the organization	iot iiiriited to ti	1030	iiote	Ju ai	DOV	C) WI	10 11	cocived more than \$100	,,ooo or reportab				2
												Yes	No
3 Did the organization list any former officer	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the si			-						the organization				
and related organizations greater than \$15			•								4	Х	
5 Did any person listed on line 1a receive or	=				-					'	_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Scriedui	e J i	Or St	JCH	pers	SON .					5		21
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of con	npens	ation '	from	
the organization. Report compensation for										-			
(A)				_				(B)			(0	C)	
Name and business	address	N	ONE	<u> </u>				Description of s	services		ompe	nsatio	n
							\dashv						
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ						0	_	,					
											Form	990 (2018)

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04-3298538

Га	πv	Ш	Check if Schedule O cont		esponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
ts,		С	Fundraising events		1c					
텵		d	Related organizations		1d					
ns, Sim			Government grants (contribut	,	1e					
er S		f	All other contributions, gifts, gran							
듗			similar amounts not included abo		1f	1,707,942.				
on of		_	Noncash contributions included in lines	_						
<u>a</u> C		h	Total. Add lines 1a-1f				1,707,942.			
•	_					Business Code				
Program Service Revenue	2	a								
Ser		b								
E S		c d								
Bag		e								
P		f	All other program service reve	enue						
		a	Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)			•	14,011.			14,011.
	4		Income from investment of ta							
	5		Royalties							
				(i) I	Real	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
			Rental income or (loss)							
		d	Net rental income or (loss)			>				
	7	а	Gross amount from sales of		curities	(ii) Other				
			assets other than inventory	2,97	70,189					
		b	Less: cost or other basis	1						
			and sales expenses		00,000					
			Gain or (loss)				20 011	20 011		
			Net gain or (loss)			P	-29,811.	-29,811.		
Jue	8	а	Gross income from fundraising including \$	•	of					
Уeг			contributions reported on line							
Ä			Part IV, line 18	•						
Other Revenu		b	Less: direct expenses		b					
0			Net income or (loss) from fund							
			Gross income from gaming ac	_						
			Part IV, line 19							
		b	Less: direct expenses							
		С	Net income or (loss) from gam	ning acti	vities					
	10	а	Gross sales of inventory, less	returns						
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale		entory					
			Miscellaneous Revenu	ie		Business Code				
	11		MISCELLANEOUS REVENUE			900099	7,315.	7,315.		
		b								
		C	All attack various							
		d	All other revenue				7,315.			
	12	ч	Total. Add lines 11a-11d Total revenue . See instructions				1,699,457.	-22,496.	0.	14,011.
	12		i otal lovoliuo. Occ illoli ucliollo				_, _, _, _, _, .	,,	٠.	1,

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).

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									
	not include amounts reported on lines 6b, 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								
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	182,581.	118,678.	36,516.	27,387.				
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	2,001,563.	1,642,638.	256,728.	102,197.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	222	000 000		48 ===				
9	Other employee benefits	333,844.		43,544.	17,776.				
10	Payroll taxes	172,301.	138,691.	23,199.	10,411.				
11	Fees for services (non-employees):								
а	Management								
b	Legal	11 050		11 050					
С	Accounting	11,250.		11,250.					
d	Lobbying								
е	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 Sch 0.)	0 000	2 044	1 264	2 404				
12	Advertising and promotion	8,802.	3,944. 159,756.	1,364.	3,494. 38,945.				
13	Office expenses	218,312.	139,730.	19,011.	30,943.				
14	Information technology								
15	Royalties	16,200.	12 562	1 062	771				
16	Occupancy	348,656.	13,563. 315,920.	1,863. 27,356.	774. 5,380.				
17	Travel	340,030.	313,920.	21,330.	3,300.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	164,115.	148,978.	13,152.	1,985.				
19	Conferences, conventions, and meetings	104,113.	140,310.	13,134.	1,303.				
20	Interest			+					
21	Payments to affiliates	15,868.	8,410.	6,823.	635.				
22	Depreciation, depletion, and amortization	7,952.	4,267.	3,440.	245.				
23	Other expenses. Itemize expenses not covered	1,954.	Ŧ, 40/•	3,440•	243				
24	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 0.)	100 500	05.054	20 014	405				
а	CONSULTANTS	129,783.	97,274.	32,014.	495.				
b	PROFESSIONAL DEVELOPMEN	19,857.	15,993.	2,681.	1,183.				
C	PAYROLL PROCESSING	8,711.		8,711.					
d	WEBSITE MAINTENANCE	425.		425.					
	All other expenses	2 640 220	2 040 626	100 677	210 007				
25	Total functional expenses. Add lines 1 through 24e	3,640,220.	2,940,636.	488,677.	210,907.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (004.0)				

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PROVIDE, INC.

Form 990 (2018) Part X Balance Sheet

Par	τx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	909,746.	1	1,797,043.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	106,757
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution	ing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1 22 100	9	19,587
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 56,12			
	b	Less: accumulated depreciation 10b 34,72	5. 35,471.	10c	21,403
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	961,218
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,940,172.	16	2,906,008
	17	Accounts payable and accrued expenses	174,206.	17	107,484
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Ė∣		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	107 404
	26	Total liabilities. Add lines 17 through 25	174,206.	26	107,484.
		Organizations that follow SFAS 117 (ASC 958), check here X and	d		
Ses		complete lines 27 through 29, and lines 33 and 34.	1 004 460		1 100 000
Fund Balances	27	Unrestricted net assets		27	1,196,286.
Bal	28	Temporarily restricted net assets	3,681,504.	28	1,602,238.
pu	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
S Q		and complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	0.700.504
_	33	Total net assets or fund balances		33	2,798,524.
	34	Total liabilities and net assets/fund balances	4,940,172.	34	2,906,008

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	2 3 3 -1	,69 ,64 ,94 ,76 -2	0,2 0,7	20. 63. 66.		
	column (B)) 10 2						
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				No		
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
	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: Separate basis Consolidated basis Both consolidated and separate basis						
	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: X Separate basis Consolidated basis Both consolidated and separate basis c 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 Sch		2c	Х			
	3a 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?						
	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						
			⊢orm	330 (2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 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 or 990-EZ).) 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 in 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

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.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	·			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	5433671.	486,694.	1186001.	6420102.	1707942.	15234410.
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	E 400 6 E 4	106 601	1106001	6100100	4505040	4.500.4.4.0
4	Total. Add lines 1 through 3	5433671.	486,694.	1186001.	6420102.	1707942.	15234410.
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)						1.500.1110
	Public support. Subtract line 5 from line 4.						15234410.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 6420102.	(e) 2018 1707942.	(f) Total 15234410.
	Amounts from line 4	5433671.	486,694.	1186001.	6420102.	1/0/942.	15234410.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	T 406	F 00F	0 006	16 186	14 011	F2 F86
	and income from similar sources	7,486.	7,097.	8,806.	16,176.	14,011.	53,576.
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					7 215	7 215
	assets (Explain in Part VI.)					7,315.	7,315. 15295301.
11	• • • • • • • • • • • • • • • • • • • •		,				T2732201.
13					•		_
Sec							<u></u>
	<u> </u>			column (f))		14	99.60 %
						 	00 54
		•		•		•	
b							
~		•		•		•	
17a							
		•					•
b							
		•				•	
							> □
18							ıs ▶
14 15 16a b	12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 33 1/3% support test - 2018. 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 16 b 33 1/3% support test - 2017. 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 17 a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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 15 public support test as section 501(c)(3)						

Schedule A (Form 990 or 990-EZ) 2018

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						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						T
	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	$\textbf{First five years.} \ \textbf{If the Form 990 is for} \\$	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>					<u></u> ▶∟
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	9
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	Ç
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by I	ne 13, column (f))		17	(
18	Investment income percentage from 2	:017 Schedule A,	Part III, line 17			18	(
19a	33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						_
b	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, chee	organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
20	Private foundation. If the organization						
Ľ۷	i i ivate i ouriuationi ii tile organizatioi	i ala not cilect a	. DUA UIT III IC 14, 18	a, or 130, critch l	ind bux aliu see ii	1311 UU110113	🖊 🗀

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt 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 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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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		
Sec	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		
Sec	tion D. All Type III Supporting Organizations	-		
	<i>y</i>		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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	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 government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From				
d	From				
е	From				
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
<u>i</u>		over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
_		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
<u>e</u>	⊏xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Scriedule A	(Politi 990 0) 990-EZ) 2018 1110 V 1017 1110 V
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.)
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2018

PROVIDE, INC. 04-3298538 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

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

Name of organization

Employer identification number

04-3298538

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IRVING HARRIS FOUNDATION 191 NORTH WACKER DRIVE, SUITE 1500 CHICAGO, IL 60606	\$140,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LISA AND DOUGLAS GOLDMAN FUND 1 MONTGOMERY STREET, SUITE 3440 SAN FRANCISCO, CA 94104-4505	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANONYMOUS PO BOX 1624 CHARLOTTESVILLE, VA 22902	\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PACKARD FOUNDATION 343 SECOND STREET LOS ALTOS, CA 94022	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

04-3298538

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	 s					
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (h) FMV (or estimate) (See instructions.)				

Employer identification number

Name of organization

	DE, INC.			04-3298538
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line en naritable, etc., contributions of \$1,000 or	try For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		t		
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee

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 Open to Public Inspection

Name of the organization

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

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or	Accounts Complete if the
Fai			Sillillai Fullus Oi	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		d fundo	(b) Funds and other accounts
		(a) Donor advise	u iulius	(b) Fullus 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 he	eld in donor advised f	iunds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose con	ferring
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
-	Preservation of land for public use (e.g., recreation or e	· — — · · · · · · · · · · · · · · · · ·		ally important land area
	Protection of natural habitat	. —	ervation of a certified	
	Preservation of open space	1103	creation of a certifica	matorio structure
2	·	find announction contrib	ution in the form of a	concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a quality	ned conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			a.
b				
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the org	ganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	>	,	Ü	9 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	easements during the year
-	▶ \$	amig or riolanorio, aira or	merenig content amen	cacee aariing and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(/	LVRVi)
Ü		•		
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		=	
	include, if applicable, the text of the footnote to the organiza	tion's financial statement	is that describes the	organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections o	f Art Historical Tre	acures or Othe	ar Similar Assats
Fai			easures, or Othe	ei Siiilliai Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext		search in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in f	urtherance 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 tre	asures, or other similar a	ssets for financial gai	in, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to	these items:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	r Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	t are a si	gnificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	ı <u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research	е	, [Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?			L	Yes	No_
Pai	t IV Escrow and Custodial Arrang	=	ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included	_	7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing 1	table:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?	L	」Yes	└── No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									
	-	(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three ye	ears back	(e) Four ye	ars back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c show	· ·								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiza	ation		
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations									
	If "Yes" on line 3a(ii), are the related organiza				,				3b	
4 Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	funds.						
Pai			2 D+ IV	/ line 11 = 1	Caa Farma 000	D-4 V	lin = 10			
	Complete if the organization answered				1				(-1) D1	
	Description of property	(a) Cost or o		, ,	t or other		cumulate	a	(d) Book v	alue
	Land	basis (investr	nent)	Dasis	(other)	uep	reciation			
	Land									
	Buildings									
	Leasehold improvements				6,128.		34,72	5	21	,403.
	Equipment				, u , ± 2 U •		J±, 12		<u></u>	, = 0 3 •
	Other		V colum	nn (D) line	100)			+	21	,403.
ı ota	LAGGINES TA HIDUUN TE. (COMMIN ON MUST 60	auarı orri əəu. Part	A. COIUI	uu usi. IIIIe	106.1				4 4	, =

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 PROVIDE, IN	C.		04	-3298538 _{Page} ;
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value			l-of-year market value
(1) Financial derivatives	540,588.	END-OF-YE	AR MARKET	VALUE
(2) Closely-held equity interests				
(3) Other				
(A) CERTIFICATES OF DEPOSIT	420,630.	END-OF-YE	AR MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	961,218.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end	l-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, P	art X, line 15.	
(a)	Description			(b) Book value
(1)				
(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)				
(6)				
(7)				
/Q\				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Pai	t XI	Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total	revenue, gains, and other support per audited financial statements			1	1,680,823
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-26,679. 8,045.		
b	Donat	ted services and use of facilities	2b	8,045.		
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	-18,634
3	Subtra	act line 2e from line 1			3	1,699,457
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,699,457
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total	expenses and losses per audited financial statements			1	3,648,265
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities	2a	8,045.		
b		year adjustments				
С		losses				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	8,045
3		act line 2e from line 1			3	3,640,220
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)			1	
		nes 4a and 4b			4c	0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,640,220
		Supplemental Information.				
Prov	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lines 1b	and 2b; Part V, line	4: Part	X. line 2: Part XI.
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			,	, , ,
PAI	RT X	I, LINE 2:				
		·				
THI	E AG	ENCY HAS EVALUATED THE TAX POSITIONS	TAKEN I	N ITS PREV	IOU	SLY FILED
RE'	rurn	IS AND THOSE EXPECTED TO BE TAKEN IN I	TS 2018	RETURNS A	ND	BELIEVES
THI	EY A	RE MORE-LIKELY-THAN-NOT OF BEING SUST	AINED I	F EXAMINED	BY	FEDERAL OR
ST	ATE	TAX AUTHORTITIES. AT DECEMBER 31, 20	18, THE	AGENCY BE	LIE	VES THAT IT
		·	-			
HAS	S NO	UNCERTAIN TAX POSITIONS WITHIN ANY O	F ITS O	PEN TAX RE	TUR:	NS.
(20)15-	2017)				
•						

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.

Part I Questions Regarding Compensation

Employer identification number 04-3298538

	·		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 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
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.			
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53 4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2018

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) MELANIE ZUREK, EDM (i)	164,329.	0.	0.	0.	18,252.	182,581.	0.
DIRECTOR/EXECUTIVE DIRECTO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

PRO	OVIDE,	INC.						04	-32	985	38		
Part I Excess Benefit	Transacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c))(29) organizatior	ns only	′).				
Complete if the orga	nization ansv	wered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or	r Form 990-EZ, P	art V, I	ine 40)b.			
1 (a) Name of disqualified person	(b) F	Relationship betv			lified	•) D	occiption of tran	coctio	n		(d)	Corre	cted?
(a) Name of disqualified person	Off	person and or	ganiza	ation	(0	<i>)</i> D	escription of tran	ISaction		Yes N		No	
											_	_	
											_		
											-		
											-		
2 Enter the amount of tax incu section 49583 Enter the amount of tax, if ar									> \$ ₅				
Part II Loans to and/or	r From Int	erested Per	sons										
Complete if the orga reported an amount					, Part V, line 38a or I	Forn	n 990, Part IV, lin	ie 26; (or if th	e orga	nizati	on	
(a) Name of (b)	n amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Approve		proved ard or	(i) W	ritten								
interested person with	h organization							default?		committee?		agreeme	
			То	From				Yes	No	Yes	No	Yes	No
													<u> </u>
													
_{Гоtal} Part III │ Grants or Assis	tongo Por	ofiting Into		d Da	> \$								
		•											
Complete if the orga (a) Name of interested pers		(b) Relationship interested pers the organiza	betwe	en	(c) Amount of assistance		(d) Type assistan			• •) Purp		f
									-+				
							1		\dashv				
									_				

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

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of	
(a) Name of interested person	person and the organization	transaction	transaction	organization revenues?		
		1.5		Yes	No	
ANDREW D. GELLING	FAMILY MEMBER OF TH	16,200.	THE AGENCY		Х	
Port V Cumplemental Information						
Part V Supplemental Information. Provide additional information for resp	onses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: ANDREW	V D. GELLING					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	TION:			
FAMILY MEMBER OF THE EXECU	JTIVE DIRECTOR					
(D) DESCRIPTION OF TRANSAC	CTION: THE AGENCY LE	ASES OFFICE	E SPACE FROM	ſ A		
FAMILY MEMBER OF THE EXECU	JTIVE DIRECTOR.					

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

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:

REFERRALS PROGRAM

NATIONALLY, THE HEALTH CARE AND SOCIAL SERVICES SECTOR EMPLOYS OVER 12 AND SERVES MILLIONS MORE. THESE PROVIDERS CAN SERVE AS MILLION PEOPLE, CRITICAL LINK TO GETTING WOMEN QUALITY CARE FOR A RANGE OF HEALTH CARE NEEDS, INCLUDING UNINTENDED PREGNANCY. PROVIDE'S REFERRALS PROGRAM STRIVES TO STRENGTHEN THIS LINK BY ENHANCING PREGNANCY OPTIONS COUNSELING AND INTEGRATING ABORTION REFERRALS INTO PRIMARY HEALTH CARE AND SOCIAL SERVICE SITES WHILE SIMULTANEOUSLY, WORKING TO CREATE THE CULTURE CHANGE NECESSARY TO EXPAND ABORTION SERVICES IN THE LONGER IN 2018, WE HELD TRAININGS AT 630 HEALTH AND SOCIAL SERVICE SITES IN STATES WHERE WOMEN SEEKING ABORTION FACE PARTICULARLY HIGH BARRIERS TO ACCESSING CARE, INCLUDING AL, CO, FL, IL, KY, LA, MS, NC, NE, NY, OH, OK, SC, AND TN. TAILORED TO ADDRESS EACH SITE'S SPECIFIC NEEDS, TRAININGS RESULTED IN SIGNIFICANT CHANGES IN PARTICIPANTS' KNOWLEDGE, ATTITUDES, AND INTENTIONS FOR FUTURE PRACTICE, INCLUDING CORRECTING COMMON MISPERCEPTIONS ABOUT ABORTION AND INCREASING TRAINEES' INTENTION TO PROVIDE REFERRAL FOR ABORTION BY 69%. ADDITIONAL TECHNICAL ASSISTANCE WAS PROVIDED TO HALF OF TRAINED SITES AND SUPPORTED CONCRETE CHANGES TO ORGANIZATIONAL PROTOCOLS, CLIENT HANDOUTS AND SITE MANUALS, TO FURTHER ENHANCE AND SUSTAIN AGENCIES' CAPACITY TO RESPOND TO THE NEEDS OF WOMEN WITH UNINTENDED PREGNANCY IN AN EMPATHETIC, SUPPORTIVE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization **Employer identification number** PROVIDE, INC. 04-3298538 AND CLIENT-CENTERED MANNER. 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 EXECTUIVE DIRECTOR FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY INDEPENDENT BOARD MEMBERS AND INCLUDE REVIEWS OF THIRD PARTY PUBLISHED SALARY SURVEYS AND SALARY INFORMATION GAINED FROM COLLEAGUE ORGANIZATIONS THROUGH 990 REVIEW AND PERSONAL COMMUNICATION. ALL EMPLOYEE COMPENSATION IS REVIEWED 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 FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST FORM 990, PART XII, LINE 2C: THERE WAS NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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