۰	Exempt Organization Business Income Tax Return						OMB No. 1545-0687		
Form	(and proxy tax under section 6033(e))							2018	
	For calendar year 2018 or other tax year beginning, 2018, and ending, 20								
Department of the Treasury Internal Revenue Service  Solving Treasury  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								pen to Public Inspection for 01(c)(3) Organizations Only	
	Check box if address changed	ł	PROVIDENT RESOURCES GROUP, INC	u iyoo a	no see manachons ;	"		yer identification number yees' trust, see instructions.)	
	pt under section on( C )(03)	Print	Number, street, and room or suite no. If a P.O. box,	see ins	etructions			58-2492101	
□ 40		_ or	5565 BANKERS AVENUE	, 300 112	sudcucio.	E	Unrelat	ed business activity code	
☐ 40	_	Туре	City or town, state or province, country, and ZIP or	foreign	nostal code			structions.)	
52			BATON ROUGE, LA 70808	ioroigi.	posiai coco			713940	
C Book	value of all assets d of year	F Gr	oup exemption number (See instructions.	١ 🕨		1			
at en	d of year 1 360 481 175		neck organization type   ✓ 501(c) corp		on	st 🗆 4	101(a) t	rust	
H Fn			organization's unrelated trades or business					(or first) unrelated	
	de or business								
			at the end of the previous sentence, com	nlata	Parts I and II com	nlete a Sch	nodula I	M for each additional	
			omplete Parts III-V.	piere	raits raite ii, com	piete a oci	icauic	W TO CACIT AUGILIONAL	
			e corporation a subsidiary in an affiliated grou		narant aubaidian. aa	ntrallad area	2	N 🗆 Vaa 🕡 Na	
	-			-		introlled grot	upr.	. P LI tes LINO	
			and identifying number of the parent corp	oratio				(225) 766-3977	
			STEVE HICKS     e or Business Income		(A) Income	e number		<del>`</del>	
					(A) Income	(B) Expe	inses	(C) Net	
1a	Gross receipts			4 -				» <sup>4</sup>	
ь	Less returns and			1c	0				
2	-		Schedule A, line 7)	2	0		_		
3	•		t line 2 from line 1c	3	0			0	
4a			ne (attach Schedule D)	4a	0			0	
b	Net gain (loss)	(Form	4797, Part II, line 17) (attach Form 4797)	4b	0			0	
C	Capital loss de	eductio	n for trusts	4c	0			0	
5	Income (loss) fro	m a par	tnership or an S corporation (attach statement)	5	0			0	
6	Rent income (	Schedu	ile C)	6	50,252	6,8	377	43,375	
7	Unrelated deb	t-financ	ced income (Schedule E)	7	0	. "	0	0	
8	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8	0		0	0	
9	•	•	ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0	0	
10			ivity income (Schedule I)	10	0		0	0	
11	•	-	Schedule J)	11	0		0	0	
12			ructions; attach schedule)	12	32,020			32,020	
13	•		· · · · · · · · · · · · · · · · · · ·	13	82,272	6.8	377	75,395	
	13 Total. Combine lines 3 through 12								
			be directly connected with the unrelate			iio.) (Exoop		Jillibations,	
14			cers, directors, and trustees (Schedule K)				14	1 0	
15	Salaries and w						15	<del></del>	
16		•	ance				16	<del>                                     </del>	
17	•						17	<b></b>	
18			lule) (see instructions)				18	<del>                                     </del>	
	•						19	<del></del>	
19 20			ons (See instructions for limitation rules)				20	<del></del>	
					1 1		20	<u>,                                      </u>	
21			Form 4562)			0		_	
22	•		imed on Schedule A and elsewhere on rel	ıum .	. <b>22a</b>	0	22	<del></del>	
23	Depletion				<del></del> ,		23		
24			rred compensation plans RECEIVE	:L) ·			24	<del></del>	
25		-	grams		၂ပ္တု		25		
26	•	•	nses (Schedule I) St. NOV 22.20	19	S-0S(		26	<del></del>	
27		•	ests (Schedule J)	۱۷	(တွဲ - · · · ·		27		
28	Other deduction	•	ach schedule) . L		]쯙		28	16,062	
29			Id lines 14 through 28 OGDEN . {	JT.			29	19,854	
30	Unrelated busi	iness ta	xable income before net operating loss de	ductio	o <del>n. S</del> ubtract line 29 f	rom line 13	30	55,541	
31			ating loss arising in tax years beginning on or						
32			exable income. Subtract line 31 from line 3				32	55,541	
			Notice, see instructions.		Cat. No. 11291J			Form <b>990-T</b> (2018)	

2018 Return	Provident Resources	Group,	Inc
_	58-2492101		

Firm's EIN ▶

Phone no

(502) 326-3996

Form 990-T (2018)

**Use Only** 

Firm's name ▶

Firm's address > 9800 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122

%

%

Enter here and on page 1, Part I, line 7, column (A).

Form **990-T** (2018)

0

Enter here and on page 1,

Part I, line 7, column (B).

Total dividends-received deductions included in column 8

(3)

<u>(4)</u>

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)									
		Exempt	Controlled	l Organizations					
Name of controlled organization	2. Employer identification number		ated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	controlling	conne	eductions directly ected with Income in column 5	
(1)							1		
(2)								<del></del>	
(3)							1	<del></del>	
(4)			-		· · · · · · · · · · · · · · · · · · ·			-	
Nonexempt Controlled Organiz	zations	<u> </u>		1	<del></del>		<u> </u>		
7. Taxable Income	8. Net unrelated in	Net unrelated income oss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)							ŀ		
(2)							İ		
(3)							İ		
(4)									
					Add columns ! Enter here and e Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B).	
Totals		· · ·	<u> </u>		<u> </u>	0		0	
Schedule G-Investment	Income of a Sect	tion 501(			zation (see ins	tructions	<u> </u>		
1. Description of Income	2. Amount o	f income	dire	Deductions city connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)					*	. ,	· • •		
(4)									
	Enter here and Part I, line 9, o		,					re and on page 1, ne 9, column (B).	
Totals	. ▶	(				1		0	
Schedule I—Exploited Exe	empt Activity Inc	ome, Oti	ner Than	Advertising In	come (see inst	tructions	)		
Description of exploited activ	2. Gross unrelated business inco from trade of business	rme conn proc	expenses lirectly ected with fuction of irrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
	Enter here and page 1, Part line 10, col. (	i, page A). line 1	here and on a 1, Part I, 0, col (B)			•		Enter here and on page 1, Part II, line 26	
Schedule J—Advertising I	noomo (oos instru	0	0	1				0	
	eriodicals Repor		Consoli	dated Racic		<del> </del>			
income From F	eriodicais nepoi	teu on a	COHSON	4. Advertising				7. Excess readership	
1. Name of periodical	2. Gross advertising income		. Direct tising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Read		costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)				ļ				<u> </u>	
(3)				ŀ				]	
(4)									
Totals (carry to Part II, line (5))	. ▶	0	0	0		<u> </u>		0 form <b>990-T</b> (2018)	

(4)
Total. Enter here and on page 1, Part II, line 14

					Page Ç
_	on a Separat	e Basis (For ea	ach periodical lis	sted in Part II	, fill in columns
2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 5 minus column 5, but not more than column 4).
0	0				0
Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
о	o				0
Officers, Direc	tors, and Trus	stees (see instru	uctions)		•
	2	2. Title	3. Percent of time devoted to business		tion attributable to ed business
			%		
			%		
			%		
	2. Gross advertising income  0  Enter here and on page 1, Part I, line 11, col. (A).	2. Gross advertising income  0 0  Enter here and on page 1, Part 1, line 11, col. (A).  0 0  Officers, Directors, and Trus	2. Gross advertising income  3. Direct advertising costs  4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  0 0 0  Enter here and on page 1, Part I, line 11, col. (A).  0 0 0	2. Gross advertising income  3. Direct advertising costs  3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  5. Circulation Income  5. Circulation Income  5. Circulation Income  6. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  6. Circulation Income  7. Income  7. Income  8. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  8. Circulation Income  9. Circulation   2. Gross advertising income  3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  5. Circulation income  6. Readership costs  6. Readership costs  7. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  8. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.  9. Circulation income  6. Readership costs  9. Percent of time devoted to target the costs.	

Form **990-T** (2018)

0

%

Form	990T	Part	I. Line 12	Other Income
------	------	------	------------	--------------

Description	Amount
FACILITY RENTAL	
(1) NON-MEMBER SPONSORSHIP	6,025
(2) NON-MEMBER PROGRAMMING	25,995
Total	
Total for Part I, Line 12	

Form 990T Part II, Line 19	Taxes and Licenses	
	Description	Amount
FACILITY RENTAL	Description	Anount
(1) STATE TAX-WV		3,792
	Total for Part II, Line 1	3,792

## Form 990T Part II, Line 28

Other Deductions

Description	Amount
FACILITY RENTAL	
(1) PROFESSIONAL FEES	2,000
(2) MISCELLANEOUS EXPENSES - PROGRAMMING	13,065
(3) MISCELLANEOUS EXPENSES - SPONSORSHIP	997
Tot	16,062
Total for All Activities	s <u>16,062</u>

Form 990T Part V. Line 50b	Estimated Tax Payments	
	Date	Amount
09/13/2018		2,005
12/17/2018		2,000
06/15/2018		2,000
04/13/2018		2,000
	Totals	8 005

Schedule C, Line 3(a) Deductions directly connected with the income in columns 2(a) and 2(b)

FACILITY RENTAL						
(1) NON-MEMBER FACILITY RENTAL	Description	Amount				
	FACILITY RENTAL EXPENSES	6,877				
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)		6,877				