Form **990-PF** 

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.



For cale	ndar year 2021 or tax year beginning		, and ending		
Name o	f foundation			A Employer identification	number
THE	PROVIDENT BANK FOUNDATION			04-3739441	
	and street (or P.O. box number if mail is not delivered to street a	address)	Room/suite	<b>B</b> Telephone number	
	BOX 1001			(862) 260-3990	
	town, state or province, country, and ZIP or foreign p IN, NJ 08830	oostal code		<b>C</b> If exemption application is pe	ending, check here
G Chec	k all that apply: Initial return	Initial return of a fo	ormer public charity	<b>D</b> 1. Foreign organizations	, check here
	Final return	Amended return		2. Foreign organizations me check here and attach co	eting the 85% test,
	X Address change	Name change			
	k type of organization: $\mathbf{X}$ Section 501(c)(3) exercise 4047(a)(1) paparemet obstitutes		tion	E If private foundation stat	
	ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Account	Other taxable private founda ing method: Cash	Accrual	under section 507(b)(1)	
		ther (specify) MODIFIED		F If the foundation is in a under section 507(b)(1)	
▶\$	23,867,307. (Part I, colu				
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received			N/A	
2	Check $\blacktriangleright$ X if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	83.	83.		
4	Dividends and interest from securities	822,096.	822,096.		
58	Gross rents				
1	Net rental income or (loss)				
a 6a	Net gain or (loss) from sale of assets not on line 10         Gross sales price for all assets on line 6a         assets on line 6a	334,317.			
	assets on line 6a 1,036,295.				
Revenue	Capital gain net income (from Part IV, line 2)		334,317.		
0	Net short-term capital gain				
9	Income modifications				
	and allowances				
	D Less: Cost of goods sold Cross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	1,156,496.	1,156,496.		
13	Compensation of officers, directors, trustees, etc.	123,670.	0.		123,670.
14	Other employee salaries and wages	103,940.	0.		103,940.
15	Pension plans, employee benefits				
မ္တိ 16a	Legal fees				
	Accounting fees STMT 1	26,170.	13,085.		13,085.
<u>ـ</u> ۳	Other professional fees STMT 2	101,965.	46,256.		72,740.
	Interest	14 471	0.		0.
Administrative Expenses 1 15 0 1 15 1 1 1 15 1 1 15 1 1 15 1 1 15 1 1 15 1 1 15 1 1 1	Taxes STMT 3 Depreciation and depletion	14,471. 6,349.	0.		0.
	Occupancy	0,515.	0.		
	Travel, conferences, and meetings				
and 1	Printing and publications				
ल ठ 23	Other expenses STMT 4	56,664.	0.		56,664.
	Total operating and administrative				
22 5 5 22 22 25	expenses. Add lines 13 through 23	433,229.	59,341.		370,099.
O 25	Contributions, gifts, grants paid	1,200,000.			1,200,000.
26	• • • •				
_	Add lines 24 and 25	1,633,229.	59,341.		1,570,099.
	Subtract line 26 from line 12:	486 800			
	Excess of revenue over expenses an evolution expenses	-476,733.	1007 15		
	) Net investment income (if negative, en ar -0	HAVA	, U97, 120.		
-	CAdjusted net income (if negative enter (0-) 2-10-21 LHA For Paperwork Reduction Act Notic	e see instruction		<u> </u>	Form <b>990-PF</b> (2021)

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For	m 99	0-PF (2021) THE PROVIDENT BANK FOUNDATION		04-3	3739441 Page <b>2</b>
Гр	art	<b>II</b> Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
F	αιι	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	507,620.	177,270.	177,270.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	·	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
ssets		Prepaid expenses and deferred charges	18,465.	35,496.	35,496.
Ass	100	Investmente, ILC and state government obligations	10,100.		
			18,724,743.	23,649,314.	23,649,314.
		Investments - corporate stock STMT 5	10,724,743.	23,049,314.	23,049,314.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis <a>100,269.</a>			
		Less: accumulated depreciation 95,042.	11,576.	5,227.	5,227.
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	19,262,404.	23,867,307.	23,867,307.
	17	Accounts payable and accrued expenses			
		Grants payable			
Ś	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
liq	21	Mortgages and other notes payable			
Lia		Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	20	Foundations that follow FASB ASC 958, check here			
Ses	24	and complete lines 24, 25, 29, and 30.	19,262,404.	23,867,307.	
anc	24	Net assets without donor restrictions	15,202,404.	23,007,307.	
Bal	25	Net assets with donor restrictions			
p		Foundations that do not follow FASB ASC 958, check here 🕨 🗌			
Fund Balances		and complete lines 26 through 30.			
p	26	Capital stock, trust principal, or current funds			
Assets		Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds $\dots$			
Net /	29	Total net assets or fund balances	19,262,404.	23,867,307.	
z					
	30	Total liabilities and net assets/fund balances	19,262,404.	23,867,307.	
P	art	Analysis of Changes in Net Assets or Fund Bal	ances		
•					
1		net assets or fund balances at beginning of year - Part II, column (a), line 29			
	(mus	t agree with end-of-year figure reported on prior year's return)			19,262,404.
	Enter	amount from Part I, line 27a		2	-476,733.
3	Othe	r increases not included in line 2 (itemize) 🕨 CHANGE IN UNREALIZ	ZED VALUE OF INVESTME	ENTS 3	5,081,636.
		ines 1, 2, and 3			23,867,307.
		eases not included in line 2 (itemize) 🕨		5	0.
		net assets or fund balances at year (line 4 minus line 5) - Part II, colu	umn (b), line 29	6	23,867,307.
			or Cr	nn1/	Form <b>990-PF</b> (2021)
		laxpay		JJV	
123	511 1	2-10-21		- [ <b>-</b> ]	
			0		

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Part W       Capital Gains and Losses for Tax on Investment Income       (P) Hew acquired (0, Dete acquired (0, der, yr.)       (0) Dete sold (0, der, yr.)            (1) List and describe the infold of properties of for example, real estate, 2-doty brick warehouse, or common stock, 200 shs. MLC Co.)          P and the infold of properties of the infold of propering of		PROVIDENT BANK FOUNDATION				04-3739	9441 Page <b>3</b>
Image PUBLICLY TRADED SECURITIES       P         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0       0         0       0       0       0         0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0       0         1       1000000000000000000000000000000000000	(a) List and describe	the kind(s) of property sold (for exam	nple, real estate,	P ·	- Purchase	(c) Date acquired (mo., day, yr.)	
c	1a PUBLICLY TRADED SECUR	RITIES					
d       (e) Gross sales price       (f) Depreciation allowed (or allowable)       (g) Cost or other basis plus experse of sale       (h) Gain or (loss) (le) plus (f) minus (g))         a       1, 036, 295.       701, 978.       334, 317.         b       -       -       -       -         c       -       -       -       -         d       -       -       -       -         c       -       -       -       -         d       -       -       -       -         Complete only for assets stowing gain in column (h) and owned by the foundation on 12/31/69.       (I) Gains (Col. (h) gain minus col. (k). but not less than -0-) or Losses (from col. (h))         a       -       -       -       -       -         e       -       -       -       -       -         e       -       -       -       -       -       -         g       Capital gain net income or (net capital loss)       (H gain, also enter in Part I, line 7 H (loss), enter -0- in Part I, line 7       -	b						
e       (f) Depreciation allowed (or allowable)       (g) Cost or other basis plus expense of sale       (h) Gain or (loss) (le) plus (f) minus (g))         a       1,036,295.       701,978.       334,317.         b       -       -       -       -         d       -       -       -       -         d       -       -       -       -       -         d       - <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	C						
(e) Gross sales price       (f) Depreciation allowed (or allowable)       (g) Cost or other basis plus experse of sale       (h) Gain or (loss)         a       1, 036, 295.       701, 978.       334, 317.         b       701, 978.       334, 317.         c	d			_			
(e) dioss sales pince       Corallowable)       ipus expense of sale       ((e) plus (f) minus (g))         a       1,036,295.       701,978.       334,317.         b	e						
b       c       c       c         c       c       c       c         d       c       c       c         Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.       (f) EAW as of 12/31/69       (f) Adjusted basis       (h) Excess of col. (i) over col. (j), if any coll coll coll coll coll coll coll col	(e) Gross sales price						
c	<b>a</b> 1,036,295.		701,	978.			334,317.
d       Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.       (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))         (i) FMV as of 12/31/69       (i) Adjusted basis as of 12/31/69       (k) Excess of col. (i) over col. (j), if any coll (k), but not less than -0-) or Losses (from col. (h))         a       a       a       334, 317.         b       a       a       334, 317.         c       a       a       a         d       a       a       a         e       a       a       a         d       a       a       a         g       Capital gain net income or (net capital loss)       {       fil (ass), enter -0- in Part I, line 7         g       Capital gain or (loss) as defined in sections 122(5) and (6):       fil (ass), enter -0- in Part I, line 7       g         g       Capital gain or (loss) as defined in sections 122(5) and (6):       fil (ass), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 7       g       g         b       Ald ines 1 and 2       a       a       15, 250.       g         b       Ald ines 1 and 2       a       a       15, 250.       g       a       15, 250.       g	b						
e       Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.       (f) Gains (Col. (h) gain minus colum, (h) and owned by the foundation on 12/31/69.         (f) FMV as of 12/31/69       (f) Adjusted basis       (k) Excess of col. (i) over col. (i), if any column (b) as of 12/31/69.       (f) Gains (Col. (h) gain minus column (b) as of 12/31/69.         a       a       3 of 12/31/69       (h) Adjusted basis       (h) Excess of col. (i) over col. (i), if any column (column (colum (column (column (column (column (column (column (colu	_ C						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/3 1/69.       (i) Gains (Col. (h) gain minus col. (i, but not less than -0-) or Losses (from col. (h))         (i) FMV as of 12/3 1/69       (i) Adjusted basis over col. (i), if any       (ii) Gains (Col. (h) gain minus col. (i, but not less than -0-) or Losses (from col. (h))         a       334, 317.         b       334, 317.         c	d						
(i) FMV as of 12/31/69       (i) Adjusted basis as of 12/31/69       (k) Excess of col. (i) over col. (i), it any       col. (k), but not less than -0-) or Losses (from col. (h))         a       334, 317.         b       334, 317.         c			h - (				
(i) FMV as of 12/31/69       (i) Addised dasis as of 12/31/69       (ii) FMV as of 12/31/69       (iii) Cosses (from col. (h))         a       334, 317.         b       334, 317.         c	Complete only for assets showing						
a       334,317.         b       334,317.         c       334,317.         c       334,317.         c       1         c       1         d       2         2 Capital gain net income or (net capital loss)       { If gain, also enter in Part I, line 7 (If (toss), acterino - In Part I, line 7 (If (toss), acterino - In Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 1, Date of ruling or determination letter:       (attach copy of letter if necessary - see instructions)         1 a Exempt operating foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)       1       1         2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       2       0.         3 Add lines 1 and 2       0.       4       0.         4 Subtilte A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       5       15,250.         6 add lines 1 and 2       0.       4       0.         5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       15,250.         6 Cadits/Payments:       2       0.       2       0.	(i) FMV as of 12/31/69				0		
b       c       c         d       c       c         g       c       c       c         g       c       c       c       c         g       c       c       c       c         g       c       c       c       c       c         g       c       c       c       c       c       c							33/ 317
c       d       d         d       d       d         e       d       d         2       Capital gain net income or (net capital loss)							554,517.
d       g							
e       2       Capital gain net income or (net capital loss)              { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss) as defined in sections 122(5) and (6): If gain, also enter in Part I, line 8 Part I, line 8 Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)              N/A Part V. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)         1a       Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "NA" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) 2              1             15, 250. 4 di lines 1 and 2 4 di lines 1 and 2 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 ccredits/Payments: 2021 estimated tax payments and 2020 overpayment credited to 2021 b Exempt foreign organizations - tax withheld a source c Tax paid with application for extension of time to file (Form 8868) <u>6 b</u> 0. 7             13,000. 8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached 7             13,000. 8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached 7             13,000.							
2       Capital gain net income or (net capital loss)							
1a       Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.         Date of ruling or determination letter:       (attach copy of letter if necessary - see instructions)         b       All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)         2       Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)         3       Add lines 1 and 2         4       Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)         5       Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-         6       Credits/Payments:         a       2021 estimated tax payments and 2020 overpayment credited to 2021         6a       13,000.         b       Exempt foreign organizations - tax withheld at source         c       Tax paid with application for extension of time to file (Form 8868)         d       0.         7       13,000.         8       Fibre any penalty for underpayment of estimated tax. Check here ▶□ if Form 2220 is attached         7       13,000.         8       0.         9       2,250.         10       Verpayment. If line 7 is more than 7, enter amount overpaid <tr< td=""><td>3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 Part I, line 8</td><td>apital loss) (If (loss), enter -0- lss) as defined in sections 1222(5) and , column (c). See instructions. If (loss</td><td>- in Part I, line 7 d (6): .), enter -0- in</td><td> }  }</td><td>3</td><td></td><td></td></tr<>	3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 Part I, line 8	apital loss) (If (loss), enter -0- lss) as defined in sections 1222(5) and , column (c). See instructions. If (loss	- in Part I, line 7 d (6): .), enter -0- in	} }	3		
Date of ruling or determination letter:       (attach copy of letter if necessary - see instructions)         b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)       1         2       0.         3       15, 250.         4       0.         5       15, 250.         4       0.         5       15, 250.         6       0.         7       13,000. <td>Part V   Excise Tax Bas</td> <td>sed on Investment Incom</td> <td>e (Section 4940(a), 4</td> <td>940(b</td> <td>o), or 4948</td> <td><ul> <li>see instruction</li> </ul></td> <td>ons)</td>	Part V   Excise Tax Bas	sed on Investment Incom	e (Section 4940(a), 4	940(b	o), or 4948	<ul> <li>see instruction</li> </ul>	ons)
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)       2         2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       2       0.         3 Add lines 1 and 2       3       15,250.         4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       4       0.         5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       15,250.         6 Credits/Payments:       a 2021 estimated tax payments and 2020 overpayment credited to 2021       6a       13,000.         b Exempt foreign organizations - tax withheld at source       6b       0.       6c       0.         c Tax paid with application for extension of time to file (Form 8868)       6c       0.       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.       8       0.         9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       9       2,250.       10         10       11       11	1a Exempt operating foundations	described in section 4940(d)(2), chec	k here 🕨 📄 and enter	"N/A" on	line 1.		
enter 4% (0.04) of Part I, line 12, col. (b)       2         2       0.         3       15,250.         4       0.         5       15,250.         4       0.         5       15,250.         6       0.         7       13,000.         8       0.         7       13,000.         8       0.         7       13,000.         8       0.         9       2,250.         10       0	0			ry - see	instructions)	1	15,250.
2       Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       2       0.         3       Add lines 1 and 2       3       15,250.         4       Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       4       0.         5       Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       15,250.         6       Credits/Payments:       a       0.       5       15,250.         6       Credits/Payments and 2020 overpayment credited to 2021       6a       13,000.       5       15,250.         b       0.       6b       0.       6c       0.       6d       0.         6       0.       6d       0.       6d       0.       6d       0.         7       Total credits and payments. Add lines 6a through 6d       7       13,000.       8       0.         8       0.       0.       9       2,250.       9       2,250.         10       Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10       11	<b>b</b> All other domestic foundations	s enter 1.39% (0.0139) of line 27b. Ex	empt foreign organizations,			r I	
3 Add lines 1 and 2       3       15,250.         4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-       4       0.         5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       15,250.         6 Credits/Payments:       a 2021 estimated tax payments and 2020 overpayment credited to 2021       6a       13,000.         b Exempt foreign organizations - tax withheld at source       6b       0.       6c       0.         6 Tax paid with application for extension of time to file (Form 8868)       6d       0.       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.       8       9       2,250.         9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       >       9       2,250.       10         10 Enter the amount of line 10 to be; Credited to 2022 estimated tax       Refunded >       11       11	enter 4% (0.04) of Part I, line	12, col. (b)					
4       Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       4       0.         5       Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       15,250.         6       Credits/Payments:       a       2021 estimated tax payments and 2020 overpayment credited to 2021       6a       13,000.       5       15,250.         b       0.       6b       0.       6c       0.       6d       0.         c       Tax paid with application for extension of time to file (Form 8868)       6d       0.       6d       0.       6d       0.         7       Total credits and payments. Add lines 6a through 6d       7       13,000.       8       0.       9       2,250.         9       Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       9       9       2,250.       10         10       Iter the amount of line 10 to be; Credited to 2022 estimated tax       Refunded       11       11	· ·	tic section 4947(a)(1) trusts and taxa	ble foundations only; others, o	enter -0-	)		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5       15,250.         6 Credits/Payments:       a 2021 estimated tax payments and 2020 overpayment credited to 2021       6a       13,000.         b Exempt foreign organizations - tax withheld at source       6b       0.       6c       0.         c Tax paid with application for extension of time to file (Form 8868)       6c       0.       6d       0.         d Backup withholding erroneously withheld       6d       0.       6d       0.       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.       8       0.       9       2,250.         9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       9       9       2,250.       10         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       11       11	• • • • • • • • • • • • • • • • • • • •						
6       Credits/Payments:         a 2021 estimated tax payments and 2020 overpayment credited to 2021       6a       13,000.         b Exempt foreign organizations - tax withheld at source       6b       0.         c Tax paid with application for extension of time to file (Form 8868)       6c       0.         d Backup withholding erroneously withheld       6d       0.         7       Total credits and payments. Add lines 6a through 6d       7         8       Enter any penalty for underpayment of estimated tax. Check here ∑ if Form 2220 is attached       9         9       2,250.       10         10       11       11			· · · · · · · · · · · · · · · · · · ·				
a 2021 estimated tax payments and 2020 overpayment credited to 2021       6a       13,000.         b Exempt foreign organizations - tax withheld at source       6b       0.         c Tax paid with application for extension of time to file (Form 8868)       6c       0.         d Backup withholding erroneously withheld       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.         8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached       9       2,250.         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       9       2,250.         11 Enter the amount of line 10 to be; Credited to 2022 estimated tax         Refunded 11       11		me. Subtract line 4 from line 3. If zei	o or less, enter -u-			5	15,250.
b Exempt foreign organizations - tax withheld at source       6b       0.         c Tax paid with application for extension of time to file (Form 8868)       6c       0.         d Backup withholding erroneously withheld       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.         8 Enter any penalty for underpayment of estimated tax. Check here ⊠ if Form 2220 is attached       9       2,250.         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       9       10         11 Enter the amount of line 10 to be; Credited to 2022 estimated tax       Refunded >       11		and 2020 overnavment credited to 20			13 00		
c Tax paid with application for extension of time to file (Form 8868)       6c       0.         d Backup withholding erroneously withheld       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.         8 Enter any penalty for underpayment of estimated tax. Check here  If Form 2220 is attached       8       0.         9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       9       2,250.         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10         11 Enter the amount of line 10 to be; Credited to 2022 estimated tax       Refunded 11					15,00		
d Backup withholding erroneously withhold       6d       0.         7 Total credits and payments. Add lines 6a through 6d       7       13,000.         8 Enter any penalty for underpayment of estimated tax. Check here ⊠ if Form 2220 is attached       8       0.         9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       9       2,250.         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10         11 Enter the amount of line 10 to be; Credited to 2022 estimated tax       Refunded ►       11							
7       Total credits and payments. Add lines 6a through 6d       7       13,000.         8       Enter any penalty for underpayment of estimated tax. Check here x if Form 2220 is attached       8       0.         9       Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       9       2,250.         10       Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       10         11       Enter the amount of line 10 to be: Credited to 2022 estimated tax       Refunded        11						0.	
8       0.         9       Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       >       9       2,250.         10       Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       >       10         11       Enter the amount of line 10 to be: Credited to 2022 estimated tax       >       Refunded >       11						7	13,000.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed       ▶       9       2,250.         10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       ▶       10         11 Enter the amount of line 10 to be: Credited to 2022 estimated tax       ▶       Refunded ▶       11	8 Enter any <b>penalty</b> for underpar	yment of estimated tax. Check here	x if Form 2220 is attached	1		8	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       ▶       10         11 Enter the amount of line 10 to be: Credited to 2022 estimated tax       ▶       Refunded ▶       11							2,250.
						▶ 10	
	11 Enter the amount of line 10 to	be: Credited to 2022 estimated tax			Refunded	▶ 11	

(2021) Forma

# **Taxpayer Copy**

123521 12-10-21

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Forn	1 990-PF (2021) THE PROVIDENT BANK FOUNDATION 04-37394	41		Page <b>4</b>
Pa	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. $\blacktriangleright$ \$0. (2) On foundation managers. $\blacktriangleright$ \$0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		x
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
Ŭ	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
v	• By language in the governing instrument, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>			
	remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	x	<u> </u>
'		-		
0.	Enter the states to which the foundation reports or with which it is registered. See instructions.			
08				
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
U	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 6	0.		X
•		8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendar			x
40	year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	<b>_</b>		x
40	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12	v	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Ă	
	Website address  WWW.THEPROVIDENTBANKFOUNDATION.ORG	.0 200	0	
14	The books are in care of ► CARMINE TORRECUSO. THE FDN. Telephone no. ► (862)-26			
	Located at ► P.O. BOX 1001, ISELIN, NJ ZIP+4 ► 08			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		►	· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	N.
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	<u> </u>
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
	F	orm <b>99</b>	U-PF	(2021)



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Form 990-PF (2021) THE PROVIDENT BANK FOUNDATION 0	4-3739441		Page 5
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		Х	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No"	1a(5)		X
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2021?	1d		х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2021?	2a		X
If "Yes," list the years ►,,,,			
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach			
statement - see instructions.)	N/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?			X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	se		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2021.)			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	t 📃		
had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b		X

Form **990-PF** (2021)



123541 12-10-21

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ParaVLE       Statements Regarding Activities for Which Form 4720 May Be Required (continued)       (continued)         5a During the year, did the foundation pay or incur any amount to:       (continued)       (continued)         5a During the year, did the foundation pay or incur any amount to:       (continued)       (continued)         (continued)       (continued)       (continued)       (continued)       (continued)         (continued)       (continued)       (continued)       (continued)       (continued)       (continued)         (continued)       (continued)       (continue	Form 990-PF (20	21) THE PROVIDENT BANK FOUNDATION			04-373944	41		Page <b>6</b>
5a During the year, did the foundation pay or incur any amount to:       Intermediate       I			orm 4720 May Be Re	equired (contin				ayt <b>U</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?       5a(1)       X         (2) Influence the outcome of any specific public election (see section 4955); or to carry or, directly or indirectly, any outer registration drive?       5a(2)       X         (3) Provide a grant to an individual for travel, study, or other similar purposes?       5a(4)       X         (4) Provide a grant to an individual for travel, study, or other similar purposes?       5a(4)       X         (4) Provide a grant to an individual for travel, study, or other similar purposes?       5a(4)       X         (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crule to othick regarding distarts assistance? Electrications       5a(4)       X         b If any answer is "Yes" to ba(1)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section 5a(4), does the foundation claim exemption form the tax because it maintained expenditure regonability for the gan?       5a(4)       X         c Organizations relying on a current notice regarding disaster assistance?       N/A.       5d       5d         d If the foundation, during the gan?, receive any funds, directly or indirectly, on a personal benefit contract?       N/A.       5d         if "Yes" to bi, fie form 870.       i a provide a grant to an organization section 3.0404-5(d).       N/A.       5d       X         10 if the foundation, during th					ueu)		Yes	No
(2) Influence the outcome of any specific public election (see section 4956); or to carry on, directly or indirectly, any over registration drive?       92(2)       X         (3) Provide a grant to an individual for travel, study, or other similar purposes?       54(3)       X         (4) Provide a grant to an individual for travel, study, or other similar purposes?       54(4)       X         (4) Provide a grant to an individual for travel, study, or other similar purposes?       54(4)       X         (5) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention or cursely to children or animalie?       54(4)       X         (6) Provide 3 day of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions       N/A.       56       -         (2) Organization totice regarding disaster assistance? See instructions       N/A.       56       -       -         (4) the answer is 'Yes' to guestion 53.494.65(d).       54       - </td <td>-</td> <td></td> <td>1 4945(e))<b>2</b></td> <td></td> <td></td> <td>5a(1)</td> <td></td> <td><u> </u></td>	-		1 4945(e)) <b>2</b>			5a(1)		<u> </u>
any voter registration drive?       56(2)       X         (3) Provide a grant to an individual for travel, study, or other similar purposes?       56(3)       X         (4) Provide a grant to an individual for travel, study, or other similar purposes?       56(4)       X         (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals?       56(3)       X         b If any answer is Yes' to Sa(1) - (5), did any or the transactions fail to qualify under the exceptions described in Regulations section 53.496 or in a current notice regarding disaster assistance, check here       56       56         c Organizations relying on a current notice regarding disaster assistance, check here       56       56       56         d If the answer is Yes' to Sug(1) - (50, did any or the transactions 53.4945-5(d).       56       56       56         6 Did the foundation, during the year, neavy envirous, directly or indirectly, to a propremiums on a personal benefit contract?       56       X         b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       6a       X         6 Did the foundation, during the year?       7a       X       7a       X         Part VIII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       123,670.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						04(1)		
(a) Provide a grant to an individual for travel, study, or other similar purposes?       56(3)       X         (b) Provide a grant to an individual for travel, study, or other similar purposes?       56(3)       X         (c) Provide for any purpose other than eligious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals?       56(5)       X         (c) Provide for any purpose other than eligious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals?       50       50         (c) Organization disset assistance? See instructions       N/A.       50       50       50         (c) Organization disset assistance, check here       0       0       0       0         (d) the answer is 'Yes' to question 5a(4) (does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?       N/A.       50       50       50         (c) Organization during the year, rease the foundation a party to a proshibited tax shelter transaction?       N/A.       50       50       30       <	( )			3,		52(2)		x
(4) Provide a grant to an organization other than a charitable, etc., organization described in section       Sa(4)       X         (5) Provide or any purpose other than religious, charitable, scientific, literary, or educational purposes, or for       Sa(4)       X         (5) Provide or any purpose other than religious, charitable, scientific, literary, or educational purposes, or for       Sa(5)       X         b If any namewer is 'Nes' to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations       N/A.       So         c Organizations relying on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current notice regarding disaster assistance, check here       Image: Comparison on a current responsibility or indirectly, to pay premiums on a personal benefit contract?       Image: Comparison on a current responsibility or indirectly, on a personal benefit contract?       Image: Comparison on current responsibility or indirectly, on a personal be	(3) Provid	e a grant to an individual for travel, study, or other similar nurnoses	°					<u> </u>
4945(d)(4)(A)? See instructions       5a(4)       X         (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of creitly to childron or animals?       5a(5)       X         b If any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, check here       N/A         c) organization responsibility for the grant?       Sd       Sd       Sd       Sd         d) If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?       N/A       Sd         d) If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?       N/A       Sd         a personal benefit contract?       Bd       X       Sd       X         ti Yes, 'attach the statement required by Regulations section 53.4945-5(d).       Bd       X       Sd       X         6a       X       Sd       X       Sd       X       Sd       X         7a       X ary time during the year, reasy the function structions of the section 4960 tax on payment(s) or more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       N/A       Td       X         8       Is the foundation subjec						54(5)		<u> </u>
(6) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of crulely to children or animals?       5a(5)       X         b If any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations       N/A       5b         c Organizations relying on a current notice regarding disaster assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of the transaction static assistance, check here       Image: Comparison of transet here       Image: Comparison of transaction of transac	( )	· · · ·				52(4)		x
the prevention of crulely to children or animals?       5         b If any answer is Yes' to 5a (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations sections 5.4.946 or in a current notice regarding disaster assistance? See instructions       N/A         c Organizations relying on a current notice regarding disaster assistance? See instructions       N/A       5d         d if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?       N/A       5d         6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       6a       X         b Did the foundation, during the year, reave many funds, directly or indirectly, on a personal benefit contract?       6b       X         T at any time wear, was the foundation a party to a prohibited tax shelter transaction?       N/A       7a       X         7a At any time during the axy ear, was the foundation a party to a prohibited tax shelter transaction?       N/A       7b       Importantion About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       N/A       6 (c) Compensation difference in the position						Ja(4)		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, check here	. ,					52(5)		x
section 53.4945 or in a current notice regarding disaster assistance, beck here N/A 5b 5b 5c						54(5)		
c Organizations rekiving on a current notice regarding disaster assistance, check here d if the answer is "Yes" to question 5a(4), does the foundation claim examption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? T "Yes" to 50, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b 1 b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ceases parachute payment(s) during the year? b If "Yes," did the foundation mappers and their compensation. ceases parachute payment(s) during the year? cay means and address (a) Name and address (a) Name and address (b) Title, and average (b) Name and address (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation				-	N / A	56		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained exemption tree responsibility for the grant?       N/A         11 "Yes," taken the statement required by Regulations section 53.4945-5(d).       56       56         6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       6a       X         b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       6a       X         b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7a       7a       X         b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7a       X       7b       7a         a tary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?       N/A       7b       7a       X         b If "Yes," did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       N/A       7b       1         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly entry week devoled to position       (c) Compensation (ff not paid, entry week devoled to position       (c) Compensation (ff not paid, entry week devoled to position       (c) Compensation (ff not paid, entry week devoled to position       (c) Compensation (ff not paid, e						50		
expenditure responsibility for the grant? N/A 5d It "Yes," attach the statement required by Regulations section 53.4945-5(d). Ga Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6b It foundation, during the year, preview any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7a X at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b 7a X at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b 7a X at any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction? N/A 7b 7a X at any time during the tax year, was the foundation managers and their compensation or excess parachube payment(s) during the year? 8a X X 7b 7a 7a X at any time and address 7a At any time and address 7b Did the foundation analyses and Contractors 7b 123,670. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0					🕨 🛄			
H*%s,* attach the statement required by Regulations section 53.4945-5(d).       6a       X         6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       6a       X         b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       6b       X         "Yes" to B, file Form 8870.       7a       X       6b       X         7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?       N/A.       7a       X         b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?       N/A.       7a       X         b If "Yes," did the foundation on About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       8       X         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       (c) Compensation       (f) Combutures or employees beent pains account, other allowances         set e stratement 7       123,670.       0.       0.         set e stratement 7       123,670.       0.       0.         allowances       (b) Title, and average bours or week devoled on line 1). If none, enter "NONE."       employee beent pains account, other allowances         set e stratement 7       123,670.					NT / 7			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       6a       x         b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       6a       x         b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       6a       x         b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7a       x         1'Yes' to bb, file form 8370.       7a       x       x         7a       x       7b       1c         8       Is the foundation receive any proceeds or have any net income attributable to the transaction?       N/A.       7b       1c         8       Is the foundation subject to the section 4860 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       N/A.       7b       1c         9       1 List all officers, directors, trustees, and foundation managers and their compensation.       (c) Compensation (f) forest event form a compensation (f) to position       (c) Compensation (f) contracting the access compensation of file highest-paid employees (other than those included on line 1). If none, enter "NONE."       (e) Expense allowances         2       Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."       (e) Expense allowances					N/A	50		<u> </u>
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay the foundation a party to a prohibited tax shelter transaction? b Did the foundation receive any proceeds or have any net income attributable to the transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? b If "Yes," did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and foundation managers and their compensation. 1 List all officers, directors, trustees, and foundation managers and their compensation (a) Name and address (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (c) Compens	,	1 3 3						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       6b       x         If "Yes" to 6b, file Form 8870.       7a       x       7a       x         7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?       7a       x       7b       x         8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       8       x       7b       x       x       7b       x       x         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       10       x       x       x       x       x       x       x         9 List all officers, directors, trustees, and foundation managers and their compensation.       (c) Compensation (ff not paid, enter -0-)       (c) Expense account, other allowances       (c) Expense account, other allowances       (c) Expense account, other allowances       (c) Compensation       (c) Expense account, other allowances         see STATEMENT 7       123,670.       0.       0.       0.       (c) Expense account, other allowances       (c) Compensation       (c) Expense account, other allowances         see STATEMENT 7       123,670.       0.       0.       (c) Expense account, other allowances       (c) Expense account, other a								L
If "Yes" to 6b, file Form 8870.       7a       7a <td>a personal</td> <td>benefit contract?</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u> </u></td>	a personal	benefit contract?						<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?       7a       x         b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?       N/A       7b       7b         8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the vear?       N/A       N/A       7b       x         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       (c) Compensation (ff not paid, enter-0-)       (c) Expense account, other all other on position       (c) Expense account, other all other on position       (c) Expense account, other all other on position       (c) Compensation (ff not paid, enter-0-)       (c) Compensation       (c) Expense account, other all other on position       (c) Compensation       (c) Expense account, other all other on position       (c) Compensation       (c) Compensation       (c) Compensation       (c) Compensation       (c) Compensation       (c) Compensation       (c) Expense account, other allowances         SEE STATEMENT 7       123, 670.       0.       0.       0.       0.       0.       0.         SEE STATEMENT 7       123, 670.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<			ersonal benefit contract?			60		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?       N/A       7b         8       Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       8       x         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       8       x         1       List all officers, directors, trustees, and foundation managers and their compensation.       (c) Compensation (d) Contributers in address       (d) Contributers in address       (e) Expense address         (a) Name and address       hours per week devolted to position       123,670.       0.       0.         SEE STATEMENT 7       123,670.       0.       0.       0.       0.         SEE STATEMENT 7       123,670. </td <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		,						
8       Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachube payment(s) during the year?       8       x         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       8       x         1       List all officers, directors, trustees, and foundation managers and their compensation.       (c) Compensation (ff not paid, enter -0-)       (c) Compensation (ff not paid, enter -0-)       (e) Expense account, other allowances         (a) Name and address       (b) Title, and average hours per week devoted to position       (c) Compensation (ff not paid, enter -0-)       (e) Expense account, other allowances         SEE       STATEMENT 7       123,670.       0.       0.       0.         SEE       STATEMENT 7       123,670.       0.       0.       0.         (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."       (e) Expense account, other allowances       (f) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."       (e) Expense account, other allowances         (a) Name and address of each employee paid more than \$50,000       (h) Title, and average devoted to position       (c) Compensation       (e) Expense account, other allowances         (b) Name and address of each employee paid more than \$50,000       (b) Title, and average devoted to position       (c) Compe								<u> </u>
excess parachute payment(s) during the year?       8       x         Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors       (a) Name and address       (b) Title, and average hours per week devoted to position       (c) Compensation (If not paid, enter -0-)       (d) Contributions to employee benefit pars account, other allowances         SEE STATEMENT 7       123,670.       0.       0.         SEE STATEMENT 7       (D) Complexity of the tr	b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?							
Part VII       Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors         1 List all officers, directors, trustees, and foundation managers and their compensation. <ul> <li>(a) Name and address</li> <li>(b) Title, and average hours per week devoled to position</li> <li>(c) Compensation (if not paid, enter -0-)</li> <li>(d) Contributions to empensation</li> <li>(e) Expense account, other allowances</li> </ul> SEE STATEMENT 7         123,670.         0.         0.         0.           SEE STATEMENT 7         (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."         (c) Compensation of five highest-paid employee based other than those included on line 1). If none, enter "NONE." <t< td=""><td></td><td></td><td>51,000,000 in remuneration or</td><td></td><td></td><td></td><td></td><td></td></t<>			51,000,000 in remuneration or					
Paid Employees, and Contractors         1 List all officers, directors, trustees, and foundation managers and their compensation.         (a) Name and address       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee period pairs account, other allowances         SEE       STATEMENT 7       123,670.       0.						8		X
1 List all officers, directors, trustees, and foundation managers and their compensation.       (c) Compensation       (d) Contributions to emprove benefit plans and deferred to position       (e) Expense account, other allowances         (a) Name and address       (b) Title, and average hours per week devoted to position       (c) Compensation (If not paid, enter -0-)       (d) Contributions to emprove benefit plans and deferred compensation       (e) Expense account, other allowances         SEE STATEMENT 7       123,670.       0.       0.       0.         SEE STATEMENT 7       (f) Combined on the set set set set set set set set set se	Part VII	Information About Officers, Directors, Truste	ees, Foundation Man	agers, Highly				
(a) Name and address       (b) Title, and average hours per week devoted to position       (c) Compensation (ff not paid, enter -0.)       (d) Contributions to employee heading and deferred allowances         SEE       STATEMENT 7       123,670.       0.       0.         SEE       STATEMENT 7       0.       0.       0.         SEE       <								
It position       enter-u-)       compensation       allowances         SEE STATEMENT 7       123,670.       0.       0.       0.         SEE STATEMENT 7       SEE STATEMENT 7       123,670.       0.       0.         SEE STATEMENT 7       SEE STATEMENT 7       SEE STATEMENT 7       0.       0.         SEE STATEMENT 7       SEE STATEMENT 7       SEE STATEMENT 7       0.       0.         SEE STATEMENT 7       SEE STATEMENT 7       SEE STATEMENT 7       0.       0.         SEE STATEMENT 7       SEE STATEMENT		ters, directors, trustees, and foundation managers and th	-	(c) Compensation	(d) Contributions	to		
It position       enter-0-)       compensation       allowances         SEE STATEMENT 7       123,670.       0.       0.       0.         SEE STATEMENT 7       Image: state		(a) Name and address	hours per week devoted		employee benefit pla and deferred	<sup>ins</sup> a	ccount,	, other
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."         (a) Name and address of each employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation         (d) Contributions to employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation         (d) Contributions to employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation		(-)	to position	enter -0-)	compensation	$\rightarrow$	allowa	nces
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."         (a) Name and address of each employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation         (d) Contributions to employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation         (d) Contributions to employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation			-					
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."         (a) Name and address of each employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation         (d) Contributions to employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation         (d) Contributions to employee paid more than \$50,000         (b) Title, and average hours per week devoted to position         (c) Compensation			-					
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (e) Expense account, other allowances	SEE STATEM	ENT 7		123,670.		<u>o.</u>		0.
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances			-					
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances			-					
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances								
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances			-					
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances			-					
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances								
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances								
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances								
(a) Name and address of each employee paid more than \$50,000       (b) Title, and average hours per week devoted to position       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       (c) Compensation       (d) Contributions to employee benefit plans account, other allowances								
(a) Name and address of each employee paid more than \$50,000       hours per week devoted to position       (c) Compensation       account, other addeterred compensation         VANESSA VALENCIA - 250 MADISON       FOUNDATION ASSOCIATE       account, other	2 Compensa	tion of five highest-paid employees (other than those inc		nter "NONE."			_	
Carrier and address of each employee paid more than \$50,000     Indis per week devoted to position     Carrier and deferred compensation     add deferred allowances       VANESSA VALENCIA - 250 MADISON     FOUNDATION ASSOCIATE     Association     Association		000 039 the sound paid more than 0.00		(a) Companyation	employee benefit pla		(e) Exp	ense
			devoted to position		and deferred			
AVENUE, MORRISTOWN, NJ 07960 37.50 69,658. 2,232. 0.	VANESSA VAL	ENCIA - 250 MADISON	FOUNDATION ASSOCIATE	E				
	AVENUE, MOR	RISTOWN, NJ 07960	37.50	69,658.	2,23	2.		0.

AVENUE, MORRISTOWN, NJ 07960	37.50	69,658.	2,232.	0.
Total number of other employees paid over \$50,000			►	0
			Form <b>9</b> 9	90-PF (2021)

**Taxpayer Copy** 

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Part VII         Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE PROVIDENT BANK	()	(0)
PO BOX 1001, ISELIN, NJ 08830	SEE STATEMENT #8	303 110
PO BOX 1001, ISELIN, NO 00030	SEE STATEMENT #0	303,110.
Total number of others receiving over \$50,000 for professional services		• 0
Part VIII-A Summary of Direct Charitable Activities		i
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 N/A		
2		
-		
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
°		
		0.
Total. Add lines 1 through 3		Eorm <b>990-PF</b> (2021)
		FORM 330-FI (2021)



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7 2021.03031 THE PROVIDENT BANK FOUNDA 68696B\_1 Form 990-PF (2021) THE PROVIDENT BANK FOUNDATION

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	[	1a	22,391,722.
	Average of monthly cash balances		1b	261,425.
C	Fair market value of all other assets (see instructions)	[	1c	
	Total (add lines 1a, b, and c)		1d	22,653,147.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	٥.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	22,653,147.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)		4	339,797.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	[	5	22,313,350.
6	Minimum investment return. Enter 5% (0.05) of line 5		6	1,115,668.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ations and	d certain	
	foreign organizations, check here 🕨 🔄 and do not complete this part.)			
1	Minimum investment return from Part IX, line 6		1	1,115,668.
2a	Tax on investment income for 2021 from Part V, line 5 2a15	,250.		
b				
C	Add lines 2a and 2b		2c	15,250.
3	Distributable amount before adjustments. Subtract line 2c from line 1	[	3	1,100,418.
4	Recoveries of amounts treated as qualifying distributions	[	4	Ο.
5	Add lines 3 and 4		5	1,100,418.
6	Deduction from distributable amount (see instructions)		6	Ο.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1		7	1,100,418.
Ρ	art XI Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	1,570,099.
b	Program-related investments - total from Part VIII-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:	[		
a	Suitability test (prior IRS approval required)	[	3a	
b	Cash distribution test (attach the required schedule)	[	3b	
4			4	1,570,099.

Form 990-PF (2021)

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Page **9** 

Part XII Undistributed Income (see instructions)

	( <b>a</b> ) Corpus	<b>(b)</b> Years prior to 2020	(c) 2020	<b>(d)</b> 2021
1 Distributable amount for 2021 from Part X,				1,100,418.
line 7 2 Undistributed income, if any, as of the end of 2021:				1,100,110.
a Enter amount for 2020 only			0.	
<b>b</b> Total for prior years:			-	
		0.		
3 Excess distributions carryover, if any, to 202	1:			
a From 2016 183,28				
<b>b</b> From 2017 79,68	6.			
c From 2018 210,29	6.			
d From 2019 499,82	7.			
e From 2020 452,99	3.			
f Total of lines 3a through e	1,426,087.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ► \$ 1,570,09	9.			
<b>a</b> Applied to 2020, but not more than line 2a			٥.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2021 distributable amount				1,100,418.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount				0.
must be shown in column (a).)				
6 Enter the net total of each column as indicated below;				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,895,768.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		٥.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		٥.		
e Undistributed income for 2020. Subtract line	,			
4a from line 2a. Taxable amount - see instr.			Ο.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount mus	t			
be distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7	183,285.			
9 Excess distributions carryover to 2022.				
Subtract lines 7 and 8 from line 6a	1,712,483.			
10 Analysis of line 9:				
a Excess from 2017 79 , 68				
b Excess from 2018 210 , 29				
c Excess from 2019	7.			
d Excess from 2020 452 , 🛀	avnav	$\Delta r$ ( )	nnv	
e Excess from 2021 459 , 3	JAVAV	rer C		
123581 12-10-21		-		Form <b>990-PF</b> (2021)
		9		

	F BANK FOUNDAT			04-3739	9441 Page 10
Part XIII Private Operating Fou	ndations (see in	structions and Part VI-	A, question 9)	N/A	
<b>1 a</b> If the foundation has received a ruling or de					
foundation, and the ruling is effective for 20					
<b>b</b> Check box to indicate whether the foundation		ng foundation described in		4942(j)(3) or 494	ł2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	<b>(a)</b> 2021	(b) 2020	(c) 2019	( <b>d</b> ) 2018	(e) Total
investment return from Part IX for					
each year listed					
<b>b</b> 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Inform	ation (Comple	te this part only i	f the foundation h	ad \$5 000 or more	e in assets
at any time during the					
1 Information Regarding Foundation N	-				
a List any managers of the foundation who has	-	than 2% of the total contr	ibutions received by the fr	undation before the close	of any tax
year (but only if they have contributed more					or any tax

#### NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

#### NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here F is the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 9

123601 12-10-21

**b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on an ands, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



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THE PROVIDENT BANK FOUNDATION

Form 990-PF (2021) THE PROVIDENT BANK FOUNDATIO

Grants and Contributions Paid During the	If recipient is an individual,	Payment		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
200 CLUB OF MIDDLESEX COUNTY P.O. BOX 387	NONE	PC	2021 SILVER MEMBERSHIP (SHARED WITH PROVIDENT	
WOODBRIDGE, NJ 07095			BANK)	5,00
· · ·				,
4 LITTLE SOULS AND FRIENDS INC.	NONE	PC	GENERAL OPERATING	
P.O. BOX 231 CREAM RIDGE, NJ 08514			SUPPORT	2,50
CREAT RIDGE, NO 00514				2,50
ALLEGRO SCHOOL INC.	NONE	PC	TECHNOLOGY TOOLS	
125 RIDGEDALE AVE			ENHANCING ABA THERAPY	
CEDAR KNOLLS, NJ 07927			AND EDUCATION INITIATIVE (PRE-K THRU	
			5TH GRADE)	12,00
				,
ALTERNATIVES, INC.	NONE	PC	ALTERNATIVES COMMUNITY	
500 FIRST AVENUE			OUTREACH SERVICES	F 00
RARITAN, NJ 08869			(COS)	5,00
ALZHEIMER'S NEW JERSEY INC.	NONE	PC	GENERAL OPERATING	
425 EAGLE ROCK AVENUE SUITE 203			SUPPORT	
ROSELAND, NJ 07068				3,50
	INUATION SHEET(S)		► 3a	1,200,00
<b>b</b> Approved for future payment				
NONE				
None				
Total	xpaye	r ( )		m <b>990-PF</b> (2

### Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
	<b>(a)</b> Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
	0000				
a					
C					
d					
e					
Ease and contracts from an unroment agapaics					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			14	83.	
investments 4 Dividends and interest from securities			14	822,096.	
<b>5</b> Net rental income or (loss) from real estate:					
a Debt-financed property					
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal</li></ul>					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			18	334,317.	
than inventory			10	554,517.	
9 Net income or (loss) from special events					
<ul><li>10 Gross profit or (loss) from sales of inventory</li><li>11 Other revenue:</li></ul>					
a					
4					
a					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,156,496.	0.
<b>13 Total</b> . Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations.)					
		muliable and of Fue		Durran	
Part XV-B Relationship of Activities to	o the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom	ne is reported i	n column (e) of Part XV-A (	contrib	uted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than b	y providing fur	nds for such purposes).			
<b>— — — — —</b>			7		
Taxi	$\mathbf{h}$	ver (			
123621 12-10-21	ba	yer (		ору	Form <b>990-PF</b> (2021)

Part XVI			ansfers to a	nd Transactio	ns and Relation	onships With Nor	ncharitable	Page
Did the or	Exempt Organ		any of the followin	a with any other ora	anization deparihed	in contion E01(a)		Yes N
	ganization directly or indi In section 501(c)(3) organ		-					
•	from the reporting found	,						
				-			1a(1)	ž
	assets							Z
<b>b</b> Other tran								
(1) Sales	s of assets to a noncharita	ble exempt orgar	nization				1b(1)	2
(2) Purch	hases of assets from a no	ncharitable exem	pt organization 🚊				1b(2)	2
(3) Renta	al of facilities, equipment,	or other assets					<u>1b(3)</u>	2
(4) Reim	bursement arrangements						<u>1b(4)</u>	2
(5) Loans	s or loan guarantees						<u>1b(5)</u>	2
	ormance of services or me							2
	f facilities, equipment, ma							
	wer to any of the above is s given by the reporting f							els,
	<b>d)</b> the value of the goods,					subtion of sharing arrang		
	(b) Amount involved			e exempt organizatio	n <b>(d)</b> De	scription of transfers, transact	ions, and sharing arra	angements
-	• •		N/A					
a Is the four	ndation directly or indirec	tly affiliated with,	, or related to, one	or more tax-exempt	organizations descr	ribed		
in section	501(c) (other than sectio	n 501(c)(3)) or ii	n section 527?				Yes	X
<b>b</b> If "Yes," co	omplete the following sch							
	(a) Name of org	janization		(b) Type of organiz	zation	(c) Description of	relationship	
	N/A							
	penalties of perjury, I declare t						May the IRS of	liscuss this
sign   📐	elief, it is true, correct, and corr	plete. Declaration o	f preparer (other than	taxpayer) is based on all	information of which pr	eparer has any knowledge.	return with the shown below	e preparer
lere							X Yes	
Sigr	nature of officer or trustee			Date	Title			
	Print/Type preparer's na	ime	Preparer's s	ignature	Date	Check if	PTIN	
<b>D</b> = 1 = 1					4/00/00	self- employed		
Paid	ALEXANDER LAZZA		Alexan	<u>der Lazzar</u>	<i>uolo</i> 4/20/20		P01775353	
Preparer Jse Only	Firm's name CONDO	UN O'MEARA	MCGINTY'& DO	NNELLY <b>UKP</b>		Firm's EIN 🕨	13-3628255	
Joe Only	Firm's address ► ONE	ים עםים ששתים י	ידי גבעזם אם ו	<b>ΨΗ ΕΤ.</b>				
		YORK, NY 1	,	··· · · · .		Dhone no 21	2-661-7777	
		TOWN' TAT T				Phone no. 21	- 001 ////	
							Earm QQ	)-PF (20
				iyer			Form <b>990</b>	<b>D-PF</b> (20

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FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONDON O'MEARA MCGINTY & DONNELLY LLP - AUDIT & TAX				
SERVICES	26,170.	13,085.		13,085.
 TO FORM 990-PF, PG 1, LN 16B 	26,170.	13,085.		13,085.

FORM 990-PF	OTHER PROFES	SIONAL FEES	S	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BLACKBAUD SOFTWARE	18,465.	0.		0.
ADMINISTRATIVE SERVICES	43,816.	6,572.		72,740.
FIDUCIARY TRUST FEES	39,684.	39,684.		0.
TO FORM 990-PF, PG 1, LN 16C	101,965.	46,256.		72,740.

FORM 990-PF	TAX	ES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	14,471.	0.		0.
TO FORM 990-PF, PG 1, LN 18	14,471.	0.		0.



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FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNICATIONS	38,170.	0.		38,170.
OTHER ADMINISTRATIVE SERVICES	14,669.	0.		14,669.
INSURANCE	3,825.			3,825.
TO FORM 990-PF, PG 1, LN 23	56,664.	0.		56,664.

FORM 990-PF

CORPORATE STOCK

STATEMENT 5

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PROVIDENT FINANCIAL SVCS INC COM	19,417,174.	19,417,174.
ARK INNOVATION	144,250.	144,250.
ISHARES CORE S&P SMALL	214,935.	214,935.
ISHARES GOLD ETF	207,781.	207,781.
PACER BNCHMRK DT	233,885.	233,885.
PIMCO ENHNCD SHRT MATRTY	552,080.	552,080.
SELECT SECTOR INDUSTRIAL	467,892.	467,892.
VANGUARD FTSE DEVELOPED	561,660.	561,660.
VANGUARD FTSE EMERGING	195,070.	195,070.
VANGUARD TOTAL STOCK MARKET ETF	763,192.	763,192.
JPMORGAN ULTRA SHORT	551,696.	551,696.
INVESCO SENIOR LOAN ETF	339,699.	339,699.
TOTAL TO FORM 990-PF, PART II, LINE 10B	23,649,314.	23,649,314.

FORM 990-PF	EXPLANATION	CONCERNING	PART	VI-A,	LINE	8B	STATEMENT 6
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#### EXPLANATION

IN ACCORDANCE WITH THE REQUIREMENTS OF THE NEW JERSEY CHARITIES REGISTRATION ACT, THE FOUNDATION IS NOT REQUIRED TO SUBMIT THE FORM 990-PF TO NEW JERSEY BECAUSE THE FOUNDATION DOES NOT SOLICIT CONTRIBUTIONS FROM NEW JERSEY RESIDENTS.

> Taxpayer Copy 40 STATEMENT(S) 4, 5, 6

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#### THE PROVIDENT BANK FOUNDATION

#### 04 - 3739441

## FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS STATEMENT 7 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DR. CARLOS HERNANDEZ, PH. D. 250 MADISON AVENUE MORRISTOWN, NJ 07960	CHAIRMAN 1.00	0.	0.	0.
CHRISTOPHER MARTIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	PRESIDENT AND 1.75	DIRECTOR º.	0.	0.
JOHN KUNTZ 250 MADISON AVENUE MORRISTOWN, NJ 07960	SECRETARY 1.75	0.	0.	0.
CARMINE TORRECUSO 250 MADISON AVENUE MORRISTOWN, NJ 07960	TREASURER 5.00	0.	0.	0.
SAMANTHA PLOTINO (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	EXECUTIVE DIRN 37.50	ECTOR 101,093.	0.	0.
KAREN MCMULLEN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	0.
JEFFRIES SHEIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	0.
GEORGE DAILEY, JR. (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	FORMER TREASUN	RER 14,577.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VII	123,670.	0.	0.

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CONTRACTOR'S NAME

THE PROVIDENT BANK

COMPENSATION EXPLANATION

THE PROVIDENT BANK PAID (OR WAS REIMBURSED BY THE FOUNDATION) IN THE AMOUNT OF \$303,110, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:

1. \$115,670 - GEORGE DAILEY, JR., FORMER TREAS., & SAMANTHA PLOTINO, EXEC. DIR.

2. \$103,940 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);

 FIDUCIARY TRUST FEES (STMT #2); AND
 ADMINISTRATIVE SERVICES (STMT #2). 3. \$39,684

4. \$43,816

# **Taxpayer Copy**

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STATEMENT 8

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D STATEMENT 9

#### NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SAMANTHA PLOTINO, EXECUTIVE DIRECTOR THE PROVIDENT BANK FOUNDATION, P.O. BOX 1001 ISELIN, NJ 08830

TELEPHONE NUMBER

(862) - 260 - 3990

EMAIL ADDRESS

SAMANTHA.PLOTINO@PROVIDENT.BANK

FORM AND CONTENT OF APPLICATIONS

IF YOUR ORGANIZATION IS SEEKING A GRANT, THE BEST PLACE TO START IS TO REVIEW PBF GRANT GUIDELINES. PLEASE REFER TO WWW.THEPROVIDENTBANKFOUNDATION.ORG FOR INFORMATION.

IF YOU HAVE QUESTIONS, CONTACT THE PBF OFFICE AT FOUNDATION@PROVIDENT.BANK TO SCHEDULE A TIME TO REVIEW YOUR QUESTIONS.

AFTER REVIEWING THE GUIDELINES, APPLICATION LINKS CAN BE ACCESSED THROUGH THE APPLICATION SECTION OF THE ABOVE REFERENCED WEBSITE.

#### ANY SUBMISSION DEADLINES

PLEASE REFER TO DETAILS INDICATED ON WWW.THEPROVIDENTBANKFOUNDATION.ORG IN THE APPLICATION SECTION.

RESTRICTIONS AND LIMITATIONS ON AWARDS

ORGANIZATIONS SEEKING FUNDING FROM THE PROVIDENT BANK FOUNDATION MUST BE CERTIFIED AS A TAX EXEMPT PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED AS "NOT A PRIVATE FOUNDATION" UNDER SECTION 509(A)(1) OR 509(A)(2). PBF SEEKS GRANTEE ORGANIZATIONS THAT SHOW PASSION FOR THEIR MISSION AND MEET HIGH STANDARDS OF GOVERNANCE, ACCOUNTABILITY, AND FISCAL MANAGEMENT.

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STATEMENT(S) 9

Form 990-PF THE PROVIDENT BANK FOUNDATION	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	tinued)			
3a Grants and Contributions Paid During the Year				
	If recipient is an individual,		Purnose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
AMERICA'S GROW-A-ROW 150 PITTSTOWN ROAD	NONE	LC PC	2022 FRESH PRODUCE INITIATIVE	с СС С
ERMAN STATE WN, PA	NONE	р Д	CULTURALLY RESPONSIVE PATIENT NAVIGATOR INITIATIVE	15,000.
A COMPARISON FAMILY SUPPORT CENTER INC. 1.4 URT STREET 3RD FLOOR BROOMYN, NY 11201	NONE	D D	THE ARAB-AMERICAN FAMILY SUPPORT CENTERS YOUNG ADULT & YOUTH PROGRAM	15,000.
BICINAING WORLD CHANGERS 3 COSPECT AVENUE DUNELLEN, NJ 08812	NONE	U L	GENERAL OPERATING SUPPORT	2,000.
BAGGAN FOLUNTEER MEDICAL INITIATIVE,INC. 75-15EX STREET SUITE 100 H.CKE SACK, NJ 07601	NONE	D L	TELEHEALTH AND CASE MANAGEMENT PROGRAM	20,000.
BESSIP GREEN COMMUNITY INC. 516 BROAD STREET NEWARK, NJ 07102	NONE	D A	GENERAL OPERATING SUPPORT	5,000.
BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY 305 BOND STREET 2ND FLOOR ASBURY PARK, NJ 07712	NONE	B	GENERAL OPERATING SUPPORT	2,500.
Total from continuation chaate				1 172 000.

l otal from continuation 123641 11-18-21

	NK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	nued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,	Foundation	Purchase of arant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BIG BROTHERS BIG SISTERS OF ESSEX, HUDSON &	NONE	ЪС	PATHWAYS TO SUCCESS THROUGH THE POWER OF MENTORING	
UNION COUNTIES 500 BROAD ST. 2ND FL NEWARK NJ 07040				12,500.
<b>S</b> alar	NONE	D A	GENERAL OPERATING SUPPORT	
3 90 ATH PIKE SUITE 110 BPAHAHEM, PA 18017				2,500.
D				
CONTE CARE INC. 1 21 SA WAY SUITE 205 PARA S, NJ 07652	NONE	о д	CANCER CARE FINANCIAL ASSISTANCE PROGRAM FOR CANCER PATIENTS	3,000.
/6				
- F-1	d NO2	ر بر	GENERAL OFERALING SUFFORT	3,500.
C				
CATTER FOR FAMILY SERVICES INC. 58 TRON STREET COMPE, NJ 08103	NONE	U Д	SUPERVISED VISITATION PROJECT	3,500.
CENTEP FOR GREAT EXPECTATIONS 19 NELLWOOD LANE SOMERSET, NJ 08873	NONE	U Д	RESIDENTIAL FROGRAM FOR ADULT WOMEN & CHILDREN	15,000.
CENTER FOR HUMANISTIC CHANGE, INC. 555 UNION BLVD. AllEWNDAMN DA 18109	NONE	о Д	PROJECT SUCCESS/CROSSROADS MENTORING PROGRAM	12 500
Total from continuation sheets				

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,		Purrose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CENTER FOR NON-PROFITS 3635 QUAKERERIDGE ROAD SUITE 35 MERCERV LLE, NJ 08619	NON	р Д	NAVIGATING TOUGH TIMES WEBINAR SERIES AND 2021 NJ NON-PROFIT CONFERENCE	10,000.
CALUD N CLEAR FOUNDATION 2. CISINO DRIVE FRAMIGDALE, NJ 07727	ENON	D A	WORK IT! EXERCISING OUR WAY TO RECOVERY	2,000.
CALL CARE RESOURCES OF MONMOUTH COUNTY ICAL ROUTE 66 MEPTHE, NJ 07754	NONE	С Д	DIAPER BANK GENERAL OPERATING SUPPORT	3,500.
CULLEN ON THE GREEN 5. TH PARK PLACE MORRISTOWN, NJ 07960	ENON	ට ප	GENERAL OPERATING SUPPORT	5,000.
CARA MASS FOUNDATION 1	NONE	р Ц	MRI SUITE	20,000.
C MAULITY ACTION COMMITTEE OF THE LEHIGH VALLEY 1554 W. FIFTH STREET BETHLEHEM, PA 18015	NONE	С Д	SIXTH STREET SHELTER	25,000.
COMMUNITY HOPE,INC. 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054	NONE	р Д	GENERAL OPERATING SUPPORT	5,000.
Total from continuation sheets				

	NK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	lued)			
3a Grants and Contributions Paid During the Year				
	If recipient is an individual, show any relationship to		Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ID CF	NONE	р Д	GENERAL OPERATING SUPPORT	
COLL TO FOR & MONMOUTH COUNTIES	NONE	р р	GENERAL OPERATING SUPPORT	
L OF NEW LDEN AVEN	NONE	Д	RACIAL EQUITY TASKFORCE	10,000.
COLT APPOINTED SPECIAL ADVOCATES OF MALL AND SUSSEX COUNTIES, INC. 1. TTANO AVENUE MORRISTOWN, NJ 07960	NONE	р Д	GENERAL OPERATING SUPPORT	3,500.
C URT A POINTED SPECIAL ADVOCATES OF UNION CUNTY 110 EAST JERSEY STREET ELIZAETH, NJ 07201	NONE	р Д	PARENTAL SUBSTANCE USE: A UNION COUNTY CRISIS	5,000
CUMAC CUMAC P:/ Box 2721 PATERSON, NJ 07509	HON	U A	TRAUMA-INFORMED COMMUNITY BUILDING PROJECT	15,000.
DIABETES FOUNDATION INC. 411 HACKENSACK AVENUE 7TH FL HACKENSACK, NJ 07601-6328	NONE	U A	HISPANIC/LATINX COMMUNITY ENGAGEMENT INITIATIVE	15,000.
Total from continuation sheets				

Total from continuation sheets 123641 11-18-21

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
	NONE	C	GENERAL OPERATING SUPPORT	
P.O. BOX 805 NEWTON NJ 07860				3,500.
D wis ic abuse and sexual assault crisis cime	NONE	U Д	GENERAL OPERATING SUPPORT	
WISHINGTON, NJ 07882				5,000.
DUNYNDROME ASSOCIATION OF CENTRAL NEW JOINT INC. 2001 TCH ROAD SUITE H EWING NJ 08628	NONE	р Д	GENERAL OPERATING SUPPORT	2,500.
EAST BRUNSWICK EDUCATION FOUNDATION INC. 700 UTE 18 EAST BRUNSWICK, NJ 08816	NONE	D L	CURRICULUM SUPPORT FOR TEACHERS	2,500.
ER FRIJER PASO 29-55-GUR STREET DVER NJ 07801-3440	NONE	D L	GENERAL OPERATING SUPPORT	5,000.
EMERAGE KIDS FOUNDATION 125 SQMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	р Д	EMBRACE KIDS LEARNING CENTER AND BEYOND	3,500.
EVA'S VILLAGE 393 MAIN STREET PATERSON, NJ 07501	NON	D L	THE COMMUNITY KITCHEN	15,000.
Total from continuation sheets				

	NK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	nued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWO D, NJ 07450	NONE	D L	HOUSING STABILIZATION AND SUPPORT FOR WORKING FAMILIES	15,000.
FOD PROMISE OF HUNTERDON COUNTY INC. 8 TAPLES CORNER ROAD SUITE 11 F.M.N.GTON, NJ 08822	ENON	D <sub>4</sub>	GENERAL OPERATING SUPPORT	5,000.
FALLY PROMISE OF MORRIS COUNTY PALOX 1494 MORPETTOWN, NJ 07962	NONE	ЪС	OUTREACH PROGRAM- HOUSING AS HEALTH CARE INITIATIVE	15,000.
FUL PROMISE, INC. 7 MMIT AVENUE SUMMIT, NJ 07901	NONE	D	FAMILY PROMISE UNION COUNTY MENTAL HEALTH AND WELLNESS INITIATIVE	15,000.
FIEMINGION FOOD PANTRY P . ROX 783 F EMD GTON, NJ 08822	NONE	D <sup>1</sup>	NUTRITION AND HEALTH PROGRAM	5,000.
FORWARD EVER SUSTAINABLE BUSINESS ALLIANCE P.S. BOX 9712 NEWARK, NJ 07104	NONE	U H	госал і днт	2,500.
FOUNDATION FOR MORRISTOWN MEDICAL CENTER INC. 475 SOUTH STREET 1ST FL MORRISTOWN, NJ 07960	NONE	ΡC	SITE-RITE ULTRASOUND SYSTEM FOR GORVEB CHILDREN'S HOSPITAL	25,000.
Total from continuation sheets				

Form 990-PF THE PROVIDENT BANK FOUNDATION	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
	If recipient is an individual, show any relationship to	Foundation	Plinnese of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FUND TO BENEFIT CHILDREN AND YOUTH INC. 904 WEST HIGHLAND STREET WHITFHALL, PA 18052	NON	С) Д	GENERAL OPERATING SUPPORT	2 500
STREET SSTON A	ENON	Д	CREATIVE DRAMATICS SOCIAL EMOTIONAL RESIDENCY FOR IRVING PRIMARY SCHOOL K AND 1ST GRADE	
GORDON TUNIVERSITY 9. CLEREWOOD AVENUE 1. LAKEMOOD, NJ 08701-2697	ENON	U A	VENTRILOPHONE SIMULATION STETHOSCOPES FOR CLINICAL NURSING EDUCATION	15,000.
GARLER SOMERSET COUNTY YMCA 1	ENON	FC	SCHOOL AGE CHILD CARE AND SUMMER CAMPS	12,500.
GRAW IN GREEN MORRISTOWN 14-MELE AVENUE SUITE 300 M RRI TOWN, NJ 07960	ENON	FC	GENERAL OPERATING SUPPORT	3,500.
HANDIGAPED HIGH RIDERS CLUB 145 ROUTE 526 ALLENTOWN, NJ 08501	NONE	U L	GENERAL OPERATING SUPPORT	1,500.
HOMESHARING 120 FINDERNE AVENUE BRIDGEWATER, NJ 08807	NONE	U L	SHARED AFFORDABLE HOUSING	3,500.
Total from continuation sheets				

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to		Purpose of arant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HUNTERDON HEALTHCARE FOUNDATION INC. 9100 WESCOTT DRIVE	INON	с Д	TRANSPORTATION ACCESS	
FLEMING ON, NJ 08822				15,000.
HALPDON HELPLINE P.C. OX 246 FLAM GTON, NJ 08822	ENON	U A	SENIOR AND DISABILITY SERVICES	15 000.
INTER AITH HOSPITALITY NETWORK OF OCEAN CONT 4 CONT 4 CONTROL AVENUE	ANON	С) Д	GENERAL OPERATING SUPPORT	с с с
	NONE	<u></u> Д	FINANCIAL OPPORTUNITY CENTER	15,000.
ILES, MC. 100D STREET TENTIN, NJ 08618	ENON	U A	URBAN AGRICULTURE WORK	15,000.
JERSEY CARES INC. 25 WEST MT PLEASANT AVENUE SUITE 1320 LIVINGSTON, NJ 07039	ENON	р 24	GENERAL OPERATING SUPPORT	3,500.
JERSEY CITY FIRE FOUNDATION 116 MALLORY AVENUE JERSEY CITY, NJ 07304	NONE	о Д	INFLATABLE RESCUE BOAT	2,000.
Total from continuation sheets				

	NK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	nued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,	Foundation	Purmose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
JEWISH COMMUNITY HOUSING CORPORATION 760 NORTHFIELD AVE WEST OR NGE, NJ 07052	INON	D L	GENERAL OPERATING SUPPORT	з, 000.
J.M.S. FAMILY & CHILDREN'S SERVICES OF North RN NEW JERSEY 1.25 EANECK ROAD TPANEK, NJ 07666	NONE	Dd	GENERAL OPERATING SUPPORT	3,000.
JUJG, FAMILY SERVICE OF S. THAET, HUNTERDON & WARREN COUNTIES 1. A. D. WEST HIGH STREET SOMPPILLE, NJ 08876	NONE	24	SENIOR SERVICE CARE MANAGEMENT AND COUNSELING PROGRAM	3,000.
JWIGI FAMILY SERVICES OF MIDDLESEX COUNTY 2. LACKHORSE LANE NORTH BRUNSWICK, NJ 08902	JONE	D	GENERAL OPERATING SUPPORT	3,500.
JIC FORDATION 80 OFFEET B.ISO, NJ 08820	ENON	D L	PLAINFIELD HEALTH CONNECTIONS - VIRTUAL NUTRITION AND WELLNESS	12,500.
JOL'S ANGELS 115 SOUTH ARLINGTON AVENUE EAST ORANGE, NJ 07018	NONE	D <sup>1</sup>	GENERAL OPERATING SUPPORT	2,000.
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	D L	PROFESSIONAL DEVELOPMENT FOR EDUCATORS TO EMPOWER STUDENTS THROUGH FINANCIAL LITERACY EDUCATION AND REMOTE LEARNING RESOURCES	12,500.
Total from continuation sheets				

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	tinued)			
3a Grants and Contributions Paid During the Year				
	If recipient is an individual, show any relationshin to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
KIDSPEACE NATIONAL CENTERS FOR KIDS IN CRISIS INC.	NONE	С Д	KIDS PEACE ADOPTION PREPARATION FOR FOSTER CHILDREN & FAMILIES	
4085 INDEPENDENCE DRIVE SCHNECK VILLE, PA 18078				2,500.
RAMAN CORPORATION P. OX 267 ROKTHILL NJ 08553	NONE	CG	НІСНИАҮ ТО НОРЕ	5.000
THE CONNECT	NONE	U d	A TASTE OF THE WORLD: CULTURAL AWARENESS THROUGH CULINARY EDUCATION IN UNION CITY	000, 8
LGILAID SOCIETY OF MONMOUTH COUNTY PERSON 2006 OCEAN, NJ 07712	NONE	Da	GENERAL OPERATING SUPPORT	5,000.
LAUKEMPA & LYMPHOMA SOCIETY INC. 14 COMMERCE DRIVE SUITE 301 CLANE RD, NJ 07016	NONE	Da	CHILDREN'S INITIATIVE AND LOCAL TRAVEL ASSISTANCE	12,500.
LITERACY VOLUNTEERS OF MORRIS COUNTY LOTALM STREET MORRISTOWN, NJ 07960	NONE	D	GENERAL OPERATING SUPPORT	2,500.
LITERACY VOLUNTEERS OF SOMERSET COUNTY 120 FINDERNE AVENUE - BOX 7 BRIDGEWATER, NJ 08807	NON	PC	GENERAL OPERATING SUPPORT	2,500.
Total from continuation sheets				

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	NK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of arant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
LIVENGRIN FOUNDATION INC. 4833 HULMEVILLE ROAD	NONE	U H	GENERAL OPERATING SUPPORT	
BENSALE I, PA 19020-3023				3,500.
LDAL BREAK 1 N. D.S. JAMES PARKER BLVD. RP BNK, NJ 07701	HONE	С Д	CLIENT CHOICE PANTRY	15,000.
MC SON WHEELS OF MERCER COUNTY INC. 3 A LLOWEROOK ROAD EWING NJ 08638	HNON	U A	SUBSIDIZED MEAL PROGRAM	5,000.
MFORTH HEALTH ASSOCIATION OF MONMOUTH CUTIM 1	NONE	ΡC	RED BANK RESOURCE NETWORK	
TINTON FALLS, NJ 07724				5,000.
MARCY CLIVIER 11 CHAIN STREET A BURN PARK, NJ 07712	INON	FC	MERCY CENTER'S EMERGENCY SERVICES	3,500.
MOMS HELPING MOMS FOUNDATION 225 STIRLING ROAD SUITE E WARREN, NJ 07059	NONE	U L	HEALTHY START FOR BABIES	3,500.
MONTCLAIR NEIGHBORHOOD DEVELOPMENT CORP 228 BLOOMFIELD AVENUE MONTCLAIR, NJ 07942	NONE	D A	CAREER DEVELOPMENT INSTITUTE (CDI) EXPANSION BLOOMFIELD & BELLEVILLE/GENERAL OPERATING SUPPORT	2,500.
Total from continuation sheets				

L	ANK FOUNDATION		04-3739441	Page 11
	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ICKSON	NONE	D L	INCREASING ACCESS TO NUTRITIOUS FOOD WHILE FIGHTING FOOD WASTE	
RED BANI, NJ 07701				.000, 62
CER NJ INC. TEHORSE MERCERVILJ	NONE	βC	GENERAL OPERATING SUPPORT	
C SULTE 303 HAMILTON, NJ 08619				3,500.
NET OLICIL OF JEWISH WOMEN ESSEX	NONE	PC	THE NCJW/ESSEX LINDA AND RUDY SLUCKER CENTER FOR	
			WOMEN CAREER SERVICES	
TAL ORANGE AVE. SUITE 120				15 000
				•000'CT
Ύ€				
P THANY N	NONE	PC	CHOICE FOOD PANTRY	
300 ST 4TH STRET RETHIRHEN DA 18015				15 000
4				
0				
NAT CITE KIDS	NONE	PC	GREENVILLE YOUTH PROGRAMMING INITIATIVE	
AIRMOUNT AV				
JURSE CITY, NJ 07306				12,500.
p				
NEW JARSEY CHAMBER OF COMMERCE FOUNDATION	NONE	PC	JOBS FOR AMERICA'S GRADUATES - NEW JERSEY (JAG NJ)	
214 WEST STATE STREET THIRD FLOOR				
TRENTON, NJ 08608				5,000.
NEW JERSEY COALITION AGAINST HUMAN	NONE	ЪС	GENERAL OPERATING SUPPORT	
TRAFFICKING INC.				
30 CHATHAM ROAD #711				
SHORT HILLS, NJ 07078				3,500.
Total from continuation sheets				

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	ANK FOUNDATION		04-3739441	Page 11
	tinued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NEW JERSEY COMMUNITY DEVELOPMENT	NONE	PC	MAKE THE GRADE ACADEMY AT CLIFTON HIGH SCHOOL	
CORPORATION P.O. BOX 6976				
PATERSO 1, NJ 07509				15,000.
NALL BETH ISRAEL MEDICAL CENTER 2 L LONS AVENUE NFAN, NJ 07112	NONE	U A	FARM TO FAMILY PROGRAM	15 000
NOT ILLUG DRIVE SUITE 201 CEDAPKNOLLS, NJ 07927	NONE	2	GENERAL OPERATING SUPPORT	
NOLE P SECTORD STREET SUITE 700 NEWARK, NJ 07102	NONE	U A	STEM PROGRAM FOR LOW-INCOME AND FIRST-GENERATION MIDDLE SCHOOL STUDENTS	15,000.
NGUPROFITCONNECT INC. 12-9 CCKTON STREET PINCTTON, NJ 08540	NONE	U d	GENERAL OPERATING SUPPORT	3,500.
NORTHAMPTON COMMUNITY COLLEGE FOUNDATION 3005 GREEN FOND ROAD BETHLEHEM, PA 18020	NONE	U A	HIGH PRIORITY OCCUPATION STUDENT RECRUITMENT VIDEOS	12,500.
NORWESCAP,INC. 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	NONE	U A	ENGAGEMENT PARTNERS - CONNECTING FAMILIES TO COMPREHENSIVE SERVICES	15,000.
Total from continuation sheets				

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,	Foundation	Durnose of arent or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
OCEAN COUNTY YMCA INC. 1088 WEST WHITTY ROAD	ENCN	о Д	YKIDS BEFORE/AFTER SCHOOL PROGRAM	
TOMS RI ER, NJ 08755				5,000.
OLLAS HARBOR HOUSE INC. 842 ONIFER STREET TOAS IVER, NJ 08753	ENON	D G	YOUTH SUPPORT PROGRAMS	20,000.
OCTATION WARM INC. 5 CAD LIED BANK BOULEVARD GLEW HILLS, PA 19342	ENON	D D	GENERAL OPERATING SUPPORT	3,500.
PULES 2000 MARENCE ROAD 1AWRENCEVILLE, NJ 08648	NON	U A	CHILD ASSAULT PREVENTION AND CRISIS INTERVENTION	15,000.
P KNSYL ANIA ASSOCIATION OF NONPROFIT ON ANIZATIONS (PANO) 49-4 'INDLE ROAD H RRI BURG, PA 17111	NONE	ЪС	COHORT LEARNING: NEW VOICES CREATING EQUITABLE POLICIES IN NONPROFIT MANAGEMENT	10,000.
P UNUS LVANIA COALITION AGAINST DOMESTIC VIOLENCE 3001 VARTAN WAY SUITE 101 HARRISBURG, PA 17110	NONE	PC	DOMESTIC VIOLENCE RAPID REHOUSING AND SURVIVOR RESILIENCE (IN PARTNERSHIP WITH TURNING POINT OF LEHIGH VALLEY)	20,000.
PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY,INC. 238 MULBERRY STREET NEWARK, NJ 07102	NONE	БС	WOMEN'S EMPOWERMENT EDUCATION & SERVICES (IN PARTNERSHIP WITH JERSEY CITY WOMEN INFANTS CHILDREN)	15,000.
Total from continuation sheets	-	-		

Total from continuation sheets 123641 11-18-21

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	(ed)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purrose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PLATINUM MINDS INC. 95 WEST MAIN STREET SUITE 5-166 CHESTER NJ 07930	NONE	С Д	GENERAL OPERATING SUPPORT	2,500.
AL INC. Asant run suite 100 , PA 18940	NONE	U L	HELP END THE WAITLIST FOR AUTISM SERVICES	15,000.
PLATCHOOL ADVANTAGE, INC. 2. MUDSLEY DRIVE SUITE 307 MORBETOWN, NJ 07960	NONE	D	ACCESS TO HIGH QUALITY EARLY EDUCATION FOR CHILDREN IN NEED	5,000.
PLICTON NURSERY SCHOOL INC. 76 GH AVENUE PRINCETON, NJ 08542	HONE	PC	GENERAL OPERATING SUPPORT	5,000.
PIS BOAD PARTNERSHIP INC. 3725 BOATE 46, SUITE 211 PLRSLPANY, NJ 07054	NONE	D	LEGAL SERVICES FOR NEW JERSEY NONFROFITS	15,000.
P OJEGT LITERACY OF GREATER BERGEN COUNTY NO INC, 355 MAIN STREET HACKENSACK, NJ 07601	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
PROJECT SELF-SUFFICIENCY OF SUSSEX COUNTY NO INC. 127 MILL STREET NEWTON, NJ 07860	NONE	РС	CENTRAL INTAKE AND THE FOOD PROJECT: NOURISHING OUR NEIGHBORS	20,000.
Total from continuation sheets				

Form 990-PF THE PROVIDENT BANK FOUNDATION	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT, INC.	NONE	о д	MI ESCUELITA PRESCHOOL EARLY CHILDHOOD CENTER	
100 FIRST STREET PERTH A BOY, NJ 08861				20,000.
OS TUTC ERY STF	HNON	5C	GENERAL OPERATING SUPPORT	
H SHAND PARK, NJ U8904 RELEAN VALLEY REGIONAL EMERGENCY MEDICAL SERTES 1.22 MBOY AVENUE EDISON NJ 08837	NONE	С Д	RARITAN VALLEY REGIONAL EMERGENCY MEDICAL SERVICES INITIATIVE FOR NEW AUTOMATED STRETCHER	.006, E
-HER DX 41 SILV	ENON	С Д	REDEEM-HER COMMUNITY GARDEN	
RATE REMNDATION FOR AUTISM 25-1 TASH ROAD 0 MILAID, NJ 07436	ANON	U A	GREENS DO GOOD: EXPANDING WORKFORCE DEVELOPMENT OPPORTUNITIES FOR TEENS AND YOUNG ADULTS WITH AUTISM	15,000.
RESCHANG LEFTOVER CUISINE 25-RROADWAY 12TH FLOOR NEW YORK, NY 10004	ENON	D P	THE FOOD RESCUE EXPANSION PROGRAM	20,000.
RIPPLE COMMUNITY INC. 1335 W. LINDEN STREET ALLENTOWN, PA 18102	NONE	о Д	GENERAL OPERATING SUPPORT	3,500.
Total from continuation sheets				

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Form 990-PF THE PROVIDENT BANK FOUNDATION	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,	Foundation	During of reart or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ROLLING HARVEST FOOD RESCUE	NONE	PC	GENERAL OPERATING SUPPORT	
3920 RIVER ROAD LUMBERV LLE, PA 18933				5,000.
R MINGS NJ	NONE	ЪС	UNION COUNTY RISE (RESIDENTIAL INDEPENDENCE	
7 BI OMFIELD AVENUE SUITE 303 DEAVILLE, NJ 07834			SELF-SUFFICIENCY AND EDUCATION) PROGRAM	12,500.
p				
R. T. LLE OUTREACH COMMUNITY CORPORATION	NONE	PC	LITERACY FOR LIFE	
34 40 EVILLE AVENUE NEWARA, NJ 07107				3,000.
ADULTS FOR GREATER EDUCATION INC.	NONE	PC	PLANNING FOR S.A.G.E.S LONG-TERM SUSTAINABILITY	
1 THE CHANCELLOR STREET				
NEWTOWN, PA 18940				2,500.
0				
NS ACTIVITIES NE	NONE	PC	GENERAL OPERATING SUPPORT	
MORTATTH MALL 180 HIGHWAY 35 SOUTH E TONYOWN, NJ 07724				3,000.
r				
SHORE HOILSE	NONE	U	SHORE HOUISE: NEW JERSEYS 1ST CLUTBHOUSE FOR ADULTS	
20. BROADWAY		)	LIVING WITH SEVERE MENTAL ILLINESS	
LONG BRANCH, NJ 07740				15,000.
SIGHTS FOR HOPE	NONE	PC	GUIDED TRANSPORTATION FOR PEOPLE WITH SEVERE VISION	
DNIN			LOSS	
ALLENTOWN, PA 18103				3,500.
Total from continuation sheets	-			

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	tinued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SPECTRUM360 414 EAGLE ROCK AVENUE, SUITE 200B WEST OR NGE, NJ 07052	NONE	С Д	GENERAL OPERATING SUPPORT	5,000.
SPORTER'S ORPHANAGE, INC. 1. D. D. AMOND SPRING ROAD DPANALLE, NJ 07834	NONE	U A	GENERAL OPERATING SUPPORT	000°, e
TELETO TABLE 6. EUTE 46 WEST, SUITE 240 HASPEUCK HEIGHTS, NJ 07604	ENON	С Д	COMMUNITY FRESH FOOD RESCUE PROGRAM	15,000.
T & MIGHBORHOOD CENTER 3 TEHIGH ST. ALLENTOWN, PA 18103	NONE	D4	GENERAL OPERATING SUPPORT	3,000.
THE SUPE FOUNDATION 10-15ENHOWER PKWY SUIE 300 R SELAND, NJ 07068	NONE	D L	GENERAL OPERATING SUPPORT	2,500.
THE WHLCOME PROJECT PA 395 SOUTH YORK ROAD HATBORO, PA 19040	NONE	U L	GENERAL OPERATING SUPPORT	2,500.
TOUCHSTONE THEATRE 321 EAST FOURTH STREET BETHLEHEM, PA 18015	NONE	о Д	GENERAL OPERATING SUPPORT	2,500.
<b>T</b> - + -   <b>f</b>				
Total from continuation sheets				

	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationshin to	Foundation	Purnose of arant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
TOWN CLOCK COMMUNITY DEVELOPMENT CORPORATION INC. 11 BAYARD STREET #301	NON	о Д	GENERAL OPERATING SUPPORT	
NEW BRU SWICK, NJ 08901				5,000.
THEFT HT WISH FOUNDATION P.C. OX 1042 DOTESTOWN, PA 18901	ENON	U A	GENERAL OPERATING SUPPORT	2,500.
ULATE WAY OF GREATER MERCER COUNTY, INC. 3 AL RUNSWICK PIKE, SUITE 230 CROSSROADS CORPORATE CENTER LAWRENCEVILLE, NJ 08648	ENON	<u>ප</u>	UWGMC DRIVING ECONOMIC BENEFIT TO MERCER COUNTY	4,500.
URAM HEALTHCARE INITIATIVE PROGRAM INC. 5RK AVENUE EAST ORANGE, NJ 07017	NON	р Д	GENERAL OPERATING SUPPORT (IT AND VIDEO CONSULTANTS)	3,000.
VITS CLAT INC. 2405 TEMOINE AVENUE, SUITE 400 F RT JEE, NJ 07024	NON	р Д	GENERAL OPERATING SUPPORT	2,500.
VISION TO LEARN 164 LEFFERSON STREET #196 NEWARK, NJ 07105	NON	р Д	FREE VISION SCREENINGS, EYE EXAMS AND NEW PRESCRIPTION GLASSES FOR STUDENTS IN NEED IN THE JERSEY CITY PUBLIC SCHOOLS	15,000.
VISITING NURSE ASSOCIATION OF CENTRAL JERSEY COMMUNITY HEALTH CENTER,INC. 806 5TH AVENUE ASBURY PARK, NJ 07712	NONE	U A	CENTERING PREGNANCY IN WESTERN MONMOUTH COUNTY	15,000.
Total from continuation sheets		-		

	NK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual,		Purnose of risint or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VOLUNTEER CENTER OF THE LEHIGH VALLEY 25 W. THIRD STREET BETHLEH.M. PA 18015	INON	U L	GENERAL OPERATING SUPPORT	3,500.
VOLNEER GUARDIANSHIP ONE-ON-ONE 198 PUTE 31 From NGTON, NJ 08822	ENON	D D	GENERAL OPERATING SUPPORT	2,000.
WENCK VOLUNTEER AMBULANCE CORP INC. P A OX 244 WALPUCK, NJ 07463	INON	D L	OXYGEN CYLINDER PURCHASE PROJECT	1,000.
WLINZAVY'S AUTISTIC KIDS CAN DO INC. 1177 ARK AVENUE, SUITE 2 PLAINFIELD, NJ 07060	INON	U A	STEM EDUCATION	3,000.
WAREN COUNTY HABITAT FOR HUMANITY 31 STVIDERE AVE. W SHID GTON, NJ 07882	INON	D L	GENERAL OPERATING SUPPORT	5,000.
W MEN S CENTER FOR ENTREPRENEURSHIP CORPONATION 31- WAIN ST. CHATHAM, NJ 07928	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
WOMEN'S RIGHTS INFORMATION CENTER 108 WEST PALISADE AVENUE ENGLEWOOD, NJ 07631	NONE	U A	GENERAL OPERATING SUPPORT	3,500.
Total from continuation sheets				

Form 990-PF THE PROVIDENT BANK FOUNDATION	ANK FOUNDATION		04-3739441	Page 11
Part XIV Supplementary Information (continued)	inued)			
3a Grants and Contributions Paid During the Year		-	-	
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
YMCA OF GREATER MONMOUTH COUNTY 170 PATTERSON AVENUE SHREWSE RY NJ 07701	NONE	р р	GENERAL OPERATING SUPPORT	2 500
REET STRE STRE	ENON	U Q	ST. JOSEPHS HOUSING & SUPPORTIVE SERVICES	20,000.
Y CHA CONSULTATION SERVICE, INC. 2 CHA T SALEM STREET, 3RD FL HACKPAGSACK, NJ 07601	NONE	р Д	YCS HELEN MAY STRAUSS CLINICS MENTAL HEALTH OUTPATIENT CLINICS	15,000.
/er				
Со				
ру				
Total from continuation sheets				

Form	2220
	ment of the Treasury Revenue Service

### Underpayment of Estimated Tax by Corporations

FORM 990-PF

► Attach to the corporation's tax return. FORM 5 ► Go to www.irs.gov/Form2220 for instructions and the latest information.

| 2021

Employer identification number

04-3739441

OMB No. 1545-0123

#### THE PROVIDENT BANK FOUNDATION

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	15,250.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term			
contracts or section 167(g) for depreciation under the income forecast method	<u>2b</u>		
<b>c</b> Credit for federal tax paid on fuels (see instructions)	20		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. T does not owe the penalty	The corporation	3	15,250.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution:			
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 or	ı line 5	4	13,471.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required enter the amount from line 3			13,471.
<b>Part II Reasons for Filing -</b> Check the boxes below that apply. If any boxes are cleven if it does not owe a penalty. See instructions.	necked, the corporation <b>must</b>	file Form 2220	
6 The corporation is using the adjusted seasonal installment method.			
7 X The corporation is using the annualized income installment method.			
8 X The corporation is a "large corporation" figuring its first required installment based on	the prior year's tax.		

#### Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/21	12/15/21
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	3,368.	820.	3,054.	5,306.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	4,000.	500.	4,000.	4,500.
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		632.	312.	1,258.
13	Add lines 11 and 12	13		1,132.	4,312.	5,758.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	4,000.	1,132.	4,312.	5,758.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	Ο.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17				
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	632.	312.	1,258.	
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - <u>no pon</u> alty is owed	l.	
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			(a)	(b)	(C)		(d)
)	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
	Underpayment on line 17 x Number of days on line 21 x 3% (0.03) 365	22	\$	\$	\$		\$
	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$		\$
	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25					
	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$		\$
	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27					
	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$		\$
	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					
	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31					
	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35					
	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120,	line 34; or the compara	ble		
	line for other income tax returns					38	\$

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

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Form 2220 (2021)

FORM 990-PF

#### Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

#### Part I Adjusted Seasonal Installment Method

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(C)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
<b>a</b> Tax year beginning in 2018	1a				
<b>b</b> Tax year beginning in 2019	1b				
c Tax year beginning in 2020	10				
2 Enter taxable income for each period for the tax year beginning in					
2021. See the instructions for the treatment of extraordinary items	2				
<b>3</b> Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2018	3a				
<b>b</b> Tax year beginning in 2019	3b				
<b>c</b> Tax year beginning in 2020	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9 a Divide line 2 by line 8	9a 9b				
<b>b</b> Extraordinary items (see instructions) <b>c</b> Add lines 9a and 9b	90 9c				
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form	30				
1120, Sch J, line 2, or comparable line of corp's return	10				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
<b>14</b> Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
<b>15</b> Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
10 Enter any other taxes for each normant pariod. See instr	10				
<ul><li>16 Enter any other taxes for each payment period. See instr.</li><li>17 Add lines 14 through 16</li></ul>	16 17				
<ul><li>18 For each period, enter the same type of credits as allowed</li></ul>	- 17				<u> </u>
on Form 2220, lines 1 and 2c. Second functions	18				
<b>19</b> Total tax after credits. Subtract line <b>13</b> from <b>1</b> 1 f					
zero or less, enter -0-		1VH		JV	
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#### Form 2220 (2021)

# Part II Annualized Income Installment Method

		(a)	(b)	(C)	(d)
		First 2	First 4	First 7	First 10
20 Annualization periods (see instructions)	20	months	months	months	months
21 Enter taxable income for each annualization period. See					
instructions for the treatment of extraordinary items	21	189,620.	200,867.	405,215.	752,288.
22 Annualization amounts (see instructions)	22	6.00000	3.000000	1.714290	1.200000
23a Annualized taxable income. Multiply line 21 by line 22	23a	1,137,720.	602,601.	694,656.	902,746.
<b>b</b> Extraordinary items (see instructions)	23b				
<b>c</b> Add lines 23a and 23b	23c	1,137,720.	602,601.	694,656.	902,746.
24 Figure the tax on the amount on line 23c using the					
instructions for Form 1120, Schedule J, line 2,					
or comparable line of corporation's return	24	15,814.	8,376.	9,656.	12,548.
25 Enter any alternative minimum tax (trusts only) for each					
payment period (see instructions)	25				
<b>26</b> Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27	15,814.	8,376.	9,656.	12,548.
28 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	28				
29 Total tax after credits. Subtract line 28 from line 27. If					
zero or less, enter -O-	29	15,814.	8,376.	9,656.	12,548.
<b>30</b> Applicable percentage	30	25%	50%	75%	100%
<b>31</b> Multiply line 29 by line 30	31	3,954.	4,188.	7,242.	12,548.
Part III Required Installments		, ,	, .		, .
Note: Complete lines 32 through 38 of one column		1st	2nd	3rd	4th
before completing the next column.		installment	installment	installment	installment
32 If only Part I or Part II is completed, enter the amount in					
each column from line 19 or line 31. If both parts are					
completed, enter the <b>smaller</b> of the amounts in each					
column from line 19 or line 31	32	3,954.	4,188.	7,242.	12,548.
<b>33</b> Add the amounts in all preceding columns of line 38.					
See instructions	33		3,368.	4,188.	7,242.
34 Adjusted seasonal or annualized income installments.					
Subtract line 33 from line 32. If zero or less, enter -0	34	3,954.	820.	3,054.	5,306.
<b>35</b> Enter 25% (0.25) of line 5 on page 1 of Form 2220 in					
each column. <b>Note:</b> "Large corporations," see the		2 260	1 257	2 01 2	2 01 2
instructions for line 10 for the amounts to enter	35	3,368.	4,257.	3,813.	3,812.
<b>36</b> Subtract line 38 of the preceding column from line 37 of the preceding column	36			3,437.	4,196.
,				, ,	,
37 Add lines 35 and 36	37	3,368.	4,257.	7,250.	8,008.
38 Required installments. Enter the smaller of line 34 or	ΙT				
line 37 here and on page 1 of Form 2220, line 10.					
See instructions	38	3,368.	820.	3,054.	5,306.
					Form <b>2220</b> (2021)

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\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1

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