
CONDON
O'MEARA
MCGINTY &
DONNELLY LLP

Certified Public Accountants

One Battery Park Plaza
New York, NY 10004-1405
Tel: (212) 661 - 7777
Fax: (212) 661 - 4010

March 27, 2023

Ms. Samantha Plotino
Executive Director
The Provident Bank Foundation
250 Madison Avenue
Morristown, NJ 07960

Dear Ms. Plotino:

Enclosed are the tax returns. We will submit, on the organization's behalf, the federal Form 990-PF tax return electronically. Please sign, date and return Form 8879-TE to us so that we may electronically file the returns. Authorization forms may be emailed to alazzaruolo@comdcpa.com.

If you have any questions, please feel free to contact me.

Very truly yours,



Alexander Lazzaruolo, CPA, Esq.
Partner

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

THE PROVIDENT BANK FOUNDATION
P.O. BOX 1001
ISELIN, NJ 08830

PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP
ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004

AMOUNT DUE OR REFUND:

BALANCE DUE OF \$2,846

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT
SYSTEM (EFTPS).

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE
REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN,
DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE
RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.
RETURN FORM 8879-TE TO US BY MAY 15, 2023

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS
DISTRIBUTION CARRYOVER OF \$2,824,998. THIS MAY BE APPLIED TO TAX YEAR
2023 AND SUBSEQUENT YEARS.

TAXPAYER COPY

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE PROVIDENT BANK FOUNDATION

EIN or SSN

04-3739441

Name and title of officer or person subject to tax

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ... <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b 23,846.
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CONDON O'MEARA MCGINTY & DONNELLY LLP to enter my PIN 39441
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1360180777

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CONDON O'MEARA MCGINTY & DONNELLY L *Alexander Lazzarulo* Date 3/27/2023

TAXPAYER COPY

ERO Must Put in this Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

For calendar year **2022** or tax year beginning _____, and ending _____

Name of foundation THE PROVIDENT BANK FOUNDATION		A Employer identification number 04-3739441
Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 1001	Room/suite	B Telephone number (862) 260-3990
City or town, state or province, country, and ZIP or foreign postal code ISELIN, NJ 08830		C If exemption application is pending, check here ... <input type="checkbox"/>
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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
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		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 19,570,805.	J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) MODIFIED CASH (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	183.	183.		
	4 Dividends and interest from securities	818,309.	818,309.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	955,992.			
	b Gross sales price for all assets on line 6a	2,807,027.			
	7 Capital gain net income (from Part IV, line 2)		955,992.		
	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	1,774,484.	1,774,484.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	129,404.	0.		129,404.
	14 Other employee salaries and wages	87,349.	0.		87,349.
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 1 27,500.	13,750.		13,750.
	c Other professional fees	STMT 2 117,521.	45,168.		58,410.
	17 Interest				
	18 Taxes	STMT 3 23,250.	0.		0.
	19 Depreciation and depletion	3,620.	0.		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 4 80,904.	0.		80,904.
	24 Total operating and administrative expenses. Add lines 13 through 23	469,548.	58,918.		369,817.
	25 Contributions, gifts, grants paid	1,868,684.			1,868,684.
26 Total expenses and disbursements. Add lines 24 and 25	2,338,232.	58,918.		2,238,501.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-563,748.				
b Net investment income (if negative, enter -0-)		1,715,566.			
c Adjusted net income (if negative, enter -0-)			N/A		

TAXPAYER COPY

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
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	177,270.	257,157.	257,157.
	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			
	9 Prepaid expenses and deferred charges	35,496.	39,742.	39,742.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 5 23,649,314.	19,272,299.	19,272,299.
	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	98,662.	5,227.	1,607.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	23,867,307.	19,570,805.	19,570,805.	
Liabilities	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.	
Net Assets or Fund Balances	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	23,867,307.	19,570,805.	
	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	23,867,307.	19,570,805.	
30 Total liabilities and net assets/fund balances	23,867,307.	19,570,805.		

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	23,867,307.
2 Enter amount from Part I, line 27a	2	-563,748.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	23,303,559.
5 Decreases not included in line 2 (itemize) CHANGE IN UNREALIZED VALUE OF INVESTMENTS	5	3,732,754.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	19,570,805.

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 2,807,027.		1,851,035.	955,992.	
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			955,992.	
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 }		2 955,992.
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. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	23,846.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	23,846.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	23,846.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a 21,000.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	21,000.
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 7, enter amount owed		9	2,846.
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 2023 estimated tax Refunded		11	

TAXPAYER COPY

Part VI-A Statements Regarding Activities

	Yes	No
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?		X
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.		X
c Did the foundation file Form 1120-POL for this year?		X
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?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
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?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
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?	X	
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	X	
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 <i>General Instruction G</i> ? If "No," attach explanation _____ SEE STATEMENT 6		X
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2022, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

TAXPAYER COPY

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b.

Form 990-PF (2022)

TAXPAYER COPY

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

Table with 3 columns: Question, Yes, No. Rows include questions 5a(1) through 8 regarding foundation activities and compensation.

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.

Table with 5 columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account. Includes entry for 'SEE STATEMENT 7'.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account. Includes entry for 'NONE'.

Total number of other employees paid over \$50,000 0

TAXPAYER COPY

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 STATEMENT #8	298,695.
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.

TAXPAYER COPY

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	21,424,713.
b	Average of monthly cash balances	1b	304,145.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	21,728,858.
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	21,728,858.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	325,933.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	21,402,925.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,070,146.

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	1,070,146.
2a	Tax on investment income for 2022 from Part V, line 5	2a	23,846.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	23,846.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,046,300.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,046,300.
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	1,046,300.

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	2,238,501.
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	2,238,501.

Form 990-PF (2022)

TAXPAYER COPY

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				1,046,300.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017	79,686.			
b From 2018	210,296.			
c From 2019	499,827.			
d From 2020	452,993.			
e From 2021	469,681.			
f Total of lines 3a through e	1,712,483.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 2,238,501.				
a Applied to 2021, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				1,046,300.
e Remaining amount distributed out of corpus	1,192,201.			
5 Excess distributions carryover applied to 2022 (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	2,904,684.			
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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				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 2017 not applied on line 5 or line 7	79,686.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	2,824,998.			
10 Analysis of line 9:				
a Excess from 2018 ...	10,236.			
b Excess from 2019 ...	99,680.			
c Excess from 2020 ...	452,993.			
d Excess from 2021 ...	469,681.			
e Excess from 2022 ...	1,192,201.			

TAXPAYER COPY

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 2022, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2022, (b) 2021, (c) 2020, (d) 2019, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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 <i>Paid during the year</i>				
Total SEE CONTINUATION SHEET(S)			3a	1,868,684.
b <i>Approved for future payment</i>				
NONE				
Total			3b	0.

TAXPAYER COPY

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

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1c regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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? Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

TAXPAYER COPY

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	27,500.	13,750.		13,750.
TO FORM 990-PF, PG 1, LN 16B	27,500.	13,750.		13,750.

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	27,579.	0.		0.
ADMINISTRATIVE SERVICES	52,675.	7,901.		58,410.
FIDUCIARY TRUST FEES	37,267.	37,267.		0.
TO FORM 990-PF, PG 1, LN 16C	117,521.	45,168.		58,410.

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	23,250.	0.		0.
TO FORM 990-PF, PG 1, LN 18	23,250.	0.		0.

TAXPAYER COPY

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	67,602.	0.		67,602.
OTHER ADMINISTRATIVE SERVICES	9,477.	0.		9,477.
INSURANCE	3,825.	0.		3,825.
TO FORM 990-PF, PG 1, LN 23	80,904.	0.		80,904.

FORM 990-PF

CORPORATE STOCK

STATEMENT 5

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PROVIDENT FINANCIAL SVCS INC COM	15,629,112.	15,629,112.
ARK INNOVATION	118,899.	118,899.
ISHARES CORE S&P SMALL	177,639.	177,639.
ISHARES GOLD ETF	206,468.	206,468.
PACER BNCHMRK DT	183,659.	183,659.
VANGUARD FTSE DEVELOPED	461,670.	461,670.
VANGUARD FTSE EMERGING	153,815.	153,815.
VANGUARD TOTAL STOCK MARKET ETF	625,191.	625,191.
VANGUARD DIVIDEND	428,065.	428,065.
VANGUARD SHORT TERM CORE	480,389.	480,389.
JPMORGAN ULTRA SHORT	491,825.	491,825.
INVESCO SENIOR LOAN ETF	315,567.	315,567.
TOTAL TO FORM 990-PF, PART II, LINE 10B	19,272,299.	19,272,299.

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.

TAXPAYER COPY

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	CHAIRMAN 1.00	0.	0.	0.
CHRISTOPHER MARTIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	PRESIDENT AND DIRECTOR 2.00	0.	0.	0.
JOHN KUNTZ 250 MADISON AVENUE MORRISTOWN, NJ 07960	SECRETARY 2.00	0.	0.	0.
CARMINE TORRECUSO (SEE STMT.8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	TREASURER 5.00	13,911.	0.	0.
SAMANTHA PLOTINO (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	EXECUTIVE DIRECTOR 37.50	107,493.	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.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		129,404.	0.	0.

TAXPAYER COPY

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 \$298,695, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:

1. \$121,404 - CARMINE TORRECUSO TREAS., & SAMANTHA PLOTINO, EXEC. DIR.
2. \$87,349 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);
3. \$37,267 - FIDUCIARY TRUST FEES (STMT #2); AND
4. \$52,675 - ADMINISTRATIVE SERVICES (STMT #2).

TAXPAYER COPY

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.

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ALZHEIMER'S NEW JERSEY INC. 425 EAGLE ROCK AVENUE, SUITE 203 ROSELAND, NJ 07002-4786	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
ANCHOR HOUSE INC. 482 CENTRE STREET TRENTON, NJ 08611	NONE	PC	PROGRAMS FOR HOMELESS YOUTH	15,000.
ARM IN ARM, INC. 123 EAST HANOVER STREET TRENTON, NJ 08608	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
ASPIRE TO AUTONOMY INC. 915 WEST HAMILTON STREET #171 ALLENTOWN, NJ 18101	NONE	PC	PROGRAM SUPPORT FOR THE PATH TO AUTONOMY EMERGENCY SHELTER	5,000.
BEGINNING WORLD CHANGERS 329 PROSPECT AVENUE DUNELLEN, NJ 08812	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
BERGEN'S PROMISE 3 UNIVERSITY PLAZA DRIVE, SUITE 300 HACKENSACK, NJ 07061	NONE	PC	SENSORY-FRIENDLY VACCINE SUPPORTS + GENERAL OPERATING SUPPORT	5,000.
BESSIE GREEN COMMUNITY INC. 510 BROAD STREET NEWARK, NJ 07102	NONE	PC	BESSIE BELLY PROJECT	10,000.
Total from continuation sheets				1,832,684.

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION 275 SWAMP ROAD NEWTOWN, PA 18940	NONE	PC	ENGLISH LANGUAGE AND MEDICAL TERMINOLOGY FOR A DIVERSE HEALTHCARE WORKFORCE	10,000.
BUTTERFLY DREAMZ, INC. 50 HARRISON STREET PH 547 HOBOKEN, NJ 07030	NONE	PC	COCOON CLUB	5,000.
CAMP FATIMA OF NEW JERSEY P.O. BOX 654 HARRISON, NJ 07029	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
CARE PLUS NJ 1 KALISA WAY PARAMUS, NJ 07652	NONE	PC	DIGITAL WELLNESS PLATFORM	15,000.
CARES FOUNDATION 2414 MORRIS AVENUE, SUITE 110 UNION, NJ 07083	NONE	PC	SUPPORT FOR CARES FOUNDATION'S FISCAL YEAR 2021 AUDITORS' REPORT EXPENSE	2,500.
CARING CONTACT P.O. BOX 2376 WESTFIELD, NJ 07091	NONE	PC	LAUNCHING 988	20,000.
CASA OF UNION COUNTY ALBENDER BUILDING 1143 EAST JERSEY STREET, 2ND FLOOR ELIZABETH, NJ 07201	NONE	PC	SPECIAL POPULATION, A PART-TIME TRAINING SERIES	20,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
CASA SHAW 148 MAIN STREET, BUILDING D1 LEBANON, NJ 08833	NONE	PC	ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN	20,000.
CBC DEVELOPMENT CENTER 66 SOUTH GROVE STREET EAST ORANGE, NJ 07018	NONE	PC	GENERAL OPERATING SUPPORT	2,000.
CENTER FOR FAMILY SERVICES INC. 584 BENSON STREET CAMDEN, NJ 08103	NONE	PC	FAMILY VISITATION PROJECT 2022	5,000.
CENTER FOR HOPE AND SAFETY INC. 12 OVERLOOK AVENUE ROCHELLE PARK, NJ 07662	NONE	PC	SAFE HOUSE EMERGENCY SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE	20,000.
CENTER FOR HOPE HOSPICE AND PALLIATIVE CARE 1900 RARITAN ROAD SCOTCH PLAINS, NJ 07076	NONE	PC	THE CENTER FOR HOPE VOLUNTEER PROGRAM	2,500.
CENTRAL JERSEY HOUSING RESOURCE CENTER CORP. (CJHRC) 92 EAST MAIN STREET, SUITE 407 SOMERVILLE, NJ 08876	NONE	PC	GENERAL OPERATING SUPPORT/HOUSING RESOURCE CENTER (HRC)	4,000.
CENTRASTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK ROAD, SUITE 5 FREEHOLD, NJ 07068	NONE	PC	CENTRASTATE VIRTUAL SENIOR CENTER	3,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
CHESHIRE HOME INC. 9 RIDGEDALE AVE FLORHAM PARK, NJ 07932	NONE	PC	ADA KITCHEN RENOVATION PROJECT	10,000.
CHILD & FAMILY RESOURCES 111 HOWARD BOULEVARD, SUITE 104 MOUNT ARLINGTON, NJ 07856	NONE	PC	MATERIALS & GENERAL OPERATING SUPPORT	3,500.
CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION, INC. 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092	NONE	PC	FAMILY FOOD VOUCHER PROGRAM	15,000.
CIDADAO GLOBAL, GLOBAL CITIZEN INC. P.O. BOX 4183 SUNNYSIDE, NY 11104	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
COMMUNITY HOPE, INC. COMMUNITY HOPE, INC. 959 ROUTE 46 EAST, SUITE 402 PARSIPPANY, NJ 07054	NONE	PC	A PLACE TO CALL HOME FOR HOMELESS VETERANS	15,000.
COMMUNITY MEALS, INC. 354 ROCK ROAD GLEN ROCK, NJ 07452	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
COMMUNITY MEDICAL CENTER FOUNDATION 99 ROUTE 37 WEST TOMS RIVER, NJ 08755	NONE	PC	DR. PHILLIP SETTA PERSONAL CANCER CENTER PATIENT TRANSPORTATION PROGRAM	2,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
COMPUTERS FOR PEOPLE INC. 818 JEFFERSON STREET APT. 5F HOBOKEN, NJ 07030	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
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	15,000.
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.
COURAGE AND SACRIFICE 909 NEWARK TURNPIKE KEARNY, NJ 07032	NONE	PC	VETERANS SUPPORT & RETREAT	5,000.
COURT APPOINTED SPECIAL ADVOCATES OF MORRIS AND SUSSEX COUNTIES, INC. 222 RIDGEDALE AVENUE, SUITE 300 CEDAR KNOLLS, NJ 07927	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102	NONE	PC	BEHAVIORAL HEALTH DEPARTMENT	5,000.
CUMAC P.O. BOX 2721 PATERSON, NJ 07509	NONE	PC	CREATING HEALING-CENTERED COMMUNITIES	33,334.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
DENARE YOUTH 6 JORDAN AVENUE #3 JERSEY CITY, NJ 07306	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
DOUGHMAIN FINANCIAL LITERACY FOUNDATION INC. 189 WALL STREET, SUITE B PRINCETON, NJ 08540-1520	NONE	PC	FITKIT EXPRESS PERSONAL FINANCE FOSTER CARE YOUTH INITIATIVE	2,500.
EAST BRUNSWICK EDUCATION FOUNDATION INC. 760 ROUTE 18 EAST BRUNSWICK, NJ 08831	NONE	PC	FUNDING OF GRANTS TO TEACHERS	5,000.
EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA 3975 CONSHOHOCKEN AVENUE PHILADELPHIA, PA 19131	NONE	PC	ESSENTIAL SUPPORT FOR BUCKS COUNTY EARLY INTERVENTION SERVICES	2,500.
EDUCATIONAL ARTS TEAM 300 MORRIS PESIN DRIVE JERSEY CITY, NJ 07304	NONE	PC	BRINGING LITERATURE TO LIFE	15,000.
EL PRIMER PASO, LTD. 29 SEGUR STREET DOVER, NJ 07801-3440	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
ELIJAH'S PROMISE 211 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	PC	ELIJAH'S PROMISE COMMUNITY SOUP KITCHEN & ELIJAH'S PROMISE ON WHEELS	5,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
EVERSIGHT 77 BRANT AVENUE #100 CLARK, NJ 07066	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
FAITH KITCHEN, INC. 123 EAST BLACKWELL STREET DOVER, NJ 07801	NONE	PC	MILK DOES A BODY GOOD	2,500.
FAMILY PROMISE OF LEHIGH VALLEY 1346 WEST HAMILTON STREET ALLENTOWN, PA 18102	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
FAMILY PROMISE OF MORRIS COUNTY P.O. BOX 1494 MORRISTOWN, NJ 07962	NONE	PC	RAPID REHOUSING AND DIVERSION	25,000.
FAMILY PROMISE OF SUSSEX COUNTY 19 CHURCH STREET NEWTON, NJ 07860	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
FREEDOM HOUSE 2004 NJ ROUTE 31, SUITE 9 CLINTON, NJ 08809	NONE	PC	ADDICTION RECOVERY PROGRAMS	25,000.
FUND FOR A BETTER WATERFRONT INC. P.O. BOX 1965 HOBOKEN, NJ 07030	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	PC	2023 WOMEN OF ACHIEVEMENT (SHARED WITH PROVIDENT BANK)	10,000.
GOHUNTERDON 146 ROUTE 31, NORTH SUITE 400 FLEMINGTON, NJ 08822	NONE	PC	GOHUNTERDON PATIENT TRANSPORTATION PROGRAM	15,000.
GOOD GRIEF INC. 38 ELM STREET MORRISTOWN, NJ 07960	NONE	PC	NIGHTS OF SUPPORT, MORRISTOWN	15,000.
GRAND VIEW HEALTH FOUNDATION 700 LAWN AVENUE SELLERSVILLE, PA 18960	NONE	PC	LIFE SUSTAINING EQUIPMENT FOR GRAND VIEW HEALTH'S TRAUMA PROGRAM	20,000.
GREATER BERGEN COMMUNITY ACTION 392 MAIN STREET HACKENSACK, NJ 07601	NONE	PC	UNITY HEALTH PARTNERSHIP: A PATHWAY TO HEALTH ACCESS & EQUITY	25,000.
GROUNDS FOR SCULPTURE, INC. 80 SCULPTORS WAY HAMILTON, NJ 08619-3447	NONE	PC	ACCESS & EDUCATION FOR ALL	5,000.
HABCORE, INC. P.O. BOX 2361 RED BANK, NJ 07701	NONE	PC	INDEPENDENCE PATHWAYS PROGRAM	15,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
HARRY & HELEN WEBB CONNECTION P.O. BOX 3846 NEWARK, NJ 07103	NONE	PC	DAILY LIVING PACKAGES FOR SENIORS	3,500.
HAVEN ADOLESCENT COMMUNITY RESPITE CENTER 13 ROOSEVELT AVENUE JERSEY CITY, NJ 07304	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
HEADSTRONG FOUNDATION 232 GREEN AVENUE HOLMES, PA 19043	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
HITOPS, INC. 300 WITHERSPOON STREET, SUITE 204 PRINCETON, NJ 08542	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
HOME OF SOMERSET COUNTY INC. 98 WEST END AVENUE SOMERVILLE, NJ 08876	NONE	PC	SUNRISE HOUSE TRANSITIONAL LIVING PROGRAM	5,000.
HOMESHARING 120 FINDERNE AVENUE BRIDGEWATER, NJ 08807	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
HUNTERDON HEALTHCARE FOUNDATION INC 9100 WESCOTT DRIVE FLEMINGTON, NJ 08822	NONE	PC	HUNTERDON HEALTH FOUNDATION ACCESS	15,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
HUNTERDON HELPLINE INC. P.O. BOX 246 FLEMINGTON, NJ 08822	NONE	PC	SENIORS AND DISABILITY SERVICES	15,000.
HYACINTH AIDS FOUNDATION 317 GEORGE STREET, SUITE 203 NEW BRUNSWICK, NJ 08901	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
IMAGINE, A CENTER FOR COPING WITH LOSS 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	PC	FOSTERING RESILIENCE IN GRIEVING CHILDREN AND TEENS	3,500.
INTERFAITH FOOD PANTRY, INC. 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	NONE	PC	HEALTHY CHOICES COMMUNITY HEALTH INITIATIVE	20,000.
IRONBOUND COMMUNITY CORPORATION 317 ELM STREET NEWARK, NJ 07105	NONE	PC	FINANCIAL OPPORTUNITY CENTER	20,000.
JACOB A. RIIS NEIGHBORHOOD SETTLEMENT 10-25 41ST AVENUE LONG ISLAND CITY, NJ 11101	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
JERSEY BATTERED WOMEN'S SERVICE, P.O BOX 1437 MORRISTOWN, NJ 07962	NONE	PC	WELLNESS INITIATIVE SUPPORTING HEALTH	10,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
JERSEY CITY FIRE FOUNDATION 116 MALLORY AVENUE JERSEY CITY, NJ 07304	NONE	PC	CARBON MONOXIDE DETECTORS	2,250.
JERSEY CITY MEDICAL CENTER FOUNDATION 350 MONTGOMERY STREET JERSEY CITY, NJ 07302-4086	NONE	PC	FOOD FARMACY	15,000.
JEWISH COMMUNITY CENTER OF THE LEHIGH VALLEY 702 NORTH 22ND STREET ALLENTOWN, PA 18104	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.
JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY 1485 TEANECK ROAD TEANECK, NJ 07666	NONE	PC	PROJECT LIFT	10,000.
JEWISH FAMILY SERVICE OF METROWEST NJ 256 COLUMBIA TURNPIKE, SUITE 105 FLORHAM PARK, NJ 07932	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
JEWISH FAMILY SERVICE OF SOMERSET, HUNTERDON, & WARREN COUNTIES 150-A WEST HIGH STREET SOMERVILLE, NJ 08876	NONE	PC	FROM ISOLATED TO ENGAGED: SERVING SENIORS IN NEED	5,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
JEWISH FAMILY SERVICES OF MIDDLESEX COUNTY 219C BLACKHORSE LANE NORTH BRUNSWICK, NJ 08902	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
JEWISH FEDERATION OF OCEAN COUNTY 1235A ROUTE 70 LAKEWOOD, NJ 07801	NONE	PC	COMBATTING HATE/PARTNERSHIP COMPONENT	10,000.
JFK MEDICAL CENTER FOUNDATION 80 JAMES STREET EDISON, NJ 08820	NONE	PC	PLAINFIELD HEALTH CONNECTIONS WELLNESS PROGRAM	12,500.
JOI'S ANGELS 114 SOUTH ARLINGTON AVENUE EAST ORANGE, NJ 07018	NONE	PC	JOI'S ANGELS DIAPER & MORE PROGRAM	5,000.
KIDZ CAN CORPORATION P.O. BOX 267 ROCKY HILL, NJ 08553	NONE	PC	HIGHWAY TO HOPE PROGRAM	5,000.
KINDERSMILE FOUNDATION 10 BROAD STREET BLOOMFIELD, NJ 07003	NONE	PC	KINDERSMILE ORAL HEALTH PROGRAM - DENTAL HOME AT KSCOHC NEWARK	3,500.
L.E.A.D., INC. 5 SOUTH MAIN STREET ALLENTOWN, NJ 08501	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
LADACIN NETWORK 1703 KNEELEY BOULEVARD WANAMASSA, NJ 07712	NONE	PC	COMMUNICATION OPPORTUNITIES THROUGH ASSISTIVE TECHNOLOGY	13,200.
LAKELAND HILLS FAMILY YMCA 100 FANNY ROAD MOUNTAIN LAKES, NJ 07046	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
LEGAL AID SOCIETY OF MONMOUTH COUNTY, INC. P.O. BOX 2006 OCEAN, NJ 07712	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING (LVCIL) 713 NORTH 13TH STREET ALLENTOWN, PA 18102	NONE	PC	AID FOR ALLENTOWN	15,000.
LEHIGH VALLEY STORYTELLING GUILD 4458 COFFEETOWN ROAD SCHNECKSVILLE, PA 18078	NONE	PC	FAMILY STORYTELLING SERIES	2,000.
LITERACY VOLUNTEERS OF SOMERSET COUNTY 120 FINDERNE AVENUE - BOX 7 BRIDGEWATER, NJ 08807	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
LUNCH BREAK, INC. 121 DRS. JAMES PARKER BOULEVARD RED BANK, NJ 07701	NONE	PC	GENERAL OPERATING SUPPORT	15,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
MADISON AREA YMCA 111 KINGS ROAD MADISON, NJ 07940	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
MAKE THE ROAD NEW JERSEY 42 BROAD STREET ELIZABETH, NJ 07201	NONE	PC	ADULT LITERACY FOR IMMIGRANT PARENTS	12,500.
MEADOWLANDS AREA YMCA 390 MURRAY HILL PARKWAY EAST RUTHERFORD, NJ 07073	NONE	PC	MEADOWLANDS AREA YMCA FOOD PANTRY	20,000.
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER E. FORAN BOULEVARD, SUITE 2006 FLEMINGTON, NJ 08822	NONE	PC	MEALS FOR THE UNSERVED HOMEBOUND SENIOR IN HUNTERDON COUNTY	5,000.
MEALS ON WHEELS OF OCEAN COUNTY P.O. BOX 610 P.O. BOX 610 MANAHAWKIN, NJ 08050	NONE	PC	PICK UP THE TAB	3,500.
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 1302 NORTH SHERMAN STREET ALLENTOWN, PA 18109	NONE	PC	MEAL SUBSIDY PROGRAM 2022	5,000.
MIDDLE EARTH P.O. BOX 8045 BRIDGEWATER, NJ 08807	NONE	PC	JOURNEYS EMPLOYMENT REALITY COMPONENT	10,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	PC	MMC SOCIAL DETERMINANTS OF HEALTH EDUCATION & NAVIGATION	10,000.
MORE THAN BOOTSTRAPS 421 HIGHLAND AVENUE WESTFIELD, NJ 07090	NONE	PC	COLLEGE ACCESS AND SUCCESS PROGRAM - PASSAIC, NJ	5,000.
MORRIS MUSEUM 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
MOVE FOR HUNGER 7 3RD AVENUE NEPTUNE, NJ 07753	NONE	PC	LEVERAGING TRANSPORTATION TO INCREASE NUTRITIOUS FOOD ACCESS & FIGHT FOOD WASTE	20,000.
NEW JERSEY CENTER FOR NONPROFITS 3635 QUAKERBRIDGE ROAD, SUITE 35 MERCERVILLE, NJ 08619	NONE	PC	2022 WEBINAR SERIES AND NJ NONPROFIT CONFERENCE	10,000.
NEW JERSEY CITIZEN ACTION EDUCATION FUND, INC. 625 BROAD STREET, SUITE 270 NEWARK, NJ 07102	NONE	PC	NEW JERSEY HOUSING AND ECONOMIC SECURITY PROJECT	15,000.
NEW YORK ACADEMY EDUCATIONAL SERVICES, INC. 17 CHESTNUT STREET RIDGWOOD, NJ 07450	NONE	PC	COLLEGE PATH MENTORSHIP 2022-23	10,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112	NONE	PC	SENIOR WINTER PRODUCE DELIVERY PROGRAM	10,000.
NJ 2-1-1 PARTNERSHIP 16 WING DRIVE, SUITE 201 CEDAR KNOLLS, NJ 07927	NONE	PC	211 SERVICE CAPACITY BUILDING	15,000.
NJ CENTER FOR THE HEALING ARTS 248 BROAD STREET RED BANK, NJ 07701	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
NONPROFIT NEW YORK 320 EAST 43RD STREET, 3RD FLOOR NEW YORK, NJ 10017	NONE	PC	GENERAL OPERATING SUPPORT	10,000.
NONPROFITCONNECT INC. 957 ROUTE 33, SUITE 12, #145 HAMILTON SQUARE, NJ 08690	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
NORTHAMPTON COMMUNITY COLLEGE FOUNDATION ROAD 3835 GREEN POND ROAD BETHLEHEM, PA 18020	NONE	PC	HIGH PRIORITY OCCUPATION STUDENT RECRUITMENT VIDEOS	11,000.
NORTHERN OCEAN HABITAT FOR HUMANS 1620 ROUTE 37 EAST TOMS RIVER, NJ 08753	NONE	PC	NEIGHBORHOOD REVITALIZATION INITIATIVE	15,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
NUTLEY FAMILY SERVICE BUREAU 169 CHESTNUT STREET NUTLEY, NJ 07110	NONE	PC	NUTLEY'S FRIENDLY NEIGHBOR-TO-NEIGHBOR PROGRAM	12,500.
NYC H2O 410 EAST 6TH STREET, 21 F NEW YORK, NY 02021	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
OASIS - A HAVEN FOR WOMEN AND CHILDREN 59 MILL STREET PATERSON, NJ 07501	NONE	PC	AFTER-SCHOOL ACADEMY (ASA)	15,000.
OPERATION WARM INC. P.O. BOX 822431 PHILADELPHIA, PA 19116	NONE	PC	NEW SHOES FOR NEW JERSEY CHILDREN	5,000.
OUR HOUSE FOUNDATION, INC. 76 FLORAL AVENUE MURRAY HILL, NJ 07974	NONE	PC	OUR HOUSE COMMUNITY WORKFORCE INITIATIVE	10,000.
P.A.R.T.N.E.R. 881 AMBOY AVENUE PERTH AMBOY, NJ 08861	NONE	PC	OPENING THE DOOR TO HOMEOWNERSHIP	15,000.
PARTNERS 650 BLOOMFIELD AVENUE, SUITE 209 BLOOMFIELD, NJ 07003	NONE	PC	PRO BONO PROGRAM FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE	15,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY 50 PARK PLACE, SUITE 700 NEWARK, NJ 07102	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
PASSAIC COUNTY HABITAT FOR HUMANITY P.O. BOX 2585 PATERSON, NJ 07509	NONE	PC	HARRISON CONSTRUCTION PROJECT	20,000.
PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) 4801 LINDLE ROAD HARRISBURG, PA 17111	NONE	PC	2022 RACIAL JUSTICE COHORTS: CREATING EQUITABLE POLICIES IN NONPROFIT MANAGEMENT	10,000.
PREVENTION IS KEY 25 WEST MAIN STREET ROCKAWAY, NJ 03435	NONE	PC	COMPREHENSIVE RECOVERY SUPPORT SERVICES	15,000.
PRINCETON-BLAIRSTOWN CENTER 13 ROSZEL ROAD PRINCETON, NJ 07137	NONE	PC	2022 NEWARK SUMMER BRIDGE	5,000.
PROJECT LITERACY OF GREATER BERGEN COUNTY INC. 355 MAIN STREET HACKENSACK, NJ 07601	NONE	PC	BASIC ADULT EDUCATION AND TUTORING	5,000.
PROPEL AMERICA P.O. BOX 990443 BOSTON, MA 02199	NONE	PC	PROPEL AMERICA HEALTHCARE PATHWAYS	25,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
RARITAN VALLEY COMMUNITY COLLEGE FOUNDATION 118 LAMINGTON ROAD BRANCBURG, NJ 08876	NONE	PC	THE ACHIEVEMENT CENTER AT RVCC	80,000.
RARITAN VALLEY HABITAT FOR HUMANITY P.O. BOX 330 PLUCKEMIN, NJ 07978	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
REED FOUNDATION FOR AUTISM 25 POTASH ROAD OAKLAND, NJ 07436	NONE	PC	GREENS DO GOOD: WORKPLACE PREPAREDNESS INTERNSHIP FOR YOUTH WITH AUTISM	20,000.
RENAISSANCE NEWARK FOUNDATION, INC. 60 PARK PLACE, SUITE 1800 NEWARK, NJ 05567	NONE	PC	RNF SPECIAL PROJECT: RUST CURRICULUM GUIDE	5,000.
RESTORE MINISTRIES, INC. P.O. BOX 29 ELIZABETH, NJ 07027	NONE	PC	RESTORE SOCIAL JUSTICE EDUCATION FOR AT-RISK YOUTH	3,500.
RISE P.O. BOX 88 HIGHTSTOWN, NJ 08520	NONE	PC	RISE FOOD PANTRY - BUILDING A HEALTHY COMMUNITY	10,000.
ROLLING HARVEST FOOD RESCUE 3920 RIVER ROAD LUMBERVILLE, NJ 18933	NONE	PC	ROLLING HARVEST FOOD RESCUE	12,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
SAFE+SOUND SOMERSET P.O. BOX 835 SOMERVILLE, PA 08876	NONE	PC	SAFE+SOUND SOMERSET COUNSELING FOR VICTIMS OF CHILD SEXUAL ASSAULT UNDER 13	25,000.
SALVATION ARMY 2200 HAMILTON STREET, SUITE 200 ALLENTOWN, PA 18036	NONE	PC	THE HALO PROJECT (HEALING, ATTACHMENT, LOVING, OUTREACH)	10,000.
SANAR WELLNESS INSTITUTE P.O. BOX 32353 NEWARK, NJ 07102	NONE	PC	HEALING NEW JERSEY FAMILIES	15,000.
SAVE LATIN AMERICA, INC. 138 39TH STREET UNION CITY, NJ 07087	NONE	PC	SAVE LATIN AMERICA'S COMMUNITY RESOURCE CENTER	15,000.
SCARC GUARDIANSHIP SERVICES, INC. 11 US ROUTE 206, SUITE 100 AUGUSTA, NJ 07822	NONE	PC	PRO SE LEGAL ADVOCACY	10,000.
SENIOR ADULTS FOR GREATER EDUCATION INC. 120 NORTH CHANCELLOR STREET NEWTOWN, PA 18940	NONE	PC	STRATEGIC PLANNING FOR S.A.G.E.'S LONG-TERM SUSTAINABILITY	2,700.
SENIOR CENTER OF THE CHATHAMS 58 MEYERSVILLE ROAD CHATHAM, NJ 07928	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
SIERRA HOUSE 134 EVERGREEN PLACE, SUITE 103 EAST ORANGE, NJ 07018	NONE	PC	TRANSITIONAL PROGRAM	20,000.
SOMERSET HILLS LEARNING INSTITUTE 1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921	NONE	PC	SOMERSET HILLS LEARNING INSTITUTE AUTISM EDUCATION PROGRAM	12,500.
SOUND START FOUNDATION P.O. BOX 155 MOUNTAIN LAKES, NJ 07046	NONE	PC	SOUND START BABIES PROGRAM	5,000.
SOUTH WARD ALLIANCE 534 CLINTON AVENUE NEWARK, NJ 07108	NONE	PC	STRONG FAMILIES, MIGHTY SOUTH WARD LOYALTY PROGRAM	15,000.
SPARTA COMMUNITY FOOD PANTRY 99 DEMAREST RD SPARTA, NJ 07871	NONE	PC	HOLIDAY FOOD GIVE AWAY	5,000.
SPECIAL DRAGONS 77 TIONA AVENUE BELLEVILLE, NJ 07109	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
SPECTRUM360 414 EAGLE ROCK AVENUE WEST ORANGE, NJ 07052	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
SPRING LAKE TOYS FOUNDATION, INC. 852 FRANKLIN AVENUE, SUITE 115 FRANKLIN LAKES, NJ 07417	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
ST. ANN'S HOME FOR THE AGED CORP. 198 OLD BERGEN ROAD JERSEY CITY, NJ 07305	NONE	PC	ELDERGROW THERAPEUTIC HORTICULTURE PROGRAM - GENERAL OPERATING SUPPORT	5,000.
ST. JAMES SOCIAL SERVICE CORPORATION 604 MARTIN LUTHER KING JR. BOULEVARD NEWARK, NJ 07102	NONE	PC	ST. JAMES EMERGENCY FOOD PROGRAM	3,500.
ST. JOSEPH'S HOME FOR THE ELDERLY 140 SHEPHERD LANE TOTOWA, NJ 07512	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
ST. JOSEPH'S SENIOR HOME 1-3 ST. JOSEPH'S TERRACE WOODBIDGE, NJ 07095	NONE	PC	HOSPITAL ELECTRIC BEDS AND WHEELCHAIRS	2,500.
ST. MARY'S FOUNDATION FOR CHILDREN 2901 216TH STREET BAYSIDE, NY 11360	NONE	PC	WHEELCHAIR CLINIC	10,000.
STRETTO YOUTH CHAMBER ORCHESTRA 611 LAKE DRIVE PRINCETON, NJ 08540	NONE	PC	PRINCETON YOUTH SYMPHONY	2,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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 ALS ASSOCIATION OF GREATER NEW YORK 42 BROADWAY, SUITE #1724 NEW YORK, NY 10004	NONE	PC	THE NEW JERSEY ALS PATIENT TRANSPORTATION PROGRAM	10,000.
THE ARC OF ESSEX COUNTY 123 NAYLON AVENUE LIVINGSTON, NJ 01005	NONE	PC	GENERAL OPERATING SUPPORT FOR THE ARC'S CAMP HOPE	2,500.
THE ELIZABETH COALITION TO HOUSE THE HOMELESS 118 DIVISION STREET ELIZABETH, NJ 07201	NONE	PC	BERNICE'S PLACE CHILDREN'S PROGRAM	5,000.
THE KENNEDY DANCERS, INC. 79 CENTRAL AVENUE JERSEY CITY, NJ 07306	NONE	PC	PROGRAMMING SUPPORT	3,500.
THE KNOWLEDGE HOUSE 363 RIDER AVENUE, 3RD FLOOR THE BRONX, NY 10451	NONE	PC	JOB TRAINING PROGRAMS IN NEWARK	15,000.
THE PLAYHOUSE INC. 88 FRANKLIN AVENUE WEST ORANGE, NJ 07052	NONE	PC	PLAYHOUSE: WHERE LEARNING IS FOR LIFE	5,000.
THE RACIAL EQUITY INITIATIVE P.O. BOX 146 SKILLMAN, NJ 08558-0146	NONE	PC	NEW JERSEY EDUCATION WEEKEND SERIES	2,500.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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 SUDC FOUNDATION 101 EISENHOWER PARKWAY, SUITE 300 ROSELAND, NJ 07068	NONE	PC	GENERAL OPERATING SUPPORT FOR FAMILY SERVICES	2,500.
TOUCHSTONE THEATRE 321 EAST FOURTH STREET BETHLEHEM, PA 18015	NONE	PC	FESTIVAL UNBOUND	3,500.
TOWN CLOCK COMMUNITY DEVELOPMENT CORPORATION INC. 11 BAYARD STREET, #301 NEW BRUNSWICK, NJ 08901	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
TRINITAS HEALTH FOUNDATION P.O. BOX 259 ELIZABETH, NJ 07207	NONE	PC	EXPANDING ACCESS TO PSYCHIATRIC CARE FOR PATIENTS WITH DEVELOPMENTAL DISORDERS	15,000.
TURNING POINT OF LEHIGH VALLEY, INC. 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	NONE	PC	DOMESTIC VIOLENCE RAPID RE-HOUSING AND SURVIVOR RESILIENCE PROGRAM	20,000.
TWILIGHT WISH FOUNDATION P.O. BOX 1042 DOYLESTOWN, PA 18901	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
UNION CITY MUSIC PROJECT, INC. 564 HUDSON AVENUE, #1 WEEHAWKEN, NJ 07086	NONE	PC	AFTER-SCHOOL AND WINTER MUSIC EDUCATION PROGRAM	5,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
UNITED COMMUNITY CORPORATION 332 SOUTH 8TH STREET NEWARK, NJ 02173	NONE	PC	FOOD PANTRY DISTRIBUTION PROGRAM	20,000.
UNITED NEGRO COLLEGE FUND, INC. 60 PARK PLACE NEWARK, NJ 07102	NONE	PC	GENERAL OPERATING SUPPORT - UNCF NEW JERSEY	5,000.
UNITED WAY OF BUCKS COUNTY UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS, PA 02901	NONE	PC	THE HELP CENTER	2,500.
UNITED WAY OF GREATER MERCER COUNTY, INC. 3150 BRUNSWICK PIKE, SUITE 230 LAWRENCEVILLE, NJ 08648	NONE	PC	VITA PROGRAM AND FINANCIAL EDUCATION WORKSHOPS/COACHING	5,000.
UNITED WAY OF MONMOUTH AND OCEAN COUNTIES UNITED WAY OF MONMOUTH AND OCEAN COUNTIES 4814 OUTLOOK DRIVE WALL TOWNSHIP, NJ 07753	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
UNITED WAY OF NORTHERN NEW JERSEY P.O. BOX 6835 BRIDGEWATER, NJ 08807	NONE	PC	UNITED FOR ALICE@WORK IN NEW JERSEY	70,000.
URBAN UPBOUND 12-11 40TH AVENUE QUEENS, NY 11101	NONE	PC	THANKSGIVING IN JERSEY	5,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
VALLEY YOUTH HOUSE COMMITTEE, INC. 3400 HIGH POINT BOULEVARD BETHLEHEM, PA 18017	NONE	PC	SUPPORT FOR FAMILIES AND CHILDREN EXPERIENCING HOMELESSNESS	20,000.
VIA OF THE LEHIGH VALLEY, INC. 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	NONE	PC	COMMUNITY EMPLOYMENT SERVICES	3,000.
VISION LOSS ALLIANCE OF NJ (VLANJ) 155 MORRIS AVENUE DENVER, NJ 07834	NONE	PC	ORIENTATION & MOBILITY FOR ADULTS WITH VISION LOSS IN THE COVID CLIMATE	10,000.
VIVID STAGE INC. OAKES CENTER, 120 MORRIS AVENUE SUMMIT, NJ 07901	NONE	PC	IMPROVISATION CLASSES FOR BI-LINGUAL STUDENTS	3,200.
WALLACE TEMPLE COMMUNITY ACTIVITY RESOURCE SITE 392 AVENUE C BAYONNE, NJ 07002	NONE	PC	WT CARES - MOM AND ME PROGRAM	2,500.
WARREN COUNTY HABITAT FOR HUMANITY 31 BELVIDERE AVENUE WASHINGTON, NJ 07882	NONE	PC	WARREN COUNTY HOME BUILDING PROGRAM.	5,000.
WOMANSPACE, INC. 1530 BRUNSWICK PIKE LAWRENCEVILLE, NJ 08648	NONE	PC	SERVICES FOR DV SURVIVORS IN EAST/WEST WINDSOR, HIGHTSTOWN, AND ROBBINSVILLE	10,000.
Total from continuation sheets				

TAXPAYER COPY

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
WOMEN AND FAMILIES ASCENDING ASSOCIATION P.O. BOX 3202 WAYNE, NJ 07474	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
WOMENRISING, INC. 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	PC	VILLAGE OF FAMILIES	20,000.
WOMEN'S RIGHTS INFORMATION CENTER 108 WEST PALISADE AVENUE ENGLEWOOD, NJ 07631	NONE	PC	TRAUMA RESPONSE PROGRAM	10,000.
WYNONA'S HOUSE CHILD ADVOCACY CENTER 185 WASHINGTON STREET NEWARK, NJ 07102	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
YOUTH CONSULTATION SERVICE, INC. 25 EAST SALEM STREET, 3RD FLOOR HACKENSACK, NJ 07601	NONE	PC	CASE MANAGEMENT SERVICES AT YCS CLINICS	20,000.
YOUTH DEVELOPMENT CLINIC OF NEWARK 500 BROAD STREET NEWARK, NJ 07102-3112	NONE	PC	COMMUNITY-BASED MENTAL HEALTH INITIATIVE	10,000.
YWCA BETHLEHEM 3895 ADLER PLACE, BUILDING A, SUITE 180 BETHLEHEM, PA 18017	NONE	PC	BIBLICAL BUILDBUILD AFTER-SCHOOL PROGRAM	7,500.
Total from continuation sheets				

TAXPAYER COPY

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

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	23,846.
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	23,846.
4 Enter the tax shown on the corporation's 2021 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	15,250.
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	15,250.

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 05/15/22	06/15/22	09/15/22	12/15/22
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 3,813.	412.	7,551.	8,245.
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 5,000.		9,000.	7,000.
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	12	1,187.	775.	2,224.
13 Add lines 11 and 12	13	1,187.	9,775.	9,224.
14 Add amounts on lines 16 and 17 of the preceding column	14			
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 5,000.	1,187.	9,775.	9,224.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	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	17			
18 Overpayment. If line 10 is less than line 13, subtract line 10 from line 15. Then go to line 12 of the next column	18	1,187.	775.	2,224.

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.

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 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	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 1-800-829-4933 to get interest rate information.

TAXPAYER COPY

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.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1-3), calculations (4-13), and total tax (14-19).

TAXPAYER COPY

Part II ^{**} Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>4</u> months	First <u>7</u> months	First <u>10</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	194,098.	202,628.	658,908.	1,200,285.
22	Annualization amounts (see instructions)	6.000000	3.000000	1.714290	1.200000
23a	Annualized taxable income. Multiply line 21 by line 22 ...	1,164,588.	607,884.	1,129,559.	1,440,342.
23b	b Extraordinary items (see instructions)				
23c	c Add lines 23a and 23b	1,164,588.	607,884.	1,129,559.	1,440,342.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	16,188.	8,450.	15,701.	20,021.
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	16,188.	8,450.	15,701.	20,021.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	16,188.	8,450.	15,701.	20,021.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	4,047.	4,225.	11,776.	20,021.

Part III Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
Note: Complete lines 32 through 38 of one column before completing the next column.					
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	4,047.	4,225.	11,776.	20,021.
33	Add the amounts in all preceding columns of line 32. See instructions		3,813.	4,225.	11,776.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- ...	4,047.	412.	7,551.	8,245.
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	3,813.	8,111.	5,962.	5,961.
36	Subtract line 38 of the preceding column from line 37 of the preceding column			7,699.	6,110.
37	Add lines 35 and 36	3,813.	8,111.	13,661.	12,071.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	3,813.	412.	7,551.	8,245.

Form 2220 (2022)

** ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1

TAXPAYER COPY