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

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A I</u>	for the	\pm 2020 calendar year, or tax year beginning \pm 0 \pm 1 , \pm 20 \pm 0 \pm and 6	enaing J	UN 30, 2021	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		26-14171	86
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return/	4795 W PATRIOT RIDGE DR		801-432-	7866
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	20,327,161.
	Ameno return	HERRIMAN, UT 84096		H(a) Is this a group re	eturn
	Applic tion	F name and address of principal officer: NATHAN MARSHALL		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
		e: ► WWW.PROVIDENCEHALL.COM		H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation Trust Association Other ▶	L Year	of formation: 2007	1 State of legal domicile: UT
	art I	Summary		•	v
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$	NAGE,	OPERATE, G	JIDE,
ဥ		DIRECT, AND PROMOTE A PUBLIC CHARTER SCHOOL			
nar	2	Check this box if the organization discontinued its operations or dispose			
Ver	3	- · · · · · · · · · · · · · · · · · · ·		3	7
පි	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
- თ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			362
ij	6	Total number of volunteers (estimate if necessary)			261
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		17,566,447.	
μe	9	Program service revenue (Part VIII, line 2g)		998,913.	670,163.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		140,182.	49,115.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,106.	88,125.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,755,648.	20,317,349.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,995,225.	13,133,191.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 4,11	4.	,	
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,391,440.	6,089,899.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,386,665.	19,223,090.
	1	Revenue less expenses. Subtract line 18 from line 12		368,983.	1,094,259.
	3	Tevende loce expenses. Castast ast into 16 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		38,625,193.	38,836,001.
ASS	21	Total liabilities (Part X, line 26)		33,048,853.	32,973,735.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		5,576,340.	5,862,266.
Pa	art II	Signature Block		. , ,	
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,
	,	Signature of officer Nathan Marshall	ion proparo	2/22/22	
Sig	n	Orginature of officer		Date	
Her		NATHAN MARSHALL, EXECUTIVE DIRCTOR			
	Č	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[1	Date Check	PTIN
Paid	d		CPA 0	2/21/22 if self-employ	001001007
	parer	Firm's name EIDE BAILLY LLP	JO		45-0250958
	Only	Firm's address 5929 FASHION POINT DR., STE. 300		Tilli 3 Lilv	
	J,	OGDEN, UT 84403-4684		Phone no 80	1-621-1575
Mar	v the IF	S discuss this return with the preparer shown above? See instructions		11 Holle Ho. 0 0	X Yes No
u	, 11		<u></u>		

Form	1 990 (2020) PROVIDENCE HALL	26-141718	86 Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO MANAGE, OPERATE, GUIDE, DIRECT, AND PROMOTE A PUBLIC		CHOOL
	FUNDED BY LOCAL, STATE, AND FEDERAL SOURCES.		
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
3	If "Yes," describe these changes on Schedule O.		165 [22] 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expens	es, and
_	revenue, if any, for each program service reported.	6:	22 065
4a	(Code:) (Expenses \$18,325,214. including grants of \$) (Reven OPERATES A PUBLIC CHARTER SCHOOL FOR STUDENTS GRADES K-1		32,065.
	OTHER TO DETECTION DESIGNATION OF THE DESIGNATION O	<u> </u>	
4b	(Code:) (Expenses \$	iue \$3	88,098.
	FOOD SERVICES FOR STUDENTS AND FACULTY.		
_			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
4d	Other program services (Describe on Schedule O.)		
ıu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	10 000 450	,	

Form 990 (2020) PROVIDENCE HALL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	77
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			~
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16		46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		
.0		18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
	,	19		Х
20a	complete Schedule G, Part III	20a		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2020) PROVIDENCE HALL
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		7.7	
	Schedule J	23	Х	
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
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-1	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	Zoa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	00		Х
27	If "Yes," complete Schedule R, Part V, line 2	36		Α_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-25
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
U33U0	1 12 22 20		990	(2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 362 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7<u>d</u> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

Х

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) PROVIDENCE HALL
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to line 2 through 7b

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See ii	nstructions.				
				<u></u>			X
Sec	tion A. Governing Body and Management						
			I			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_7			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		_7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point o	one or				
	more members of the governing body?			[7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies _{(This Section B} requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form	?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	res," de	escribe				
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent				
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$						
	The organization's CEO, Executive Director, or top management official				15a	X	
b	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 arrangements	nent w	ith a				
	taxable entity during the year?				16a		_ <u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	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 ▶UT						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy,	and t	financ	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 both	oks and	d records				
	BEVERLY LEDWARD - 801-727-8260 4795 W PATRIOT RIDGE DR HERRIMAN UT 84096						

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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)		(C)			(D)	(D) (E)			
Name and title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	(F) Estimated
	hours per	box	, unle	ss pei	rson i	is both	h an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		99	n bens		(W-2/1099-WISC)		organization and related
	below	dual t	rtio na	_	nploy	st cor				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) NATE MARSHALL	40.00		_	Ť		"	_			
EXECUTIVE DIRECTOR				Х				131,506.	0.	20,263.
(2) DAVID VAAS	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) EMILY ANDERSEN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MARY NATTRESS	5.00									
BOARD TREASURER		Х		X				0.	0.	0.
(5) SARA MCBEE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) NICK WARD	5.00									
BOARD VICE CHAIR		Х		X				0.	0.	0.
(7) MICHAEL LIVSEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LINDSEY BENTLEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
]								
						_				
		1								
						_				
		1								
						_				
		1								
						<u> </u>				
		4								
		<u> </u>				_	<u> </u>			
		4								
		-	_			1	-			
		1								
		<u> </u>				\vdash	<u> </u>			
		1								
		<u> </u>				\vdash	 			
		1								
	I .	<u> </u>				<u> </u>		l		000

032007 12-23-20 Form **990** (2020)

PARK PLACE, STE 100, WEST JORDAN, UT 84088

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	anc	l Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	∍d
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	n	an	nount	of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	gy.			ated		organization	(W-2/1099-MIS	3C)		om th	
	related	stee	truste		a.	bens		(W-2/1099-MISC)			•	anizat	
	organizations below	ıal trı	onal		ploye	ee com						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
-		드	드	JO.	- X	포등	요			\dashv			
										\dashv			
										\longrightarrow			
1b Subtotal	I			l	<u> </u>			131,506.		0.	2	0.2	63.
c Total from continuation sheets to Part VII								0.		0.		- , _	0.
d Total (add lines 1b and 1c)								131,506.		0.	2	0,2	
Total number of individuals (including but no							0 r	•	000 of roportable			<u> </u>	•••
· · · · · ·	ot illflited to th	ose	iiste	u al	ove	;) vvi i	O IE	eceived more man \$100,	ooo or reportable	;			1
compensation from the organization												Yes	No
O Distable association list and form of the	.P									ſ		163	140
3 Did the organization list any former officer,	•		•	•	•		_		•	- 1	_		v
line 1a? If "Yes," complete Schedule J for st										·····	3		X
4 For any individual listed on line 1a, is the su	•							·	•		_	37	
and related organizations greater than \$150	,		•							····· }	4	_X_	
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0)	
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
CHARTER SOLUTIONS													
2355 KARALEE WAY, SANDY,								MANAGEMENT S	ERVICES		<u>1</u> 3	5 <u>,</u> 8	56.
KEYSTONE GROUP LLC, 1568	SOUTH 5	00	W	ES	Т,								
SUITE 201, WOODS CROSS, U	T 84010							CUSTODIAL SE	RVICES		12	3,2	52.
PROTEK FIRE AND SYSTEMS,		20	G.	AL.	AX	Y	П	FIRE SUPPRES	SION AND				

ALARM SYSTEMS

Form **990** (2020)

116,954.

26-1417186

Form 990 (2020) PROVIDE
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovonas	Basilioso lovellas	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
ra M		b	Membership dues			1b					
Ω, Ħ		С	Fundraising events			1c					
ar ji						1d					
nii Bii			Government grants (contri			1e	19,358,519.				
Š			All other contributions, gifts,								
te E			similar amounts not included			1f	151,427.				
풀		g	Noncash contributions included in			1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f				>	19,509,946.			
							Business Code				
g)	2	а	STUDENT ACTIVITIES				900099	632,065.	632,065.		
Š		b	LUNCH SALES				900099	38,098.	38,098.		
Program Service Revenue		С									
an eve		d									
g B		е									
P		f	All other program service	rever	nue						
			Total. Add lines 2a-2f					670,163.			
	3		Investment income (include	ling c	divide	nds, intere	est, and				
			other similar amounts)					56,427.			56,427.
	4		Income from investment of	of tax	-exem	npt bond p	roceeds				
	5		Royalties	. <u></u>			<u> </u>				
					(i	i) Real	(ii) Personal				
	6	а	Gross rents	6a		88,125.					
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6с		88,125.					
		d	Net rental income or (loss)) <u></u>				88,125.			88,125.
	7	а	Gross amount from sales of		(i) S	Securities	(ii) Other				
			assets other than inventory	7a			2,500.				
		b	Less: cost or other basis								
e			and sales expenses	7b			9,812.				
/en		С		7с			-7,312.				
ther Revenue		d	Net gain or (loss)			<u></u>		-7,312.			-7,312.
Ē	8	а	Gross income from fundraising	ng eve	ents (r	not					
₹			including \$			_ of					
			contributions reported on	line '	1c). S	ee					
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fundı	raisin	g events					
	9	а	Gross income from gamin	g act	tivities	s. See					
			Part IV, line 19			9a					
		b	Less: direct expenses								
		С	Net income or (loss) from	gami	ing ac	tivities	<u></u>				
	10	а	Gross sales of inventory, I	ess r	eturn	s					
			and allowances			10a	<u> </u>				
		b	Less: cost of goods sold			10k					
			Net income or (loss) from				_				
<u>,</u>	_	_		_	_	_	Business Code				
o ni	11	а									
ane		b									
eve		С									
Miscellaneous Revenue		d	All other revenue								
		е	Total. Add lines 11a-11d)				
	12		Total revenue. See instruction	ns				20,317,349.	670,163.	0.	137,240.

Form 990 (2020) PROVIDENCE HALL Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor	se or note to any line in								
	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	132,574.	132,574.							
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	10,463,041.	10,463,041.							
8	Pension plan accruals and contributions (include	600 000	600 000							
	section 401(k) and 403(b) employer contributions)	609,938.	609,938.							
9	Other employee benefits	1,151,264.								
10	Payroll taxes	776,374.	776,374.							
11	Fees for services (nonemployees):	125 056	125 056							
a	Management	135,856.	135,856.	10 117						
b	Legal	18,117.		18,117. 18,468.						
C	Accounting	18,468.		18,408.						
a	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
· ·	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch 0.)	274.541.	232,221.	42.320.						
12	Advertising and promotion	274,541. 26,370.		42,320. 26,370.						
13	Office expenses									
14	Information technology	13,403.	13,403.							
15	Royalties									
16	Occupancy									
17	Travel	24,496.	24,496.							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	1,581,177.	1,581,177.							
21	Payments to affiliates	004 040	024 046							
22	Depreciation, depletion, and amortization	934,943.		06 501						
23	Insurance	51,096.	24,305.	26,791.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	TEXTBOOK AND EDUCATION	1,161,761.	1,161,761.							
b	GENERAL SUPPLIES AND MA	920,692.	899,126.	17,452.	4,114.					
С	PROPERTY MAINTENANCE	612,244.	612,244.							
d	PROPERTY RENTAL	112,706.	112,706.							
е	All other expenses	204,029.	204,029.							
25	Total functional expenses. Add lines 1 through 24e	19,223,090.	19,069,458.	149,518.	4,114.					
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)				5 QQQ (2000)					

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,310,169.	1	4,045,691.
	2	Savings and temporary cash investments			916,353.	2	4,192,580.
	3	Pledges and grants receivable, net			112,274.	3	152,254.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifie	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	5			73,980.	9	53,137.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	35,930,639.			
	b	Less: accumulated depreciation	10b	8,080,442.	28,515,737.	10c	27,850,197.
	11	Investments - publicly traded securities		2,696,680.	11	2,542,142.	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	38,625,193.	16	38,836,001.		
	17	Accounts payable and accrued expenses			1,617,201.	17	1,603,605.
	18	Grants payable	4 006	18	11 000		
	19	Deferred revenue			4,806.	19	11,992.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
ia;		controlled entity or family member of any of these			21 126 016	22	21 250 120
_	23	Secured mortgages and notes payable to unrelate			31,426,846.	23	31,358,138.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X		25	
	06	of Schedule D Total liabilities. Add lines 17 through 25			33,048,853.	<u>25</u> 26	32,973,735.
	26	Organizations that follow FASB ASC 958, chec	k bor	¬ ▶ ▼	33,040,033.	20	32,373,733
S		and complete lines 27, 28, 32, and 33.	K HEI				
ĕ	27				3,669,456.	27	2 027 464.
sala	28	Net assets with donor restrictions			1,906,884.	28	2,027,464. 3,834,802.
Ā	20	Organizations that do not follow FASB ASC 95			2,500,0011	20	3,001,0021
Ţ		and complete lines 29 through 33.	0, 0110	JOK HOLO P			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated incomment				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,576,340.	32	5,862,266.
2	33	Total liabilities and net assets/fund balances			38,625,193.	33	38,836,001.
					,,		22,230,0020

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,22	3,0	<u>90.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,09		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,57	6,3	<u>40.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-80	8,3	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,86	2,2	<u>66.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	$ldsymbol{ld}}}}}}}}}$
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Forr	n 990	(2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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

2020
Open to Public

Inspection

Employer identification number

Name of the organization

tion.

PROVIDENCE HALL 26-1417186 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2020 (li					14	<u>%</u>
15	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the facts		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	_	•	* *	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	ind see instructions	<u> </u>

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	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	ļ						
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the	ļ						
	organization's tax-exempt purpose							
3								
	are not an unrelated trade or bus-	ļ						
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf	ļ						
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	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.)							
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,	ļ						
	and income from similar sources							
k	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	ļ						
	activities not included in line 10b, whether or not the business is	ļ						
	regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)						_	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,	
_							>	
	ction C. Computation of Publi							
	Public support percentage for 2020 (I			column (f))		15	<u>%</u>	
	Public support percentage from 2019					16	<u>%</u>	
	ction D. Computation of Inves					Г		
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>	
	Investment income percentage from					18	%	
19a	a 33 1/3% support tests - 2020. If the						7 is not	
	more than 33 1/3%, check this box ar						▶□	
k	o 33 1/3% support tests - 2019. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	20		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	50		
	6		
	U		
	7		
	8		
	0		
	9a		
	٥L		
	9b		
	9с		
	46		
	10a		
	10b		
, a	90 or 99	0-F7	2020

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		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			
	·		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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Fai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	T
Sect	on 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	on 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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
•	instructions).	,	= .,ps sapporting orgo	

Schedule A (Form 990 or 990-EZ) 2020

			(COITEII IC	10u)	
Sect	ion D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9_	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ection E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2020			ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	: From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
a	Excess from 2016				
<u>b</u>	Excess from 2017				
с	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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 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

PROVIDENCE HALL

Employer identification number 26-1417186

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line	e 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds					
	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 grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation o	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year					
	>							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year					
	> \$		6 1/ 1/ 7/ 7					
8	Does each conservation easement reported on line 2(d) above							
_	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation	•						
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the					
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets					
	Complete if the organization answered "Yes" on Form		aror ommar 7,000tor					
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works					
ıa	of art, historical treasures, or other similar assets held for pub							
	service, provide in Part XIII the text of the footnote to its finan							
h	If the organization elected, as permitted under FASB ASC 95							
D	art, historical treasures, or other similar assets held for public	•						
	provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,					
			• •					
	(i) Revenue included on Form 990, Part VIII, line 1							
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treaters.	acurae or other cimilar accets for financia						
2	the following amounts required to be reported under FASB A		ıı gairi, provide					
_	Revenue included on Form 990, Part VIII, line 1	3	•					
a	Accepts included in Form 990, Part V							

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accession								•	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	n's exer	npt pu	rpose in F	Part XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma		-		•				Yes	☐ No
Par	t IV Escrow and Custodial Arran								IV, line 9, or	
	reported an amount on Form 990, Par			Ü				,	, ,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	sets not	includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance							Ic		
	Additions during the year							ld		
۰ م	Distributions during the year							le		
f	Ending balance							1f		
	Did the organization include an amount on Fe							. ,	Yes	No
	If "Yes," explain the arrangement in Part XIII.						-		100	
Par										
	Complete	(a) Current year		rior year	(c) Two yea			ree vears h	ack (e) Four	rears hack
10	Beginning of year balance	(a) Current year	(6) 1	noi yeai	(C) TWO you	13 Duck	(u) 111	ice years b	dek (e) rour	yours buck
b	Contributions									
0	Net investment earnings, gains, and losses									
٦										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
т	Administrative expenses									
g	End of year balance		/I: 4		<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balance		j, column (a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for th	ne orga	anization	Г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Do:	Describe in Part XIII the intended uses of the		wment f	unds.						
Par										
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other		ccumi		(d) Book	value
		basis (investr	nent)		(other)	de	precia	tion		0.5.5
	Land				6,966.					<u>,966.</u>
b	Buildings				3,464.			,626.	23,027	
С	Leasehold improvements				5,012.			,665.		,347.
d	Equipment				0,220.		832	,151.		,069.
	Other				4,977.					<u>,977.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	nn (R) line 1	Oc.)			🕨	27,850	,197.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financia	al derivatives			
· ·	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			d of voor morket value
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	u-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	a) must equal Form 000 Part V and (P) line 12.)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	Tra. 300 Form 300, Fait A, into 10.	(b) Book value
(1)				, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (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	i.
1.	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)	.	
•	for uncertain tax positions. In Part XIII, provide	· ·	the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	20,317,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d	()			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	20,317,349.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b				
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			20,317,349.
Par	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expense	es per Returi	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	19,223,090.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
С				
d				
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			19,223,090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		4a		
	Other (Describe in Part XIII.)			
			4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.		·····	19,223,090.
	rt XIII Supplemental Information.		3	13/223/0300
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h and 2h: Par	t V line 4: Part)	(line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		t v, iii c 4, i ait /	t, iii o z, i ait Xi,
111163	20 and 4b, and 1 art An, intes 2d and 4b. Also complete this part to provide any	additional information.		
CHA	ANGE IN ACCOUNTING FRAMEWORK			
<u> </u>	III III III III III III III III III II			
בידנז	AH HOUSE BILL 242 (H.B. 242) WAS PASSED	IN 2020 AND REG	OUTRES U	ган
<u> </u>	in 10002 Dill die (110012) Mile Hieber		201111111111111111111111111111111111111	
CHA	ARTER SCHOOLS TO REPORT UNDER THE GOVERN	MENTAL ACCOUNT	ING STANI	DARDS
<u> </u>	THE POLICE IS THE COVERED			
BOA	ARD (GASB) FRAMEWORK. AS A RESULT OF IMP	EMENTING THE	FTNANCTAI	۲,
	(diss) interest is in the second			
REF	PORTING REQUIREMENTS OF H.B. 242, THE SC	HOOL HAS CONVE	ант сатя	FINANCIAL
	tottino tagoittimino di 11.2. 212, ima po			1 111111011111
ста	ATEMENT PRESENTATION OF THE SCHOOL FINAN	TAL STATEMENTS	S AND REI	LATED
011	ATEMENT INECENTATION OF THE DOMOGE FINANC	CIAD DIAIDMINI	S AND REE	JAIJD
DTS	SCLOSURES TO BE PRESENTED IN ACCORDANCE	WITH THE CASE I	FTNANCTAI	۲.
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RFF	PORTING FRAMEWORK. PREVIOUSLY, THE SCHOO	, PREPARED ETM	ANCTALS	ЗТАТЕМЕМТ С
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TNT	DER THE FINANCIAL ACCOUNTING STANDARDS B	DARD (FASR) FD:	AMEMOBK	
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Schedule [O (Form 990) 2020	PROVIDENCE	HALL	26-1417186 Page 5
Part XII	O (Form 990) 2020 Supplemental Info	ormation _(continued)		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PROVIDENCE HALL Employer identification number 26-1417186

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		<u>X</u>
	THE SCHOOL IS EXCUSED FROM FORMAL COMPLIANCE WITH REV. PROC.			
	75-50 AS LONG AS THE SCHOOL'S CHARTER AGREEMENT WITH THE			
	STATE OF UTAH REMAINS IN EFFECT.			
_	Describes a secondard to a secondard the fellowing O			
4	Does the organization maintain the following?	4-	Х	
_	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	^	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1.	x	
4	with student admissions, programs, and scholarships?	4c 4d	X	
u	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4u	25	
	The first and the transfer and the above, produce or plant in your recountries of page, and it are in			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X_
	Admissions policies?	5b		<u>X</u>
С	Employment of faculty or administrative staff?	5с		<u>X</u>
	Scholarships or other financial assistance?	5d		_X_
е	Educational policies?	5e		<u>X</u>
	Use of facilities?	5f		<u>X</u>
	Athletic programs?	5g		<u>X</u>
h	Other extracurricular activities?	5h		_X_
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_	Does the constraint of the control o	0-	v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
	4.03 of nev. F106. 73-30, 1973-2 G.B. 307, covering radial horidiscrimination? If "No," explain on Part II	_ /	22	

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

Schedule E (Form 990 or 990-EZ) 2020

Schedule E (Form 990 or 990-EZ) 2020 PROVIDENCE HALL 26-1417186 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE SCHOOL RECEIVES FUNDING FROM THE STATE OF UTAH AS ADMINISTERED BY THE
UTAH STATE BOARD OF EDUCATION BASED ON THE NUMBER OF STUDENTS ENROLLED IN
ITS SCHOOL. THE SCHOOL ALSO RECEIVES FEDERAL CHARTER SCHOOL GRANTS, WHICH
ARE PAID THROUGH THE UTAH STATE BOARD OF EDUCATION.

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

PROVIDENCE HALL Employer identification number 26-1417186

Pa	Part I Questions Regarding Compensation				
	<u> </u>		Yes	No	
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	ı 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 person	onal use			
	Travel for companions Payments for business use of personal re	esidence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fee	∍s			
	Discretionary spending account Personal services (such as maid, chauffe	ur, chef)			
b	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	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			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	s			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	ion to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation of the board or compensation or c	committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		X	
	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	on			
	contingent on the revenues of:				
а	a The organization?	5a		<u> </u>	
b	b Any related organization?	5b		X	
	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	on			
	contingent on the net earnings of:				
а	a The organization?	<u>6a</u>		X	
b	b Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7		 			
	not described on lines 5 and 6? If "Yes," describe in Part III			X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	he			
	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			

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 PROVIDENCE HALL 26-1417186 Page 2

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 (D) Nontaxable		(E) Total of columns	(F) Compensation
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) NATE MARSHALL	(i)	120,960.	10,546.	0.	9,205.	11,058.	151,769.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2020	PROVIDENCE HALL	26-1417186	Page 3
Part III Supplemental Informa			
Provide the information, explanat	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part for any additional information	١.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PROVIDENCE HALL

Employer identification number 26-1417186

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FEDERAL SOURCES.
FORM 990, PART VI, SECTION A, LINE 3:
THE SCHOOL HAS AN AGREEMENT WITH CHARTER SOLUTIONS, INC. TO PROVIDE CERTAIN
FISCAL AND ADMINISTRATIVE SERVICES.
FORM 990, PART VI, SECTION B, LINE 11B:
INDIVIDUAL BOARD MEMBERS, CHARTER SOLUTIONS, AND THE SCHOOL SUPERINTENDENT
REVIEW THE FORM 990 BEFORE THE RETURN IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
QUESTIONAIRES ARE SENT ANNUALLY AND REVIEWED BY THE BOARD. IF CONFLICTS
ARISE, THE BOARD DISCUSSES THEM AND RESOLVES ANY ISSUES.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF TRUSTEES REVIEW AND SET COMPENSATION OF THE PRINCIPALS AND KEY
EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FORMS 990 ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FASB TO GASB ADJUSTMENT -808,333.