

For calendar year 2024 or tax year beginning

, and ending

| Name of foundation | | A Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| THE PROVIDENT BANK FOUNDATION | | 04-3739441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and street (or P.O. box number if mail is not delivered to street address) | | Room/suite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P.O. BOX 1001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ISELIN, NJ 08830 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Check all that apply: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H Check type of organization: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) | | J Accounting method: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 16,636,606. | | <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) MODIFIED CASH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>(a) Revenue and expenses per books</th> <th>(b) Net investment income</th> <th>(c) Adjusted net income</th> <th>(d) Disbursements for charitable purposes (cash basis only)</th> </tr> </thead> <tbody> <tr> <td>1 Contributions, gifts, grants, etc., received</td> <td>0.</td> <td></td> <td>N/A</td> <td></td> </tr> <tr> <td>2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Interest on savings and temporary cash investments</td> <td>73.</td> <td>73.</td> <td></td> <td></td> </tr> <tr> <td>4 Dividends and interest from securities</td> <td>756,026.</td> <td>756,026.</td> <td></td> <td></td> </tr> <tr> <td>5a Gross rents</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Net rental income or (loss)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6a Net gain or (loss) from sale of assets not on line 10</td> <td>645,767.</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Gross sales price for all assets on line 6a</td> <td>1,710,887.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 Capital gain net income (from Part IV, line 2)</td> <td></td> <td>645,767.</td> <td></td> <td></td> </tr> <tr> <td>8 Net short-term capital gain</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Income modifications</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10a Gross sales less returns and allowances</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Less: Cost of goods sold</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c Gross profit or (loss)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Other income</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Total. Add lines 1 through 11</td> <td>1,401,866.</td> <td>1,401,866.</td> <td></td> <td></td> </tr> <tr> <td colspan="4"> Revenue </td> <td></td> </tr> <tr> <td>13 Compensation of officers, directors, trustees, etc.</td> <td>158,602.</td> <td>0.</td> <td>158,602.</td> <td></td> </tr> <tr> <td>14 Other employee salaries and wages</td> <td>152,306.</td> <td>0.</td> <td>152,306.</td> <td></td> </tr> <tr> <td>15 Pension plans, employee benefits</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16a Legal fees</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Accounting fees STMT 1</td> <td>29,500.</td> <td>14,750.</td> <td>14,750.</td> <td></td> </tr> <tr> <td> c Other professional fees STMT 2</td> <td>197,753.</td> <td>45,156.</td> <td>152,597.</td> <td></td> </tr> <tr> <td>17 Interest</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18 Taxes STMT 3</td> <td>16,000.</td> <td>0.</td> <td>0.</td> <td></td> </tr> <tr> <td>19 Depreciation and depletion</td> <td>345.</td> <td>0.</td> <td></td> <td></td> </tr> <tr> <td>20 Occupancy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>21 Travel, conferences, and meetings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>22 Printing and publications</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>23 Other expenses STMT 4</td> <td>83,510.</td> <td>0.</td> <td>83,510.</td> <td></td> </tr> <tr> <td>24 Total operating and administrative expenses. Add lines 13 through 23</td> <td>638,016.</td> <td>59,906.</td> <td>561,765.</td> <td></td> </tr> <tr> <td>25 Contributions, gifts, grants paid</td> <td>884,445.</td> <td></td> <td>884,445.</td> <td></td> </tr> <tr> <td>26 Total expenses and disbursements. Add lines 24 and 25</td> <td>1,522,461.</td> <td>59,906.</td> <td>1,446,210.</td> <td></td> </tr> <tr> <td colspan="4"> Operating and Administrative Expenses </td> <td></td> </tr> <tr> <td>27 Subtract line 26 from line 12:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a Excess of revenue over expenses and disbursements</td> <td>-120,595.</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Net investment income (if negative, enter -0-)</td> <td></td> <td>1,341,960.</td> <td></td> <td></td> </tr> <tr> <td> c Adjusted net income (if negative, enter -0-)</td> <td></td> <td></td> <td>N/A</td> <td></td> </tr> </tbody> </table> | | | | | (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 | 0. | | N/A | | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | | 3 Interest on savings and temporary cash investments | 73. | 73. | | | 4 Dividends and interest from securities | 756,026. | 756,026. | | | 5a Gross rents | | | | | b Net rental income or (loss) | | | | | 6a Net gain or (loss) from sale of assets not on line 10 | 645,767. | | | | b Gross sales price for all assets on line 6a | 1,710,887. | | | | 7 Capital gain net income (from Part IV, line 2) | | 645,767. | | | 8 Net short-term capital gain | | | | | 9 Income modifications | | | | | 10a Gross sales less returns and allowances | | | | | b Less: Cost of goods sold | | | | | c Gross profit or (loss) | | | | | 11 Other income | | | | | 12 Total. Add lines 1 through 11 | 1,401,866. | 1,401,866. | | | Revenue | | | | | 13 Compensation of officers, directors, trustees, etc. | 158,602. | 0. | 158,602. | | 14 Other employee salaries and wages | 152,306. | 0. | 152,306. | | 15 Pension plans, employee benefits | | | | | 16a Legal fees | | | | | b Accounting fees STMT 1 | 29,500. | 14,750. | 14,750. | | c Other professional fees STMT 2 | 197,753. | 45,156. | 152,597. | | 17 Interest | | | | | 18 Taxes STMT 3 | 16,000. | 0. | 0. | | 19 Depreciation and depletion | 345. | 0. | | | 20 Occupancy | | | | | 21 Travel, conferences, and meetings | | | | | 22 Printing and publications | | | | | 23 Other expenses STMT 4 | 83,510. | 0. | 83,510. | | 24 Total operating and administrative expenses. Add lines 13 through 23 | 638,016. | 59,906. | 561,765. | | 25 Contributions, gifts, grants paid | 884,445. | | 884,445. | | 26 Total expenses and disbursements. Add lines 24 and 25 | 1,522,461. | 59,906. | 1,446,210. | | Operating and Administrative Expenses | | | | | 27 Subtract line 26 from line 12: | | | | | a Excess of revenue over expenses and disbursements | -120,595. | | | | b Net investment income (if negative, enter -0-) | | 1,341,960. | | | c Adjusted net income (if negative, enter -0-) | | | N/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 | 0. | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Interest on savings and temporary cash investments | 73. | 73. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Dividends and interest from securities | 756,026. | 756,026. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a Gross rents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net rental income or (loss) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 645,767. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Gross sales price for all assets on line 6a | 1,710,887. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 645,767. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Net short-term capital gain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Income modifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a Gross sales less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Less: Cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Gross profit or (loss) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Total. Add lines 1 through 11 | 1,401,866. | 1,401,866. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Compensation of officers, directors, trustees, etc. | 158,602. | 0. | 158,602. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other employee salaries and wages | 152,306. | 0. | 152,306. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Pension plans, employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Legal fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Accounting fees STMT 1 | 29,500. | 14,750. | 14,750. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Other professional fees STMT 2 | 197,753. | 45,156. | 152,597. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Taxes STMT 3 | 16,000. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Depreciation and depletion | 345. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Occupancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Travel, conferences, and meetings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Printing and publications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Other expenses STMT 4 | 83,510. | 0. | 83,510. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 638,016. | 59,906. | 561,765. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Contributions, gifts, grants paid | 884,445. | | 884,445. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 1,522,461. | 59,906. | 1,446,210. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating and Administrative Expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Subtract line 26 from line 12: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Excess of revenue over expenses and disbursements | -120,595. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net investment income (if negative, enter -0-) | | 1,341,960. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year | End of year | |
|--------------------------------------|-----|------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 189,136. | 322,765. | 322,765. |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | 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 | 74,087. | 5,230. | 5,230. |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | STMT 5 | 16,305,322. | 16,307,967. |
| | c | 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 | 100,269. | | |
| | | Less: accumulated depreciation | 99,625. | 989. | 644. |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 16,569,534. | 16,636,606. | 16,636,606. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | <input checked="" type="checkbox"/> | | |
| | | and complete lines 24, 25, 29, and 30. | | | |
| | 24 | Net assets without donor restrictions | 16,569,534. | 16,636,606. | |
| | 25 | Net assets with donor restrictions | | | |
| | | Foundations that do not follow FASB ASC 958, check here | <input type="checkbox"/> | | |
| | | and complete lines 26 through 30. | | | |
| | 26 | Capital stock, trust principal, or current funds | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 | Total net assets or fund balances | 16,569,534. | 16,636,606. | |
| | 30 | Total liabilities and net assets/fund balances | 16,569,534. | 16,636,606. | |

Part III **Analysis of Changes in Net Assets or Fund Balances**

| | | | |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 16,569,534. |
| 2 | Enter amount from Part I, line 27a | 2 | -120,595. |
| 3 | Other increases not included in line 2 (itemize) <u>CHANGE IN UNREALIZED VALUE OF INVESTMENTS</u> | 3 | 187,667. |
| 4 | Add lines 1, 2, and 3 | 4 | 16,636,606. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 16,636,606. |

Form 990-PF (2024)

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| 1a PUBLICLY TRADED SECURITIES | | | P | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | | |
| a 1,710,887. | | 1,065,120. | | | 645,767. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 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 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | | |
| a | | | | | 645,767. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| 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 | | 2 | | 645,767. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | | | 3 | | 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 <input type="checkbox"/> and enter "N/A" on line 1. | 1 | 18,653. |
| Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) | 2 | 0. |
| 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) | 3 | 18,653. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | 0. |
| 3 Add lines 1 and 2 | 5 | 18,653. |
| 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 2024 estimated tax payments and 2023 overpayment credited to 2024 | 6a | 16,478. |
| 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 | 16,478. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 2,175. |
| 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 2025 estimated tax | 11 | Refunded |

Part 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 any political campaign?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition

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?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. \$ _____ 0. (2) On foundation managers. \$ _____ 0.

e 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?

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

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

N/A

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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:
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions. NONE

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation

SEE STATEMENT 6

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 year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions

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

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

Website address WWW.THEPROVIDENTBANKFOUNDATION.ORG

14 The books are in care of CARMINE TORRECUSO. THE FDN. Telephone no. 862-260-3990
Located at 10 WOODBRIDGE CENTER DRIVE, 3RD FLOOR, WOODBRIDGE, NJ ZIP+4 07095

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

16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

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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.****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?

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

(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" 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.)

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**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 2024?**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 2024, did the foundation have any undistributed income (Part XII, lines

6d and 6e) for tax year(s) beginning before 2024?

If "Yes," list the years _____, _____, _____, _____

b Are there any years listed in 2a for which the foundation is **not** 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 **all** years listed, answer "No" and attach statement - see instructions.)

N/A

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

_____, _____, _____, _____

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?**b** If "Yes," did it have excess business holdings in 2024 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 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 2024.)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?Form **990-PF** (2024)

Part VI-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

| | Yes | No |
|-------|-----|----|
| 5a(1) | X | |
| 5a(2) | X | |
| 5a(3) | X | |
| 5a(4) | X | |
| 5a(5) | X | |
| 5b | | |
| 5d | | |
| 6a | X | |
| 6b | X | |
| 7a | X | |
| 7b | | |
| 8 | 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? See instructions

N/A

c Organizations relying on a current notice regarding disaster assistance, check here

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

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, 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?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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**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 (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE STATEMENT 7 | | 158,602. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 benefit plans and deferred compensation | (e) Expense account, other allowances |
|-----------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| KRISTY KOOS P.O. BOX 1001, ISELIN, NJ 08830-1001 | V.P. & ASSOC. PROGRAM DIRECTOR 37.50 | 97,921. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | | 0 |

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Part VII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued) SEE STATEMENT 8

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---------------------------------------------------------------------------------------|-------------------------------|------------------|
| THE PROVIDENT BANK PO BOX 1001, ISELIN, NJ 08830 | SEE STMT. 8 | 385,300. |
| THE GROUP FORWARD 151 PRINCETON DRIVE, HARTSDALE, NY 10530 | STRATEGIC PLANNING CONSULTING | 106,000. |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |

Part VIII-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | 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 on lines 1 and 2.

| | Amount |
|----------------------------------------------------------|--------|
| 1 N/A | |
| 2 | |
| 3 | |
| All other program-related investments. See instructions. | |
| Total. Add lines 1 through 3 | 0. |

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 | 15,398,972. |
| b | Average of monthly cash balances | 1b | 289,273. |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 15,688,245. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 15,688,245. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 235,324. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 15,452,921. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 772,646. |

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|----|----------------------------------------------------------------------------------------------------------------|----|----------|
| 1 | Minimum investment return from Part IX, line 6 | 1 | 772,646. |
| 2a | Tax on investment income for 2024 from Part V, line 5 | 2a | 18,653. |
| b | Income tax for 2024. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b | 2c | 18,653. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 753,993. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 753,993. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 753,993. |

Part 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 | 1,446,210. |
| 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 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 1,446,210. |

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Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2023 | (c) 2023 | (d) 2024 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2024 from Part X, line 7 | | | | 753,993. |
| 2 Undistributed income, if any, as of the end of 2024: | | | 0. | |
| a Enter amount for 2023 only | | 0. | | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2024: | | | | |
| a From 2019 | 499,827. | | | |
| b From 2020 | 452,993. | | | |
| c From 2021 | 469,681. | | | |
| d From 2022 | 1,192,201. | | | |
| e From 2023 | 885,971. | | | |
| f Total of lines 3a through e | 3,500,673. | | | |
| 4 Qualifying distributions for 2024 from Part XI, line 4: \$ 1,446,210. | | | 0. | |
| a Applied to 2023, but not more than line 2a | | 0. | | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2024 distributable amount | | | | 753,993. |
| e Remaining amount distributed out of corpus | 692,217. | | | |
| 5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 4,192,890. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| 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 | | 0. | | |
| e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 | | | | 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 2019 not applied on line 5 or line 7 | 499,827. | | | |
| 9 Excess distributions carryover to 2025. | | | | |
| Subtract lines 7 and 8 from line 6a | 3,693,063. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2020 | 452,993. | | | |
| b Excess from 2021 | 469,681. | | | |
| c Excess from 2022 | 1,192,201. | | | |
| d Excess from 2023 | 885,971. | | | |
| e Excess from 2024 | 692,217. | | | |

Part XIII **Private Operating Foundations** (see instructions and Part VI-A, question 9)

N/A

| | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------|
| 1 a | If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling | | | | |
| | | | | | |
| b | Check box to indicate whether the foundation is a private operating foundation described in section | | | | <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) |
| 2 a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | | | | |
| 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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

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 if 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

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 awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV **Supplementary Information** *(continued)*

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| 180 TURNING LIVES AROUND, INC. 1 BETHANY ROAD HAZLET, NJ 07730 | NONE | PC | TRANSITIONAL/RAPID RE-HOUSING (TH-RRH) | 15,000. |
| 180 TURNING LIVES AROUND, INC. 1 BETHANY ROAD HAZLET, NJ 07730 | NONE | PC | INLET SPONSOR - 2024 SEAS THE DAY GALA | 5,000. |
| ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000. |
| AMERICA'S GROW-A-ROW, INC. 150 PITTSTOWN ROAD PITTSTOWN, NJ 08867 | NONE | PC | FRESH PRODUCE INITIATIVE | 20,000. |
| ANCHOR HOUSE INC. 482 CENTRE STREET TRENTON, NJ 08611 | NONE | PC | PROGRAMS FOR HOMELESS YOUTH | 10,000. |
| Total | SEE CONTINUATION SHEET(S) | | | 3a 884,445. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | 3b 0. |

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. | | Unrelated business income | | (e) Related or exempt function income | |
|-------------------------------------------------------------------------|--|---------------------------|---------------|---------------------------------------------|------------|
| | | (a) Business code | (b) Amount | | |
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | 14 | 73. |
| 4 Dividends and interest from securities | | | | 14 | 756,026. |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | 18 | 645,767. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0. | | 1,401,866. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1,401,866. |

Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash
(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described

in section 501(c) (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instr.

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

| | | | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------|-------------------------------|--------------------------|
| Preparer's name ALEXANDER LAZZARUOLO | Preparer's signature <i>Alexander Lazzaruolo</i> | Date 4/22/2025 | Check if self-employed | PTIN P01775353 |
| Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP | | | Firm's EIN 13-3628255 | |
| Firm's address ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004 | | | Phone no. 212-661-7777 | |

FORM 990-PF

ACCOUNTING FEES

STATEMENT 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 | 29,500. | 14,750. | | 14,750. |
| TO FORM 990-PF, PG 1, LN 16B | 29,500. | 14,750. | | 14,750. |

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 2

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| SALESFORCE EXPENSES | 8,361. | 0. | | 8,361. |
| ADMINISTRATIVE SERVICES (SEE STMT. 8) | 44,984. | 6,748. | | 38,236. |
| FIDUCIARY TRUST FEES (SEE STMT. 8) | 38,408. | 38,408. | | 0. |
| GROUP FORWARD - STRATEGIC PLANNING | 106,000. | 0. | | 106,000. |
| TO FORM 990-PF, PG 1, LN 16C | 197,753. | 45,156. | | 152,597. |

FORM 990-PF

TAXES

STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| EXCISE TAX | 16,000. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 16,000. | 0. | | 0. |

FORM 990-PF

OTHER EXPENSES

STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| COMMUNICATIONS | 21,057. | 0. | | 21,057. |
| OTHER ADMINISTRATIVE | | | | |
| SERVICES | 13,705. | 0. | | 13,705. |
| INSURANCE | 3,931. | 0. | | 3,931. |
| OTHER MISCELLANEOUS EXPENSES | 44,817. | 0. | | 44,817. |
| TO FORM 990-PF, PG 1, LN 23 | 83,510. | 0. | | 83,510. |

FORM 990-PF

CORPORATE STOCK

STATEMENT 5

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|-----------------------------------------|-------------|----------------------|
| PROVIDENT FINANCIAL SVCS INC COM | 11,793,750. | 11,793,750. |
| ISHARES CORE S&P SMALL | 299,226. | 299,226. |
| ISHARES GOLD ETF | 236,014. | 236,014. |
| PACER BNCHMRK DT | 260,825. | 260,825. |
| VANGUARD FTSE DEVELOPED | 618,791. | 618,791. |
| VANGUARD FTSE EMERGING | 268,600. | 268,600. |
| VANGUARD TOTAL STOCK MARKET ETF | 714,091. | 714,091. |
| VANGUARD DIVIDEND | 540,099. | 540,099. |
| VANGUARD SHORT TERM CORE | 372,186. | 372,186. |
| JPMORGAN ULTRA SHORT | 373,897. | 373,897. |
| ISHARES CORE-US AGG BOND ETF | 550,198. | 550,198. |
| ISHARES 1-3YR. SHY | 280,290. | 280,290. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 16,307,967. | 16,307,967. |

FORM 990-PF

EXPLANATION CONCERNING PART VI-A, LINE 8B

STATEMENT 6

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.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|-------------------------------------------------------------------------------|------------------------------------------|-------------------|---------------------------------|--------------------|
| DR. CARLOS HERNANDEZ, PH.D. 250 MADISON AVENUE MORRISTOWN, NJ 07960 | FORMER CHAIRMAN 1.00 | 0. | 0. | 0. |
| CHRISTOPHER MARTIN 250 MADISON AVENUE MORRISTOWN, NJ 07960 | CHAIRMAN, PRESIDENT AND DIRECTOR 2.00 | 0. | 0. | 0. |
| JOHN KUNTZ 250 MADISON AVENUE MORRISTOWN, NJ 07960 | FORMER SECRETARY 2.00 | 0. | 0. | 0. |
| CARMINE TORRECUSO (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960 | TREASURER 5.00 | 17,792. | 0. | 0. |
| SAMANTHA PLOTINO (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960 | V.P. & EXECUTIVE DIRECTOR 37.50 | 131,810. | 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. |
| MARY LOUIS FESTA 250 MADISON AVENUE MORRISTOWN, NJ 07960 | SECRETARY 2.00 | 0. | 0. | 0. |
| THOMAS SHARA 250 MADISON AVENUE MORRISTOWN, NJ 07960 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DEFOREST SOARIES 250 MADISON AVENUE MORRISTOWN, NJ 07960 | DIRECTOR 1.00 | 1,000. | 0. | 0. |

THE PROVIDENT BANK FOUNDATION

04-3739441

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

158,602.

0.

0.

09030416 152490 68696B

17 STATEMENT(S) 7
2024.03030 THE PROVIDENT BANK FOUNDA 68696B_1

FORM 990-PF

FIVE HIGHEST PAID CONTRACTORS
FOR PROFESSIONAL SERVICES
COMPENSATION EXPLANATION
PART VII, LINE 3

STATEMENT 8

CONTRACTOR'S NAME

THE PROVIDENT BANK

COMPENSATION EXPLANATION

THE PROVIDENT BANK PAID (OR WAS REIMBURSED BY THE FOUNDATION) IN THE AMOUNT OF \$385,300, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:

1. \$149,602 - CARMINE TORRECUSO TREAS., & SAMANTHA PLOTINO, EXEC. DIR. (STMT. #7);
2. \$152,306 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);
3. \$38,408 - FIDUCIARY TRUST FEES (STMT#2); AND
4. \$44,984 - ADMINISTRATIVE SERVICES (STMT #2)

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.

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------|----------|
| Name and address (home or business) | | | | |
| BERGEN COUNTY'S UNITED WAY 6 FOREST AVENUE, SUITE 220 PARAMUS, NJ 07652 | NONE | PC | AFFORDABLE HOUSING | 10,000. |
| BERGEN VOLUNTEER MEDICAL INITIATIVE, INC. 75 ESSEX STREET, SUITE 100 HACKENSACK, NJ 07601 | NONE | PC | EXPANDING ACCESS TO CARE FOR WORKING, LOW-INCOME BERGEN RESIDENTS | 15,000. |
| BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY 305 BOND STREET, 2ND FLOOR ASBURY PARK, NJ 07712 | NONE | PC | ONE-TO-ONE PLUS MENTORING - CARES PROGRAM | 10,000. |
| BIG BROTHERS BIG SISTERS OF MERCER COUNTY 535 EAST FRANKLIN STREET TRENTON, NJ 08610 | NONE | PC | WORKPLACE MENTORING PROGRAM | 7,500. |
| BOYS & GIRLS CLUB OF CLIFTON 822 CLIFTON AVENUE CLIFTON, NJ 07013 | NONE | PC | EDUCATIONAL INITIATIVES | 2,500. |
| CAMELOT FOR CHILDREN 2354 W. EMMAUS AVE ALLENTOWN, PA 18103 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000. |
| CARING CONTACT P.O. BOX 2376 WESTFIELD, NJ 07091 | NONE | PC | 988: EXPANDING THE MENTAL HEALTH SAFETY NET | 10,000. |
| Total from continuation sheets | | | | 829,445. |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| CASA SHAW 148 MAIN STREET, BUILDING D1 LEBANON, NJ 08833 | NONE | PC | ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN | 12,500. |
| CBC DEVELOPMENT CENTER 66 SOUTH GROVE STREET EAST ORANGE, NJ 07018 | NONE | PC | FOOD DISTRIBUTION & NUTRITION | 5,000. |
| CENTRAL JERSEY HOUSING RESOURCE CENTER CORP. (CJHRC) 92 EAST MAIN STREET, SUITE 407 SOMERVILLE, NJ 08876 | NONE | PC | HOUSING RESOURCE CENTER PROGRAM | 10,000. |
| CHILD CARE RESOURCES OF MONMOUTH COUNTY INC. 3301C ROUTE 66 NEPTUNE, NJ 07754 | NONE | PC | DIAPER BANK AT CHILD CARE RESOURCES OF MONMOUTH COUNTY INC. | 8,500. |
| CHILDREN'S AID AND FAMILY SERVICES, INC. 200 ROBIN ROAD PARAMUS, NJ 07652 | NONE | PC | MOBILITY MENTORING PROGRAM | 12,500. |
| CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION, INC. 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 | NONE | PC | FAMILY FOOD VOUCHER PROGRAM | 10,000. |
| COMMUNITY ACTION LEHIGH VALLEY 1337 EAST 5TH STREET BETHLEHEM, PA 18015 | NONE | PC | SIXTH STREET SHELTER CASE MANAGER EXPANSION | 15,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| CONTACT OF OCEAN & MONMOUTH COUNTIES P.O. BOX 1121 TOMS RIVER, NJ 08754 | NONE | PC | CONTACT'S 24-HR CRISIS INTERVENTION AND INFORMATION/REFERRAL HOTLINES | 10,000. |
| COUNCIL OF NEW JERSEY GRANTMAKERS 1977 OLDEN AVENUE; SUITE 238 EWING, NJ 08618 | NONE | PC | DOING GOOD BETTER: DEEPENING PHILANTHROPIC AND NONPROFIT PARTNERSHIPS IN NJ | 10,000. |
| COUNTY COLLEGE OF MORRIS FOUNDATION 214 CENTER GROVE ROAD RANDOLPH, NJ 07869 | NONE | PC | COLLEGE PROMISE PROGRAM AT MORRISTOWN HIGH SCHOOL | 12,500. |
| CUMAC P.O. BOX 2721 PATERSON, NJ 07509 | NONE | PC | CREATING HEALING-CENTERED COMMUNITIES | 33,333. |
| DEFY VENTURES 5 PENN PLAZA 19TH FLOOR NEW YORK, NY 10001 | NONE | PC | CEO OF YOUR NEW LIFE PROGRAM FOR JUSTICE IMPACTED YOUTH | 10,000. |
| DIABETES FOUNDATION INC. 45 WHITNEY ROAD, #2M MAHWAH, NJ 07430 | NONE | PC | ACCESS TO DIABETES MANAGEMENT AND PREVENTION RESOURCES | 7,500. |
| DOMESTIC ABUSE & SEXUAL ASSAULT INTERVENTION SERVICES P.O. BOX 805 NEWTON, NJ 07860 | NONE | PC | COGNITIVE BEHAVIORAL THERAPY EXPANSION | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| FAIRLEIGH DICKINSON UNIVERSITY 1000 RIVER ROAD, H-DH3-13 TEANECK, NJ 07666 | NONE | PC | PRECOLLEGIATE STEM DISCOVERY PROGRAM | 10,000. |
| FAMILY PROMISE OF SUSSEX COUNTY 19 CHURCH STREET NEWTON, NJ 07860 | NONE | PC | BRIDGING SUPPORTS TO SELF-SUFFICIENCY | 12,500. |
| FLEMINGTON FOOD PANTRY, INC. 154 ROUTE 31 NORTH P.O. BOX 783 FLEMINGTON, NJ 08822 | NONE | PC | NUTRITION & HEALTH PROGRAM | 5,000. |
| FOUNDATION FOR EDUCATIONAL ADMINISTRATION (FEA) 12 CENTRE DRIVE MONROE TOWNSHIP, NJ 08831 | NONE | PC | HEALING CENTERED ENGAGEMENT INITIATIVE | 20,000. |
| FREEDOM HOUSE 2004 NJ ROUTE 31, SUITE 9 CLINTON, NJ 08809 | NONE | PC | ADDICTION RECOVERY PROGRAM | 10,000. |
| GREATER LIFE INC. P.O. BOX 8447 NEWARK, NJ 07108 | NONE | PC | FINANCIAL LITERACY FOR NEWARK YOUTH & ADULTS FOR COMMUNITY EMPOWERMENT | 2,500. |
| GREATER NEWARK CONSERVANCY 32 PRINCE STREET NEWARK, NJ 07103 | NONE | PC | HELPING NEWARK YOUTH LIVE HEALTHIER LIVES THROUGH THE FARM TO SCHOOL PROGRAM | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| HANDICAPPED HIGH RIDERS CLUB 145 ROUTE 526 ALLENTOWN, NJ 08501 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500. |
| HOMELESS SOLUTIONS 3 WING DRIVE, SUITE 245 CEDAR KNOLLS, NJ 07927 | NONE | PC | HOMELESS SOLUTIONS HOUSING RETENTION PROGRAM | 10,000. |
| HUNTERDON HELPLINE INC. P.O. BOX 246 FLEMINGTON, NJ 08822 | NONE | PC | HELPLINE DIVISION OF SENIOR AND DISABILITY SERVICES | 10,000. |
| HUNTERDON LAND TRUST 111 MINE STREET FLEMINGTON, NJ 08822 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500. |
| INTERFAITH FOOD PANTRY, INC. 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950 | NONE | PC | HEALTHY FOOD FOR EXPANDING MARKETPLACES AND MOBILE NETWORKS | 15,000. |
| JACOB A. RIIS NEIGHBORHOOD SETTLEMENT 10-25 41ST AVENUE LONG ISLAND CITY, NY 11101 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000. |
| JEWISH FAMILY & CHILDREN'S SERVICE OF GREATER MERCER COUNTY 707 ALEXANDER ROAD SUITE 102 PRINCETON, NJ 08540 | NONE | PC | MOBILE FOOD PANTRY | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| JEWISH FAMILY & CHILDREN'S SERVICE OF GREATER MONMOUTH COUNTY 705 SUMMERFIELD AVENUE ASBURY PARK, NJ 07712 | NONE | PC | FOOD IS MEDICINE, NOURISH ASBURY FOOD PANTRY | 12,500. |
| JFK MEDICAL CENTER FOUNDATION 65 JAMES STREET EDISON, NJ 08820 | NONE | PC | PLAINFIELD HEALTH CONNECTIONS | 10,000. |
| KINDERSMILE FOUNDATION 10 BROAD STREET BLOOMFIELD, NJ 07003 | NONE | PC | KSOHP - LINK TO A DENTAL HOME AT KSCOHC NEWARK, LOCATED WITHIN THE BGCN | 5,000. |
| LET'S WORK FOR GOOD 140 ETHEL ROAD WEST, SUITE M PISCATAWAY, NJ 08854 | NONE | PC | GENERAL OPERATING SUPPORT | 3,162. |
| LITERACY VOLUNTEERS OF MORRIS COUNTY 16 ELM STREET MORRISTOWN, NJ 07960 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500. |
| LUNCH BREAK, INC. P.O. BOX 2215 RED BANK, NJ 07701 | NONE | PC | CLIENT CHOICE PANTRY | 15,000. |
| MAHWAH ENVIRONMENTAL VOLUNTEERS ORGANIZATION, INC. 1024 ASH DRIVE MAHWAH, NJ 07430 | NONE | PC | FRESH ROOTS FARMING PROGRAM | 1,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| MEALS ON WHEELS OF MERCER COUNTY INC. 320 HOLLOWBROOK DRIVE EWING, NJ 08638 | NONE | PC | FARM FRESH PRODUCE PROGRAM | 7,500. |
| MEETING ESSENTIAL NEEDS WITH DIGNITY, INC. (MEND) P.O. BOX 1304 MAPLEWOOD, NJ 07040 | NONE | PC | MEND ON THE MOVE | 7,500. |
| MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY 106 APPLE STREET, SUITE 110 TINTON FALLS, NJ 07724 | NONE | PC | RED BANK RESOURCE NETWORK | 5,000. |
| MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY 106 APPLE STREET, SUITE 110 TINTON FALLS, NJ 07724 | NONE | PC | 2024 GALA BY THE SEA - END THE STIGMA SPONSOR (SHARED WITH PROVIDENT BANK) | 1,250. |
| MERCY CENTER 1106 MAIN STREET ASBURY PARK, NJ 07712 | NONE | PC | MERCY CENTER FOOD PANTRY | 12,500. |
| MOVE FOR HUNGER 7 3RD AVENUE NEPTUNE, NJ 07753 | NONE | PC | BRIDGING THE GAP BETWEEN HUNGER AND FOOD WASTE | 12,500. |
| NAMI MERCER NJ INC. 1235 WHITEHORSE MERCERVILLE ROAD BUILDING C, SUITE 303 HAMILTON, NJ 08619 | NONE | PC | NAMI MERCER HYBRID EDUCATION, SUPPORT AND OUTREACH | 5,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| NATIONAL COUNCIL OF JEWISH WOMEN, ESSEX COUNTY SECTION 70 SOUTH ORANGE AVENUE, SUITE 120 LIVINGSTON, NJ 07039 | NONE | PC | CFW CAREER SERVICES | 10,000. |
| NEW BETHANY, INC. 333 WEST 4TH STREET BETHLEHEM, PA 18015 | NONE | PC | CHOICE FOOD PANTRY | 12,500. |
| NEW BRUNSWICK TOMORROW 390 GEORGE STREET, 2ND FLOOR NEW BRUNSWICK, NJ 08901 | NONE | PC | NEW BRUNSWICK TOMORROW HOUSING INITIATIVES | 12,500. |
| NEW CITY KIDS 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306 | NONE | PC | RUBINGH CENTER FOR YOUTH DEVELOPMENT BUILDING RENOVATIONS | 20,000. |
| NEW JERSEY CENTER FOR NONPROFITS 3635 QUAKERBRIDGE ROAD, SUITE 35 MERCERVILLE, NJ 08619 | NONE | PC | WORKSHOPS & 2023 NJ NONPROFIT CONFERENCE SUPPORT | 10,000. |
| NEW JERSEY CHAMBER OF COMMERCE FOUNDATION 216 WEST STATE STREET, THIRD FLOOR TRENTON, NJ 08608 | NONE | PC | JOBS FOR AMERICA'S GRADUATES - NEW JERSEY (JAG NJ) | 5,000. |
| NEW JERSEY COMMUNITY DEVELOPMENT CORPORATION P.O. BOX 6976 PATERSON, NJ 07509 | NONE | PC | MAKE THE GRADE ACADEMY | 7,500. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| NEW MILFORD EDUCATION FOUNDATION 145 MADISON AVENUE NEW MILFORD, NJ 07646 | NONE | PC | NEW MILFORD HIGH SCHOOL HOLOCAUST STUDY TOUR PROGRAM | 1,500. |
| NONPROFIT NEW YORK 320 EAST 43RD STREET, 3RD FLOOR NEW YORK, NY 10017 | NONE | PC | GENERAL OPERATING & STRATEGIC PLAN SUPPORT | 10,000. |
| NORWESCAP 350 MARSHALL STREET PHILLIPSBURG, NJ 08865 | NONE | PC | ENGAGEMENT PARTNERS ? CONNECTING FAMILIES TO COMPREHENSIVE SERVICES | 12,500. |
| OASIS - A HAVEN FOR WOMEN AND CHILDREN 59 MILL STREET PATERSON, NJ 07501 | NONE | PC | AFTER-SCHOOL ACADEMY (ASA) | 10,000. |
| PARTNERS 650 BLOOMFIELD AVENUE, SUITE 209 BLOOMFIELD, NJ 07003 | NONE | PC | PARTNERS PRO BONO PROGRAM FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE | 15,000. |
| PASSAIC COUNTY HABITAT FOR HUMANITY P.O. BOX 2585 PATERSON, NJ 07509 | NONE | PC | NORTH MAIN STREET PROJECT | 10,000. |
| PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) 4801 LINDLE ROAD HARRISBURG, PA 17111 | NONE | PC | RACIAL JUSTICE LEARNINGS: DATA ANALYSIS & EARLY-ADOPTER FUNDER CONVERSATION | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| PLATINUM MINDS, INC. 95 WEST MAIN STREET SUITE 5-166 CHESTER, NJ 07930 | NONE | PC | GENERAL OPERATING SUPPORT FOR FIVE-INITIATIVE PROGRAM | 2,500. |
| PRESCHOOL ADVANTAGE, INC. 25 LINDSLEY DRIVE, SUITE 307 MORRISTOWN, NJ 07960 | NONE | PC | FULL-DAY FOOURS: HIGH QUALITY EARLY EDUCATION FOR FAMILIES IN NEED | 12,500. |
| PROJECT SELF-SUFFICIENCY 127 MILL STREET NEWTON, NJ 07860 | NONE | PC | THE FOOD PROJECT: NOURISHING OUR NEIGHBORS | 12,500. |
| RAISING HANDS TUTORING 24 NORTH THIRD AVENUE, SUITE 100 HIGHLAND PARK, NJ 08904 | NONE | PC | TEACHER CERTIFICATION PROGRAM | 4,200. |
| RESCUING LEFTOVER CUISINE 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004 | NONE | PC | EXPAND OUR FOOD RESCUE MISSIONS | 12,500. |
| RIPPLE COMMUNITY INC. 1335 WEST LINDEN STREET ALLENTOWN, PA 18102 | NONE | PC | RCI VILLAGE HOUSING PROGRAM | 15,000. |
| SAFE+SOUND SOMERSET P.O. BOX 835 SOMERVILLE, NJ 08876 | NONE | PC | COUNSELING FOR VICTIMS OF CSA AND PSB UNDER 13 IN SOMERSET COUNTY | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| SANAR WELLNESS INSTITUTE P.O. BOX 32353 NEWARK, NJ 07102 | NONE | PC | ADDRESSING COMPLEX TRAUMA | 10,000. |
| SPECIAL DRAGONS 77 TIONA AVENUE BELLEVILLE, NJ 07109 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500. |
| STRETTO YOUTH CHAMBER ORCHESTRA 611 LAKE DRIVE PRINCETON, NJ 08540 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500. |
| SUSSEX COUNTY COMMUNITY COLLEGE ONE COLLEGE HILL ROAD NEWTON, NJ 07860 | NONE | PC | ADVANCED SCIENTIFIC EQUIPMENT | 10,000. |
| SUSSEX COUNTY HABITAT FOR HUMANITY 82 MOUNT VIEW STREET NEWTON, NJ 07860 | NONE | PC | BUILDING OUR NEXT HOME | 5,000. |
| THE ARC OF ESSEX COUNTY 123 NAYLON AVENUE LIVINGSTON, NJ 07039 | NONE | PC | GENERAL OPERATING SUPPORT FOR THE ARC'S CAMP HOPE | 2,500. |
| THE CENTER FOR GREAT EXPECTATIONS 19 DELLWOOD LANE SOMERSET, NJ 08873 | NONE | PC | PREGNANT & PARENTING RESIDENTIAL PROGRAMS EARLY RELATIONAL HEALTH COUNSELING | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|---------|
| THE MIDLAND FOUNDATION P.O. BOX 5026 NORTH BRANCH, NJ 08876 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000. |
| THE NEIGHBORHOOD CENTER 526 N. ST. CLOUD STREET #308 ALLENTOWN, PA 18104 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500. |
| TURNING POINT OF LEHIGH VALLEY, INC. 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103 | NONE | PC | DOMESTIC VIOLENCE SURVIVOR RESILIENCE PROGRAM | 12,500. |
| UNION COUNTY EDUCATIONAL SERVICES FOUNDATION 45 CARDINAL DRIVE WESTFIELD, NJ 07090 | NONE | PC | HEALTH & PHYSICAL EDUCATION PROGRAM AT WESTLAKE SCHOOL | 5,000. |
| UNITED WAY OF CENTRAL JERSEY, INC. 32 FORD AVENUE MILLTOWN, NJ 08850 | NONE | PC | PERTH AMBOY FOC OPERATIONS SUPPORT | 15,000. |
| UNITED WAY OF MONMOUTH AND OCEAN COUNTIES 4814 OUTLOOK DRIVE WALL TOWNSHIP, NJ 07753 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000. |
| VALLEY YOUTH HOUSE COMMITTEE, INC. 3400 HIGH POINT BOULEVARD BETHLEHEM, PA 18017 | NONE | PC | SUPPORT FOR FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| VIA OF THE LEHIGH VALLEY, INC. 336 WEST SPRUCE STREET BETHLEHEM, PA 18018 | NONE | PC | COMMUNITY EMPLOYMENT SERVICES | 5,000. |
| WASHINGTON PARK LITTLE LEAGUE 3 CHARLES STREET JERSEY CITY, NJ 07307 | NONE | PC | EQUIPMENT PURCHASE | 2,500. |
| WOMENRISING, INC. 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306 | NONE | PC | SUPPORTING STABILITY AND GROWTH FOR FORMERLY UNHOUSED FAMILIES IN HUDSON COUNTY | 12,500. |
| YMCA OF METUCHEN, EDISON, WOODBRIDGE & SOUTH AMBOY 483 MIDDLESEX AVENUE METUCHEN, NJ 08840 | NONE | PC | SUMMER LEARNING LOSS PROGRAM | 2,500. |
| YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302 | NONE | PC | ST. JOSEPH'S HOUSING & SUPPORTIVE SERVICES | 10,000. |
| YOUNITY 1530 BRUNSWICK PIKE LAWRENCEVILLE, NJ 08648 | NONE | PC | DOMESTIC VIOLENCE SERVICES IN EAST/WEST WINDSOR, HIGHTSTOWN & ROBBINSVILLE | 10,000. |
| YOUTH CONSULTATION SERVICE, INC. 25 EAST SALEM STREET, 3RD FLOOR HACKENSACK, NJ 07601 | NONE | PC | CASE MANAGEMENT SERVICES AT YCS CLINICS | 10,000. |
| Total from continuation sheets | | | | |

Part XIV **Supplementary Information** (continued)**3a Grants and Contributions Paid During the Year**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------|---------|
| Name and address (home or business) | | | | |
| YWCA UNION COUNTY P.O. BOX 462 KENILWORTH, NJ 07033 | NONE | PC | DOMESTIC VIOLENCE COUNSELING & CASE MANAGEMENT SERVICES | 12,500. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

Name

THE PROVIDENT BANK FOUNDATION

Employer identification number

04-3739441

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 | 18,653. |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | |
| 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 | 2b | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | |
| d Total. Add lines 2a through 2c | 2d | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | 18,653. |
| 4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4 | 14,522. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 14,522. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.
 7 The corporation is using the annualized income installment method.
 8 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 05/15/24 | 06/15/24 | 09/15/24 | 12/15/24 |
| 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 3,594. | 909. | 5,020. | 5,804. |
| 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 4,478. | | 7,000. | 5,000. |
| 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 | | 884. | | 1,955. |
| 13 Add lines 11 and 12 | | 884. | 7,000. | 6,955. |
| 14 Add amounts on lines 16 and 17 of the preceding column | | | 25. | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 4,478. | 884. | 6,975. | 6,955. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | | 0. | 0. | |
| 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 | | 25. | | |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 884. | | 1,955. | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-------|-----|
| 19 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 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2024 and before 7/1/2024 | 21 | | | |
| 22 Underpayment on line 17 x <u>Number of days on line 21 x 8% (0.08)</u> 366 | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 6/30/2024 and before 10/1/2024 | 23 | | | |
| 24 Underpayment on line 17 x <u>Number of days on line 23 x 8% (0.08)</u> 366 | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2024 and before 1/1/2025 | 25 | | | |
| 26 Underpayment on line 17 x <u>Number of days on line 25 x 8% (0.08)</u> 366 | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2024 and before 4/1/2025 | 27 | | | |
| 28 Underpayment on line 17 x <u>Number of days on line 27 x 7% (0.07)</u> 365 | 28 \$ | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2025 and before 7/1/2025 | 29 | | | |
| 30 Underpayment on line 17 x <u>Number of days on line 29 x %</u> 365 | 30 \$ | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2025 and before 10/1/2025 | 31 | | | |
| 32 Underpayment on line 17 x <u>Number of days on line 31 x %</u> 365 | 32 \$ | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2025 and before 1/1/2026 | 33 | | | |
| 34 Underpayment on line 17 x <u>Number of days on line 33 x %</u> 365 | 34 \$ | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2025 and before 3/16/2026 | 35 | | | |
| 36 Underpayment on line 17 x <u>Number of days on line 35 x %</u> 365 | 36 \$ | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns | | | 38 \$ | 0. |

* 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 800-829-4933 to get interest rate information.

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 |
| a Tax year beginning in 2021 | 1a | | | |
| b Tax year beginning in 2022 | 1b | | | |
| c Tax year beginning in 2023 | 1c | | | |
| 2 Enter taxable income for each period for the tax year beginning in 2024. See the instructions for the treatment of extraordinary items | 2 | | | |
| 3 Enter taxable income for the following periods. | First 4 months | First 6 months | First 9 months | Entire year |
| a Tax year beginning in 2021 | 3a | | | |
| b Tax year beginning in 2022 | 3b | | | |
| c Tax year beginning in 2023 | 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 | | | |
| 9a Divide line 2 by line 8 | 9a | | | |
| b Extraordinary items (see instructions) | 9b | | | |
| c Add lines 9a and 9b | 9c | | | |
| 10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 1, or comparable line of corp's return | 10 | | | |
| 11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a | 11a | | | |
| b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b | 11b | | | |
| c 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 | | | |
| 14 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 | | | |
| 15 Enter any alternative minimum tax for each payment period. See instructions | 15 | | | |
| 16 Enter any other taxes for each payment period. See instr. | 16 | | | |
| 17 Add lines 14 through 16 | 17 | | | |
| 18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions | 18 | | | |
| 19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- | 19 | | | |

Part II Annualized Income Installment Method

| | (a) | (b) | (c) | (d) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|----------------|----------------|
| | | | | |
| 20 Annualization periods (see instructions) | 20 | First 2 months | First 4 months | First 7 months |
| 21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items | 21 | 172,356. | 215,951. | 532,855. |
| 22 Annualization amounts (see instructions) | 22 | 6,000,000 | 3,000,000 | 1,714,290 |
| 23a Annualized taxable income. Multiply line 21 by line 22 | 23a | 1,034,136. | 647,853. | 913,468. |
| b Extraordinary items (see instructions) | 23b | | | |
| c Add lines 23a and 23b | 23c | 1,034,136. | 647,853. | 913,468. |
| 24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return | 24 | 14,374. | 9,005. | 12,697. |
| 25 Enter any alternative minimum tax for each payment period. See instructions | 25 | | | |
| 26 Enter any other taxes for each payment period. See instr. | 26 | | | |
| 27 Total tax. Add lines 24 through 26 | 27 | 14,374. | 9,005. | 12,697. |
| 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 -0- | 29 | 14,374. | 9,005. | 12,697. |
| 30 Applicable percentage | 30 | 25% | 50% | 75% |
| 31 Multiply line 29 by line 30 | 31 | 3,594. | 4,503. | 9,523. |
| | | | | 15,327. |

Part III Required Installments

| | 1st installment | 2nd installment | 3rd installment | 4th 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 smaller of the amounts in each column from line 19 or line 31 | 32 | 3,594. | 4,503. | 9,523. |
| | | | | 15,327. |
| 33 Add the amounts in all preceding columns of line 38. See instructions | 33 | | 3,594. | 4,503. |
| | | | | 9,523. |
| 34 Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- | 34 | 3,594. | 909. | 5,020. |
| | | | | 5,804. |
| 35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter | 35 | 3,631. | 5,696. | 4,663. |
| | | | | 4,664. |
| 36 Subtract line 38 of the preceding column from line 37 of the preceding column | 36 | | 37. | 4,824. |
| | | | | 4,467. |
| 37 Add lines 35 and 36 | 37 | 3,631. | 5,733. | 9,487. |
| | | | | 9,131. |
| 38 Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions | 38 | 3,594. | 909. | 5,020. |
| | | | | 5,804. |

Form 2220 (2024)

** ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1