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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

						Inspection
For	calen	ndar year 2020, or tax year beginning 01-01-20)20 , an	nd ending 12-31-	2020	
	e of fou			A Employer id	entification numbe	er
TH	IE PROV	IDENT BANK FOUNDATION		04-3739441		
		street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	mber (see instructio	ns)
2	50 MADI	ISON AVENUE		(732) 590-9350	·	,
		, state or province, country, and ZIP or foreign postal code				
MOR	RISTOW	VN, NJ 07960		C If exemption	application is pendir	ng, check here
G Cl	neck all	l that apply: $\ \square$ Initial return $\ \square$ Initial return of a	former public charity	D 1. Foreign or	ganizations, check h	ere
		☐ Final return ☐ Amended return			ganizations meeting	
		Address change Name change		<u> </u>	k here and attach co	· —
H C	neck ty	pe of organization: \square Section 501(c)(3) exempt private	foundation		undation status was n 507(b)(1)(A), che	
<u></u> !	Section	4947(a)(1) nonexempt charitable trust Uhher taxable	e private foundation			
		rom Part II col (c)	☐ Cash ☐ Accrua		ation is in a 60-mont n 507(b)(1)(B), che	h termination
		►\$ 19,262,404		and been		
			r casii basis.)		T	1
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions).)	expenses per books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach				(545.1.2.5.5.1.1,)
		schedule)				
	2	Check ► ✓ if the foundation is not required to attach				
	3	Sch. B Interest on savings and temporary cash investments	91	91		
	4	Dividends and interest from securities	829,159	829,159		
	5a	Gross rents				
	ь	Net rental income or (loss)				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	197,954			
Revenue	b	Gross sales price for all assets on line 6a				
Rev	7	Capital gain net income (from Part IV, line 2)		197,954		
_	8	Net short-term capital gain		137,730 .		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	1,027,204	1,027,204		
	13	Compensation of officers, directors, trustees, etc.	147,731	0		147,731
	14	Other employee salaries and wages	80,099	0		80,099
ses	15	Pension plans, employee benefits				
en:	16a	Legal fees (attach schedule)	66.1 25.400	12.050		12.050
Exp	b	Accounting fees (attach schedule)	26,100			13,050
ve Ve	c 1	Other professional fees (attach schedule)	104,521	44,988		59,533
rati	17	Interest	12,126	0		
ĭ <u>s</u>	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	6,895	0		
Ē	20	Occupancy	0,033			
Αd	21	Travel, conferences, and meetings				
in d	22	Printing and publications				
Operating and Administrative Expenses	23	Other expenses (attach schedule)	9 54,788	0		54,788
atii	24	Total operating and administrative expenses.				
ber		Add lines 13 through 23	432,260	58,038		355,201
Ō	25	Contributions, gifts, grants paid	949,540			949,540
	26	Total expenses and disbursements. Add lines 24 and				
	27	25 Subtract line 26 from line 12:	1,381,800	58,038		1,304,741
	27	Subtract line 26 from line 12: Excess of revenue over expenses and				
	a	disbursements	-354,596			
	ь	Net investment income (if negative, enter -0-)		969,166		
	c	Adjusted net income (if negative, enter -0-)				

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2

4

	-	Cash—non-interest-bearing	`,	. ,	
	1	Savings and temporary cash investments	536,182	507,620	507,620
	2	Accounts receivable	330,162	307,020	307,020
	3	Less: allowance for doubtful accounts			
	4	Pledges receivable ► Less: allowance for doubtful accounts ►			
	_	Grants receivable			
	5 6	Receivables due from officers, directors, trustees, and other			
	0	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
ets	9	Prepaid expenses and deferred charges	18,465	18,465	18,465
Assets	_	Investments—U.S. and state government obligations (attach schedule)	10,403	10,403	10,405
٦	10a	Investments—corporate stock (attach schedule)	24,305,401	18,724,743	18,724,743
	b	Investments—corporate stock (attach schedule)	24,303,401	10,724,743	10,724,743
	C	Investments—Land, buildings, and equipment: basis ►			
	11	Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ►			
	14	Less: accumulated depreciation (attach schedule) 88,693	18,471	11,576	11,576
	15	Other assets (describe •)	10, 1, 1	11,370	11,570
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	24,878,519	19,262,404	19,262,404
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	0	0	
S		Foundations that follow FASB ASC 958, check here ▶		-	
lances		and complete lines 24, 25, 29 and 30.			
<u>a</u>	24	Net assets without donor restrictions	24,878,519	19,262,404	
ĕ	25	Net assets with donor restrictions			
Fund Ba		Foundations that do not follow FASB ASC 958, check here ▶			
띨		and complete lines 26 through 30.			
20.2	26	Capital stock, trust principal, or current funds			
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	28	Retained earnings, accumulated income, endowment, or other funds			
Net	29	Total net assets or fund balances (see instructions)	24,878,519	19,262,404	
z	30	Total liabilities and net assets/fund balances (see instructions) .	24,878,519	19,262,404	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		· · · · · · · · · · · · · · · · · · ·			

Page **3**

		kind(s) of property sold (e.g., ise; or common stock, 200 shs	How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1 a F	PUBLICLY TRADED SECURITIES	5		Р		
b						
С						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis pense of sale	Gain o	h) r (loss)) minus (g)
а	2,135,418			1,937,464		197,954
b						
С						
d						
e						
(Complete only for assets show	ring gain in column (h) and ow	ned by the foundation			1)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) l. (j), if any	col. (k), but not	h) gain minus less than -0-) or om col.(h))
a						197,954
b						
С						
d						
e						
3	· -	et capital loss) r (loss) as defined in sections 1 ne 8, column (c) (see instructions 1	ons). If (loss), enter -	Part I, line 7	3	197,954
				J		
Part	_	r Section 4940(e) for Re			come	
		ON DECEMBER 20, 2019	- DO NOT COMPL	ETE		
1 F	Reserved					
	(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	
					ı	
				2		
	Reserved					
4 R	Reserved			4		
5 R	Reserved			5		
6 R	Reserved			6		
7 R	Reserved			7		
8 R	Reserved ,			8		

							<u>'</u>	age v
Par		ling Activities for Which	Form 4720 May Be	Required (continued	1)			
ia	During the year did the foundation						Yes	No
	(1) Carry on propaganda, or otherv	vise attempt to influence legisl	ation (section 4945(e))?	Yes	✓ No	,		
	(2) Influence the outcome of any s	pecific public election (see sec	tion 4955); or to carry					
	on, directly or indirectly, any vo	ter registration drive?		· · · Yes	✓ No	,		
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?		✓ No			
	(4) Provide a grant to an organizati	ion other than a charitable, etc	c., organization described					
	in section 4945(d)(4)(A)? See i	nstructions		· · 🗌 Yes	✓ No	,		
	(5) Provide for any purpose other t	han religious, charitable, scien	tific, literary, or					
	educational purposes, or for the	prevention of cruelty to child	ren or animals?	· ·	✓ N			
b	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	ail to qualify under the ex	ceptions described in		´		
	Regulations section 53.4945 or in a	current notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current r	otice regarding disaster assist	ance check here					
C	If the answer is "Yes" to question 5	a(4), does the foundation clair	n exemption from the					
	tax because it maintained expenditu	ure responsibility for the grant	?	· · 🔲 Yes	□ No			
	If "Yes," attach the statement requi	red by Regulations section 53.	4945-5(d).	□ 1es		'		
a	Did the foundation, during the year,	, receive any funds, directly or	indirectly, to pay premi	ums on				
b	Did the foundation, during the year,	, pay premiums, directly or inc	lirectly, on a personal be		. ✓ No	6b		No
	If "Yes" to 6b, file Form 8870.	, , ,	,, 1					
'a	At any time during the tax year, wa	s the foundation a party to a r	prohibited tax shelter tra	nsaction?				
	If "Yes", did the foundation receive			∟ res	✓ No	7b		
	Is the foundation subject to the sec				•	1.5		
	excess parachute payment during the	, , , ,						
		<u> </u>			✓ No		<u> </u>	<u> </u>
Par	and Contractors	Officers, Directors, Trust	tees, Foundation Ma	anagers, Hignly Paid	Emp	ioyees,		
1	List all officers, directors, truste							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		e) Expen		
	. ,	devoted to position	· -0-)	deferred compensatio		other al	llowand	ces
ee A	Additional Data Table							
]						
		1						
		1						
		1						
2	Compensation of five highest-pa	id employees (other than t	hose included on line :	1—see instructions). If	none,	enter "	NONE	."
				(d) Contributions to				
a) [Name and address of each employee	paid (b) Title, and average hours per week	(c) Compensation	employee benefit) Expens		
	more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation		other all	owanc	es
ONE	=			Compensation				
ONE	=							
ota	I number of other employees paid ov	er \$50,000 						- (
					F	orm 99 0	N-DE	(2020

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professiona	l services (see instructions). If none, enter "NO	DNE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE PROVIDENT BANK	SEE STATEMENT #8	305,886
100 WOOD AVENUE SOUTH ISELIN, NJ 08830		
Total number of others receiving over \$50,000 for professional service		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research paper.		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	s (see instructions)	_
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0
		Form 990-PF (2020)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

851.748

1,304,741

1,304,741

1,304,741

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2020

Page 9

851,748

851.748

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_	_	v	-г	1	1	_	v	-
ľ	7	7	ī	7	7		Г	

99	יט-פר	(20.	
rt	XIII		

		,
Part XIII		Undistributed I
1	Distributab	le amount for 2020 fro
2	Undistribut	ed income, if any, as o
а	Enter amou	unt for 2019 only

From 2015.

b From 2016. c From 2017. . . .

d From 2018.

e From 2019.

	Undistributed Income (see	instr
b	le amount for 2020 from Part XI, line	e 7
ıt	ed income, if any, as of the end of 20	020:
0	unt for 2019 only .	

b Total for prior years: 20______, 20______, 20______ Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2015 not

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,304,741 a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

see instructions)

238.633 183,285

79.686 210.296

499,827

183.285 79,686

210.296

499.827

452,993

(a)

Corpus

1,211,727

452.993

1,664,720

238.633

1,426,087

(b)

Years prior to 2019

(c)

2019

(3) Largest amount of support from an exempt organization (4) Gross investment income

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

- Information Regarding Foundation Managers:
- 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).)
- 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.
- 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. See instructions
- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SAMANTHA PLOTINO EXECUTIVE DIRECTOR

THE PROVIDENT BANK FOUNDATION 250

MADISON AVE MORRISTOWN, NJ 07960

GOVERNANCE, ACCOUNTABILITY, AND FISCAL MANAGEMENT.

(862) 260-3990

SAMANTHA.PLOTINO@PROVIDENT.BANK

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

c Any submission deadlines:

- PLEASE REFER TO DETAILS INDICATED ON WWW.THEPROVIDENTBANKFOUNDATION.ORG IN THE APPLICATION SECTION.
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

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

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Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	949,540
b Approved for future payment				
	 	+		
		1 1		
		1 1		
		1 1		
	'	1 1		
		1 1		
Total			▶ 3b	0

iter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempl
L Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	<u> </u>					
-	and contracts from government agencies					
_	rship dues and assessments					
	t on savings and temporary cash					
investm				14	91	
	ds and interest from securities			14	829,159	
	tal income or (loss) from real estate:					
	financed property ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income.					
	(loss) from sales of assets other than					
invento	•			18	197,954	
	ome or (loss) from special events:					
	profit or (loss) from sales of inventory					
	evenue: a					
d						
d e 2 Subtota	al. Add columns (b), (d), and (e).		0		1,027,204	
d e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)		1	1,027,204 3	
de2 Subtota(See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	lations.) ie Accomplish	nment of Exem	pt Purposes	3	1,027,204
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e 2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report		1 pt Purposes Fart XVI-A contribu	3uted importantly to	

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		Information Regarding Transfers To and Transactions and Relationships With Noncharit	ahla					
ľ	Part XVII	Exempt Organizations	abic					
1	Did the organ	ization directly or indirectly engage in any of the following with any other organization described in section 501		Г				

Pe	Lt XAT	··· E	xempt Org	ganiz	ations											
		organiza		or ind	lirectly enga							n described in sect s?	ion 501		Yes	No
a -	ransfer	s from t	he reporting	found	lation to a n	oncha	ritable ex	empt org	anization (of:						
(1) Cas	sh												1a(1)		No
((2) Oth	ner asset	ts											1a(2)		No
b	Other tra	ansactio	ns:													
			sets to a nor		•	-								1 b(1)		No
			of assets fro											1b(2)		No
			acilities, equi		-									1b(3)		No
			ment arrange											1b(4)		No
			an guarante											1b(5)		No
			e of services				-						•	1b(6)		No
	-		ies, equipme						•			ways show the fair	market v	1c		No
i	of the go n any tr	oods, ot ansactio	her assets, o on or sharing	or serv g arran	ices given b igement, sh	y the ow in	reporting column (c	foundations foundations for the desired for th	on. If the f lue of the	oundation r goods, othe	receive er asse	d less than fair ma ts, or services rece	rket valueived.	e		
(a)	ine No.	(b) A	Amount involve	ed	(c) Name of	noncha	aritable exe	mpt organi	ization	(d) Descrip	otion of	transfers, transactions	s, and shar	ing arrar	ngemen	ts
			n directly or		•		'				-		, 5	No		
			tion 501(c) (•		1 501(c)(3)) or	in section	152/?.			Ц	res 💌	סאו ב		
b.	f "Yes,"	•	te the follow Name of orga				/1	h) Type of	organizatio	n		(c) Descriptio	n of rolatio	nchin		
		(a)	Name or orga	IIIZatioi	1		,,	b) Type of	organization	11		(C) Descriptio	II OI Telatio	пэшр		
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Sig		****	*					2021-0	4-23	***	****		May th return	e IRS dis	scuss th	nis
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Pai	id	J.	AMES J REIL	.LY						2021-04	1-23	employed P 🖂				
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	e Onl	10.000	ı's name ►	COND	OON O'MEAR	A MC	S YTNIE	ONNELLY	r LLP				Firm's El	IN ▶13-	36282	255
	. J		ı's address ▶	ON	E BATTERY I	PARK	PLAZA									
				VIL.	M VODE NIV	1000	34						Phone no	o. (212)	661-7	7777
				NE	W YORK, NY	1000	/ -1									

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation DR CARLOS HERNANDEZ PH D CHAIRMAN 1.00 250 MADISON AVENUE MORRISTOWN, NJ 07960 CHRISTOPHER MARTIN PRESIDENT AND DIRECTOR 250 MADISON AVENUE 1.75 MORRISTOWN, NJ 07960 JOHN KUNTZ **SECRETARY** 1.75 250 MADISON AVENUE MORRISTOWN, NJ 07960 GEORGE DAILEY JR SEE STMT 8 TREASURER 14,577 0 5.00 250 MADISON AVENUE MORRISTOWN, NJ 07960 SAMANTHA PLOTINO SEE STMT 8 EXECUTIVE DIRECTOR 87,595 37.50 250 MADISON AVENUE MORRISTOWN, NJ 07960 JANE KUREK SEE STMT 8 37,559 FORMER EXECUTIVE DIRECTOR 250 MADISON AVENUE 37.50 MORRISTOWN, NJ 07960 KAREN MCMULLEN DIRECTOR 4,000 1.00 250 MADISON AVENUE MORRISTOWN, NJ 07960 JEFFRIES SHEIN DIRECTOR 4,000 1.00

250 MADISON AVENUE MORRISTOWN, NJ 07960

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 180 TURNING LIVES AROUND INC NONE PC MONMOUTH COUNTY FAMILY 20,000 1 BETHANY ROAD BUILDING 3 STE 42 JUSTICE CENTER

HAZLEI, NJ 0//30				
ADULT DAY CENTER OF SOMERSET COUNTY 872 E MAIN ST BRIDGEWATER, NJ 088073395	NONE	PC	GENERAL OPERATING SUPPORT	5,000
ALLEGRO SCHOOL INC	NONE	PC	TECHNOLOGY TOOLS	7,500

ENHANCING ABA

IMPLEMENTATION

949,540

125 RIDGEDALE AVE

Total . .

CEDAR KNOLLS, NJ 07927

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICA NEEDS YOU 201 MONTGOMERY STREET 2ND FLOOR JERSEY CITY, NJ 07302	NONE	PC	NEW JERSEY FELLOWS PROGRAM (HUDSON COUNTY ONLY)	7,500
AMERICA'S GROW-A-ROW	NONE	PC	GENERAL OPERATING SUPPORT	5,000

MERICA'S GROW-A-ROW 50 PITTSTOWN ROAD ITTSTOWN, NJ 08867	NONE	PC	GENERAL OPERATING SUPPORT	
NN SILVERMAN COMMUNITY HEALTH	NONE	PC	ANN SILVERMAN COMMUNITY	

Total .

PITTSTOWN ROAD				
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOVIESTOWN PA 18901	NONE	PC	ANN SILVERMAN COMMUNITY HEALTH CLINIC	3,500

ANN SILVERMAN COMMUNITY HEALTH CLINIC	NONE	PC	ANN SILVERMAN COMMUNITY HEALTH CLINIC	3,500
595 WEST STATE STREET DOYLESTOWN, PA 18901				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

BERGEN VOLUNTEER CENTER 64 PASSAIC STREET HACKENSACK, NJ 07601	NONE		CHORE PROGRAM TEANECK, DUMONT, AND LEONIA ONLY	2,500
BERGEN VOLUNTEER MEDICAL INITIATIVE INC	NONE	PC	GENERAL OPERATING SUPPORT	5,000

HACKENSACK, NJ 07601				
BERGEN VOLUNTEER MEDICAL INITIATIVE INC 75 ESSEX STREET SUITE 100 HACKENSACK, NJ 07601	NONE	PC	GENERAL OPERATING SUPPORT	
BIG BROTHERS BIG SISTERS OF	NONE	PC	ONE-TO-ONE YOUTH	1

Total .

75 ESSEX STREET SUITE 100 HACKENSACK, NJ 07601				
BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY 305 BOND STREET 2ND FLOOR	NONE	PC	ONE-TO-ONE YOUTH MENTORING	15,00

BIG BROTHERS BIG SISTERS OF NONE PC ONE-TO-ONE YOUTH MENTORING 15,000 MENTORING	HACKENSACK, NJ 07601			
ASBURY PARK, NJ 077127010	COASTAL & NORTHERN NEW JERSEY 305 BOND STREET 2ND FLOOR	NONE	PC	 15,000

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 00 F 000

HUDSON & UNION COUNTIES 500 BROAD STREET 2ND FLOOR NEWARK, NJ 07040	NONE	PC	MENTORING FROM A DISTANCE	5,000
BLOOMFIELD COLLEGE 467 FRANKLIN STREET	NONE	PC	BLOOMFIELD COLLEGE SCHOLARSHIP EVENING	2,500

NEWARK, NJ 07040				
BLOOMFIELD COLLEGE 467 FRANKLIN STREET BLOOMFIELD, NJ 07003	NONE	PC	BLOOMFIELD COLLEGE SCHOLARSHIP EVENING	2,500
BOYS & GIRLS CLUB OF MONMOUTH	NONE	PC	BGCM BOUNDLESS	3,000

467 FRANKLIN STREET BLOOMFIELD, NJ 07003			SCHOLARSHIP EVENING	
BOYS & GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVENUE ASBURY PARK, NJ 07712	NONE	PC	BGCM BOUNDLESS	3,000

Total			▶ 3a	949,540
1201 MONROE AVENUE ASBURY PARK, NJ 07712				
BOYS & GIRLS CLUB OF MONMOUTH COUNTY	NONE	PC	BGCM BOUNDLESS	3,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRAIN INJURY ALLIANCE OF NEW NONE PC C.A.R.E.S. CARE MANAGEMENT 3,000 **JERSEY PROGRAM** 925 GEORGES BOAD FLOOR 3

NORTH BRUNSWICK, NJ 08902				
BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION 275 SWAMP ROAD NEWTOWN, PA 18940	NONE	PC	ULTRASOUND TECHNOLOGISTS: A CRITICAL HEALTHCARE NEED FOR THE COMMUNITY	15,000
CALAIS SCHOOL45 HIGHLAND AVENUE WHIPPANY, NJ 07981	NONE	PC	THE ANIMAL ASSISTED INTERVENTION (AAI) THERAPY PROGRAM	15,000

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAREGIVER VOLUNTEERS OF CENTRAL NONE PC INCREASE TECHNOLOGY TO 10,000 **JERSEY** INCREASE VOLUNTEER 67 ROUTE 37 WEST RIVERWOOD PLAZA **ENGAGEMENT AND IMPACT**

2 STE 201 TOMS RIVER, NJ 08755				
CARING CONTACTPO BOX 2376 WESTFIELD, NJ 07091	NONE	PC	PREPARING FOR 988: BUILDING HOTLINE CAPACITY	15,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK 590 NORTH 7TH STREET NEWARK, NJ 07107	NONE	PC	CLEANING SUPPLIES FOR FOUR EMERGENCY SHELTERS	5,000

▶ 3a

949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTER FOR HOPE AND SAFETY NONE PC LEGAL SERVICES PROGRAM FOR 10.000

12 OVERLOOK AVENUE ROCHELLE PARK, NJ 07662	NONE		VICTIMS OF DOMESTIC VIOLENCE AND THEIR FAMILIES	10,000
CENTER FOR NON PROFIT CORPORATIONS 3635 QUAKERBRIDGE ROAD SUITE 5 MERCERVILLE, NJ 08619	NONE	PC	RECKONING, RESHAPING, REBUILDING: 2020 VIRTUAL NEW JERSEY NON-PROFIT CONFERENCE	3,500
CENTER JERSEY HOUSING RESOURCE	NONE	PC	HOUSING RESOURCE CENTER	2,500

CORPORATIONS 3635 QUAKERBRIDGE ROAD SUITE 5 MERCERVILLE, NJ 08619			REBUILDING: 2020 VIRTUAL NEW JERSEY NON-PROFIT CONFERENCE	
CENTER JERSEY HOUSING RESOURCE CENTER 92 EAST MAIN STREET SUITE 407 SOMERVILLE, NJ 08876	NONE	PC	HOUSING RESOURCE CENTER PROGRAMS	2,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILD CARE RESOURCES OF NONE PC MONMOUTH COUNTY DIAPER 2,250 MONMOUTH COUNTY INC BANK 3301C ROUTE 66 PO BOX 1234

NEPTUNE, NJ 07754				
COUNCIL OF NEW JERSEY GRANTMAKERS 111 WEST STATE STREET TRENTON, NJ 086081101	NONE	PC	THE COUNCIL OF NEW JERSEY GRANTMAKERS 2020 ANNUAL MEETING AND HOLIDAY GATHERING	2,500
COURT APPOINTED SPECIAL ADVOCATES OF MONMOUTH COUNTY INC	NONE	PC	ADVOCACY FOR ABUSED & NEGLECTED CHILDREN IN FOSTER CARE	3,500

111 WEST STATE STREET TRENTON, NJ 086081101			MEETING AND HOLIDAY GATHERING	
COURT APPOINTED SPECIAL ADVOCATES OF MONMOUTH COUNTY INC 400 STATE ROUTE 34 2ND FLOOR	NONE	PC	ADVOCACY FOR ABUSED & NEGLECTED CHILDREN IN FOSTER CARE	3,50

TRENTON, NJ 086081101			GATHERING	
COURT APPOINTED SPECIAL ADVOCATES OF MONMOUTH COUNTY INC 400 STATE ROUTE 34 2ND FLOOR COLTS NECK, NJ 07722	NONE	PC	ADVOCACY FOR ABUSED & NEGLECTED CHILDREN IN FOSTER CARE	3,50

▶ 3a

949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COURT APPOINTED SPECIAL NONE PC IMPROVING EDUCATIONAL 10,000 ADVOCATES OF NEW JERSEY INC ADVOCACY AND OUTCOMES FOR

77 CHURCH STREET NEW BRUNSWICK, NJ 089011242			YOUTH IN FOSTER CARE	
DENTAL LIFELINE NETWORK - NEW JERSEY PO BOX 2117 EDISON, NJ 08818	NONE	PC	NEW JERSEY DONATED DENTAL SERVICES (DDS) - WARREN, MORRIS, HUNTERDON COUNTIES	7,500

PO BOX 2117 EDISON, NJ 08818			MORRIS, HUNTERDON COUNTIES	
EMBRACE KIDS FOUNDATION 121 SOMERSET STREET NEW RPLINSWICK NJ 08901	NONE	PC	EMBRACING KIDS WITH CHRONIC ILLNESSES	5,000

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949,540

EDISON, NJ 08818			COUNTIES	
EMBRACE KIDS FOUNDATION 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	PC	EMBRACING KIDS WITH CHRONIC ILLNESSES	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EVA'S VILLAGE393 MAIN STREET NONE PC GENERAL OPERATING SUPPORT 5,000 PATERSON, NJ 07501

FAIRLEIGH DICKINSON UNIVERSITY 1000 RIVER ROAD H-DH3-13 TEANECK, NJ 07666	NONE	PC	PRE-COLLEGIATE STEM DISCOVERY PROGRAM	15,000
FAMILY CONNECTIONS INC	NONE	PC	MIGRATION OF SERVICES TO	5,000

TEANECK, NJ 07666				
FAMILY CONNECTIONS INC 7 GLENWOOD AVENUE SUITE 101 EAST ORANGE, NJ 07017	NONE	PC	MIGRATION OF SERVICES TO VIRTUAL PLATFORMS	5,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuation			
a Paid during the year				
FAMILY PROMISE OF HUNTERDON COUNTY INC 10 EAST MAIN STREET FLEMINGTON, NJ 088221208	NONE	PC	SHELTERING FAMILIES IN HUNTERDON COUNTY NEIGHBORS HELPING NEIGHBORS	2,000
EELICIAN UNIVERSITY1 EELICIAN WAY	NONE	DC.	EELICIAN LINIVEDCITY	10,000

FLEMINGTON, NJ 088221208			NEIGHBORS NEIGHBORS	
FELICIAN UNIVERSITY1 FELICIAN WAY RUTHERFORD, NJ 07644	NONE	PC	FELICIAN UNIVERSITY INTERNSHIP FUND	10,000
FLEMINGTON FOOD PANTRY	NONE	PC	NUTRITION AND HEALTH	5,000

RUTHERFORD, NJ 07644	NONE	PC	INTERNSHIP FUND	10,000
FLEMINGTON FOOD PANTRY 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	PC	NUTRITION AND HEALTH PROGRAM	5,000

RUTHERFORD, NJ 07644			INTERNSHIP FUND	
FLEMINGTON FOOD PANTRY 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	PC	NUTRITION AND HEALTH PROGRAM	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FOUNDATION AT NEW JERSEY NONE PC PRODUCTION OF FACE SHIELDS 5,000 INSTITUTE OF TECHNOLOGY FOR EMERGENCY RESPONDERS 323 DR MARTIN LUTHER KING JR BLVD UNIVERSITY HEIGHTS

NEWARK, NJ 0/102				
FREEDOM HOUSE INC 2004 ROUTE 31 NORTH SUITE 9 CLINTON, NJ 08809	NONE	PC	SUPPORTING RECOVERY AND FAMILY REUNIFICATION SERVICES IN NEW JERSEY	15,000
GARDEN STATE EPISCOPAL COMMUNITY DEVELOPMENT CORPORATION 118 SUMMIT AVENUE	NONE	PC	DROP-IN CENTER FOR HOMELESS FAMILIES	5,000

▶ 3a

949,540

CLINTON, NJ 08809			SERVICES IN NEW JERSEY	
GARDEN STATE EPISCOPAL COMMUNITY DEVELOPMENT CORPORATION 118 SUMMIT AVENUE JERSEY CITY, NJ 07304	NONE	PC	DROP-IN CENTER FOR HOMELESS FAMILIES	5,00

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year				
GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVENUE LAKEWOOD, NJ 08701	NONE	PC	NEWBORN TORY NEONATAL SIMULATOR FOR CLINICAL NURSING EDUCATION	24,500

AREWOOD, NJ 00/01			NORSING EDUCATION	
GERIATRICS SERVICES INC 800 TEANECK ROAD TEANECK. NJ. 07666	NONE	PC	PORTABLE ASSISTED LIVING SERVICES (PALS)	

or substantial contributor

Total .

GERIATRICS SERVICES INC 300 TEANECK ROAD TEANECK, NJ 07666	NONE	PC	PORTABLE ASSISTED LIVING SERVICES (PALS)	7,500
GIGI'S PLAYHOUSE HILLSBOROUGH LLC	NONE	PC	LIVING INDEPENDENTLY IS FOR	3,000

TEANECK, NJ 07666			, ,	
GIGI'S PLAYHOUSE HILLSBOROUGH LLC 450 AMWELL ROAD SUITE H	NONE	PC	LIVING INDEPENDENTLY IS FOR EVERYONE (L.I.F.E.)	3,000

GIGI'S PLAYHOUSE HILLSBOROUGH LLC 450 AMWELL ROAD SUITE H HILLSBOROUGH, NJ 08844	NONE	PC	LIVING INDEPENDENTLY IS FOR EVERYONE (L.I.F.E.)	3,000

949,540

▶ 3a

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
HANDS IN 4 YOUTH256 MACOPIN ROAD WEST MILFORD, NJ 07480	NONE	PC	CAMP VACAMAS FOR JERSEY CITY YOUTH	10,000

HOBOKEN CHARTER SCHOOL INC 713 WASHINGTON STREET HOBOKEN, NJ 07030	NONE	PC	RESTORATIVE JUSTICE PROGRAM	
HOLY NAME HEALTH CARE	NONE	PC	PERSONAL PROTECTIVE	

HOBOKEN, NJ 07030				
HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000

20,000

HOBOKEN, NJ 07030			TROGIVIT	
HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

3 WING DRIVE SUITE 245 CEDAR KNOLLS, NJ 07927	NONE		DOMESTIC VIOLENCE COUNSELING TRAINING	15,000
HOMESHARING120 FINDERNE AVE BRIDGEWATER, NJ 088073670	NONE	PC	SHARED AFFORDABLE HOUSING	3,000

HOMESHARING120 FINDERNE AVE BRIDGEWATER, NJ 088073670	NONE	PC	SHARED AFFORDABLE HOUSING	3,000
HUDSON COUNTY CASA 422 HOBOKEN AVENUE JERSEY CITY, NJ 07306	NONE	PC	PROJECT HELPING HANDS	5,000

Total			▶ 3a	949,540
HUDSON COUNTY CASA 422 HOBOKEN AVENUE JERSEY CITY, NJ 07306	NONE	PC	PROJECT HELPING HANDS	5,00
,				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HUDSON COUNTY CHAMBER NONE PC #HUDSONGIVES 5,000 FOUNDATION INC

150 HUDSON STREET SUITE 100 JERSEY CITY, NJ 07311				
HUDSON PRIDE CENTERPO BOX 8116 JERSEY CITY, NJ 07308	NONE	PC	AFABULOUS: COMMUNITY RESOURCE DEVELOPMENT FOR INDIVIDUALS ASSIGNED	50,000

JERSEY CITY, NJ 07308	NONE		RESOURCE DEVELOPMENT FOR INDIVIDUALS ASSIGNED FEMALE AT BIRTH	30,000
HUNTERDON COUNTY YMCA	NONE	PC	COMMUNITY OUTREACH	5,000

			FEMALE AT BIRTH	
HUNTERDON COUNTY YMCA 1410 ROUTE 22 WEST ANNANDALE NJ 08801	NONE	PC	COMMUNITY OUTREACH SERVICES AND EMERGENCY CHILDCARE	5,000

Total .

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HYACINTH AIDS FOUNDATION 317 GEORGE STREET SUITE 203	NONE	PC	S.H.E. COMES FIRST (SEXUAL HEALTH EMPOWERMENT)	10,000

NEW BRUNSWICK, NJ 08901				
JBWSPO BOX 1437 MORRISTOWN, NJ 07962	NONE	PC	DATING ABUSE PREVENTION PROGRAM	
TEWICH COMMUNITY CENTED OF	NONE	DC.	VARIOUS SOUNDS OF MUSIC AT	

Total .

JBWSPO BOX 1437 MORRISTOWN, NJ 07962	NONE	PC	DATING ABUSE PREVENTION PROGRAM	3,000
JEWISH COMMUNITY CENTER OF MIDDLESEX COUNTY 1775 OAK TREE ROAD	NONE	PC	VARIOUS SOUNDS OF MUSIC AT THE JCC	10,000

JBWSPO BOX 1437 MORRISTOWN, NJ 07962	NONE	PC	DATING ABUSE PREVENTION PROGRAM	3,0
JEWISH COMMUNITY CENTER OF MIDDLESEX COUNTY 1775 OAK TREE ROAD	NONE	PC	VARIOUS SOUNDS OF MUSIC AT THE JCC	10,0

MORRISTOWN, NJ 07962			PROGRAM	
JEWISH COMMUNITY CENTER OF MIDDLESEX COUNTY 1775 OAK TREE ROAD EDISON, NJ 08820	NONE	PC	VARIOUS SOUNDS OF MUSIC AT THE JCC	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FAMILY & CHILDREN'S NONE PC FOOD DISTRIBUTION VIA 12,500 SERVICES OF GREATER MERCER MOBILE FOOD PANTRY AND COUNTY BRICK AND MORTAR FOOD

707 ALEXANDER ROAD SUITE 102 PRINCETON, NJ 08540			PANTRY EAST WINDSOR & HIGHTSTOWN	
JEWISH FAMILY SERVICE OF SOMERSET HUNTERDON & WARREN COUNTIES 150A WEST HIGH STREET SOMERVILLE, NJ 088761854	NONE	PC	SENIOR SERVICE CARE MANAGEMENT AND COUNSELING PROGRAM	3,000
JEWISH FAMILY SERVICES OF	NONE	PC	FOOD PANTRIES	5,000

HUNTERDON & WARREN COUNTIES 150A WEST HIGH STREET SOMERVILLE, NJ 088761854	NONE	PC	MANAGEMENT AND COUNSELING PROGRAM	3,00
JEWISH FAMILY SERVICES OF	NONE	PC	FOOD PANTRIES	5,00

150A WEST HIGH STREET SOMERVILLE, NJ 088761854			COUNSELING PROGRAM	
JEWISH FAMILY SERVICES OF MIDDLESEX COUNTY	NONE	PC	FOOD PANTRIES	5,0

SOMERVILLE, NJ 088761854				
JEWISH FAMILY SERVICES OF MIDDLESEX COUNTY 32 FORD AVE 2ND FLOOR	NONE	PC	FOOD PANTRIES	5,000

▶ 3a

949,540

EWISH FAMILY SERVICES OF	NONE	PC	FOOD PANTRIES	5,0
MIDDLESEX COUNTY				
32 FORD AVE 2ND FLOOR				
MILLTOWN, NJ 08850				

MIDDLESEX COUNTY		
32 FORD AVE 2ND FLOOR		
MILLTOWN, NJ 08850		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LITERACY NEW JERSEY INC NONE PC ADULT LITERACY PROGRAMS IN 2,500

EDISON, NJ 08837			OCEAN COUNTY	
LITERACY VOLUNTEERS OF MORRIS COUNTY 16 ELM STREET MORRISTOWN, NJ 07960	NONE	PC	SUPPORT FOR ADULT LITERACY PROGRAM	2,500

COUNTY 16 ELM STREET MORRISTOWN, NJ 07960			PROGRAM	
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 4240 FRITCH DRIVE BETHLEHEM, PA 180209344	NONE	PC	GENERAL OPERATING SUPPORT	5,000

1101(113101111,113 07300				
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 4240 FRITCH DRIVE BETHLEHEM, PA 180209344	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total			▶ 3a	949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MENTAL HEALTH ASSOCIATION IN NONE PC MINDFULNESS-BASED PLAY 7,500 PASSAIC COUNTY FAMILY THERAPY FOR LOW-404 CLIFTON AVENUE INCOME FAMILIES

CLIFTON, NJ 07011				
MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS INC 33 SOUTH FULLERTON AVENUE MONTCLAIR, NJ 07042	NONE	PC	INTEGRATED CASE MANAGEMENT SERVICES	2,500
MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY INC 106 APPLE STREET SUITE 110	NONE	PC	RED BANK RESOURCE NETWORK (RBRN)	2,500

▶ 3a

949,540

33 SOUTH FULLERTON AVENUE MONTCLAIR, NJ 07042				
MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY INC 106 APPLE STREET SUITE 110 TINTON FALLS NI 07724	NONE	PC	RED BANK RESOURCE NETWORK (RBRN)	2,5

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MERCY CENTER1106 MAIN ST ASBURY PARK, NJ 077125925	NONE	PC	MERCY CENTERS FOOD PANTRY	2,500
MIDDLESEX COUNTY RECREATION COUNCIL KIDDIE KEEP WELL CAMP	NONE	PC	KIDDIE KEEP WELL CAMP	15,000

COUNCIL KIDDIE KEEP WELL CAMP 35 ROOSEVELT DRIVE EDISON, NJ 08837				ŕ
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000

949,540

EDISON, NJ 08837				
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MONMOUTH UNIVERSITY NONE PC 4,890 NURSING SKILLS LAB CAPACITY

WEST LONG BRANCH, NJ 07764			BUILDING INITIATIVE	
MONTCLAIR STATE UNIVERSITY FOUNDATION 1 NORMAL AVENUE MONTCLAIR, NJ 07043	NONE	PC	MIXLAB - IMMEDIATE PRODUCTION OF PPES FOR AREA HOSPITALS	5,000

PC

GENERAL OPERATING SUPPORT

5,000

949,540

NONE

MOVE FOR HUNGER

RED BANK, NJ 07701

Total .

4 HENDRICKSON AVENUE SUITE 4

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **NEW BETHANY MINISTRIES** NONE PC DIGITAL CHOICE FOOD PANTRY 7,500 333 WEST 4TH STREET BETHLEHEM, PA 18015

,				
NEW JERSEY CHAMBER OF COMMERCE FOUNDATION 216 WEST STATE STREET THIRD FLOOR TRENTON, NJ 08608	NONE	PC	JOBS FOR NEW JERSEY'S GRADUATES NEWARK, CARTERET, AND NEW BRUNSWICK ONLY	5,000
NEW JERSEY CITY UNIVERSITY 2039 JOHN F KENNEDY BOULEVARD HEPBURN HALL ROOM 315	NONE	PC	NEW JERSEY COUNCIL FOR ECONOMIC EDUCATION (NJCEE) AT NJCU	3,000

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949,540

JERSEY CITY, NJ 07305

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW JERSEY INSTITUTE FOR NONE PC ALIANZA/WISE OWLS CLUB 10,000 DISABILITIES INC 10A OAK DRIVE - ROOSEVELT PARK

EDISON, NJ 08837				
NEW JERSEY PERFORMING ARTS CENTER (NJPAC) 1 CENTER STREET NEWARK, NJ 07102	NONE	PC	NJPAC PROFESSIONAL DEVELOPMENT	10,000

CENTER (NJPAC) 1 CENTER STREET NEWARK, NJ 07102	NONE	FC	DEVELOPMENT	10,000
NEWARK ARTS COUNCIL	NONE	PC	FOUR CORNERS PUBLIC ARTS	10,000

NEWARK, NJ 07102				
NEWARK ARTS COUNCIL	NONE	PC	FOUR CORNERS PUBLIC ARTS	10,00

NEWARK ARTS COUNCIL 17 ACADEMY STREET 702	NONE	PC	FOUR CORNERS PUBLIC ARTS	10,00
NEWARK, NJ 07112				1

NEWARK, NJ 07112		
Total	 ▶ 3a	949,540

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEWARK BETH ISRAEL MEDICAL NONE PC PERSONAL PROTECTIVE 5,000 CENTER EQUIPMENT (PPE) 201 LYONS AVENUE

NEWARK, NJ 071122027				
NORTHEAST COMMUNITY CENTER PO BOX 1463 BETHLEHEM, PA 18016	NONE	PC	EMERGENCY FOOD PANTRY	5,000
NORTHERN NEW JERSEY COUNCIL BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY ROAD OAKLAND, NJ 074361709	NONE	PC	SCOUTREACH - SUPPORTING BOY SCOUTS OF AMERICA PROGRAMS IN HARD TO SERVE NEIGHBORHOODS IN HUDSON COUNTY	5,000

▶ 3a

949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OCEAN MEDICAL CENTER FOUNDATION NONE PC PERSONAL PROTECTIVE 5,000 1340 CAMPUS PARKWAY BUILDING C EQUIPMENT (PPE) UNIT **4**N

NEPTUNE, NJ 07753				
PACE EDUCATION 234 WILLIAM LIVINGSTON CT PRINCETON, NJ 08540	NONE	PC	PERSONALIZED ACADEMIC COACHING EAST WINDSOR AND WEST WINDSOR ONLY	2,000
PARTNERS FOR WOMEN AND JUSTICE 650 BLOOMFIELD AVENUE SUITE 209 BLOOMFIELD, NJ 07003	NONE	PC	DV PRO BONO PROGRAM	20,000

Total .

За

Recipient If recipient is an individual, show any relationship to any foundation manager recipient Purpose of grant or contribution

Amount contribution

or substantial contributor

Total .

	or substantial contributor			
a Paid during the year				
PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) 4801 LINDLE ROAD	NONE	PC	NONPROFIT COVID-19 RECOVERY TRAINING	3,000

4801 LINDLE ROAD HARRISBURG, PA 17111				
PROJECT OF EASTON INC320 FERRY ST EASTON, PA 180424539	NONE	PC	PROJECTS ADULT AND FAMILY LITERACY PROGRAMS	10,000
RIPPLE COMMUNITY INC	NONE	PC PC	COMMUNITY BUILDING CENTER	5 000

EASTON, PA 180424539	NONE	PC	LITERACY PROGRAMS	10,000
RIPPLE COMMUNITY INC 1335 W LINDEN ST ALLENTOWN, PA 18102	NONE	PC	COMMUNITY BUILDING CENTER	5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
RISING TIDE CAPITAL	NONE	PC	SMALL BUSINESS RESILIENCE	20,000

384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 073053715			AND RECOVERY INITIATIVE	
SALVATION ARMY 2200 HAMILTON STREET SUITE 200 ALLENTOWN. PA 18104	NONE	PC	THE HALO PROJECT (HEALING, ATTACHMENT, LOVING, OUTREACH) FOR TEENS	10,000

SALVATION ARMY 2200 HAMILTON STREET SUITE 200 ALLENTOWN, PA 18104	NONE	PC	THE HALO PROJECT (HEALING, ATTACHMENT, LOVING, OUTREACH) FOR TEENS	10,000
SANAR WELLNESS INSTITUTE PO BOX 32353	NONE	PC	BUILDING HEALING RELATIONSHIPS WITH TRAUMA	10,000

ALLENTOWN, PA 18104			OUTREACH) FOR TEENS	
SANAR WELLNESS INSTITUTE PO BOX 32353 NEWARK, NJ 07066	NONE	PC	BUILDING HEALING RELATIONSHIPS WITH TRAUMA SURVIVORS	10,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SCHOLARSHIP FUND FOR INNER-CITY NONE PC AN AFTERNOON OF BLACK 2,000 CHILDREN MUSIC AND ART 171 CLIFTON AVENUE NEWARK NI 07104

NEWAKK, NO O/IOT				
SIERRA HOUSE 134 EVERGREEN PLACE SUITE 103 EAST ORANGE, NJ 070182011	NONE	PC	THE SIERRA HOUSE TRANSITIONAL PROGRAM	15,000
SOCIETY FOR THE PREVENTION OF TEEN SUICIDE INC 110 WEST MAIN STREET	NONE	PC	ACTS: ADOLESCENT CLINICIAN TRAINING FOR SUICIDE PREVENTION	100,000

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949,540

FREEHOLD, NJ 07728

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SOUP KITCHEN 411PO BOX 1698 BETHLEHEM, PA 18016	NONE	PC	FEEDNJ - PERTH AMBOY ONLY	2,500

SPECTRUM FOR LIVING 210 RIVERDALE ROAD SUITE 3 RIVER VALE, NJ 07675	NONE	PC	EDISON GROUP HOME 100 & 300 KITCHEN RENOVATIONS	10,000
STATE THEATRE NEW JERSEY ADMINISTRATIVE OFFICES	NONE	PC	COMMUNITY ACCESS INITIATIVE	25,000

RIVER VALE, NJ 07675			300 KITCHEN RENOVATIONS	
STATE THEATRE NEW JERSEY ADMINISTRATIVE OFFICES 9 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	PC	COMMUNITY ACCESS INITIATIVE	25,000

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STATE THEATRE NEW JERSEY ADMINISTRATIVE OFFICES 9 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	PC	COMMUNITY ACCESS INITIATIVE	25,000

949,540

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
STUDENTS 2 SCIENCE 66 DEFOREST AVENUE EAST HANOVER, NJ 07936	NONE	INSPIRING NEXT GENERATION OF STEM LEADERS	10,000

EAST HANOVER, NJ 07936				
SUMMIT MEDICAL GROUP FOUNDATION 890 MOUNTAIN AVENUE SUITE 305 NEW PROVIDENCE, NJ 07974	NONE	PC	HEALTHY TOMORROWS COMMUNITY OUTREACH	1

SUMMIT MEDICAL GROUP FOUNDATION 890 MOUNTAIN AVENUE SUITE 305 NEW PROVIDENCE, NJ 07974	NONE		HEALTHY TOMORROWS COMMUNITY OUTREACH	15,000
SUSAN G KOMEN NEW JERSEY 2 PRINCESS ROAD SUITE D	NONE	PC	2020 METASTATIC BREAST	5,000

NEW PROVIDENCE, NJ 07974			CONTROLLER CONTROL	
SUSAN G KOMEN NEW JERSEY 2 PRINCESS ROAD SUITE D LAWRENCEVILLE, NJ 08648	NONE	PC	2020 METASTATIC BREAST CANCER CONFERENCE	5,000

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SUSAN G KOMEN NEW JERSEY 2 PRINCESS ROAD SUITE D LAWRENCEVILLE, NJ 08648	NONE	PC	2020 METASTATIC BREAST CANCER CONFERENCE	5,000
Total			▶ 3a	949,540

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
TABLE TO TABLEPO BOX 1051 ENGLEWOOD CLIFFS, NJ 07604	NONE	PC	GENERAL OPERATING SUPPORT	5,000
TEAM WALKER373 COMMUNIPAW AVE	NONE	PC	AFTER SCHOOL PROGRAM (K-3)	3,000

· ·				
TEAM WALKER373 COMMUNIPAW AVE JERSEY CITY, NJ 073043723	NONE	PC	AFTER SCHOOL PROGRAM (K-3)	3,000
THE HOBOKEN SHELTER 300 BLOOMFIELD STREET	NONE	PC	GENERAL OPERATING SUPPORT	5,000

JERSEY CITY, NJ 073043723				
THE HOBOKEN SHELTER 300 BLOOMFIELD STREET HOBOKEN, NJ 07030	NONE	PC	GENERAL OPERATING SUPPORT	5,000

				1
THE HOBOKEN SHELTER 300 BLOOMFIELD STREET HOBOKEN, NJ 07030	NONE	PC	GENERAL OPERATING SUPPORT	5,000

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

recipient

Amount

1 HE NEWARK MUSEUM OF ART 49 WASHINGTON STREET NEWARK, NJ 07102	NONE	PC	EDUCATION ON DIVERSITY AND AMERICAN IDENTITY (DAI) TO FIFTH GRADE STUDENTS IN NEWARK PUBLIC SCHOOLS	10,000
THE RWJ UNIVERSITY HOSPITAL FOUNDATION INC PO BOX 156	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000

FOUNDATION INC PO BOX 156 NEW BRUNSWICK, NJ 08903	NONE	PC .	EQUIPMENT (PPE)	5,000
THE SUMMIT AREA YMCA 99 MORRIS AVENUE SUMMIT, NJ 07901	NONE	PC	LOL CHARITY AUCTION & COMEDY EVENT	1,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC 5,000 TRINITAS HEALTH FOUNDATION PERSONAL PROTECTIVE DO DOV SEO EQUIDMENT (DDE)

ELIZABETH, NJ 07207			EQUIPMENT (PPE)	
TRUE MENTORS INCPO BOX 6264 HOBOKEN, NJ 07030	NONE	PC	TM FRESH PRODUCE WORKSHOPS	2,500
VALLEY YOUTH HOUSE COMMITTEE INC	NONE	PC	RAPID RE-HOUSING PROGRAM	13,000

■ 3a

BETHLEHEM, PA 18017

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VANTAGE HEALTH SYSTEM INC NONE PC MEDICATION ASSISTED OPIOID 10,000 2 PARK AVENUE TREATMENT

DUMONT, NJ 07628				
VETS CHAT INC 2460 LEMOINE AVENUE STAFF 400 FORT LEE, NJ 07024	NONE	PC	THE VETS CHAT AND CHEW PROGRAM CHEF AND PROGRAM SUPPLIES ONLY	2,400
VISITING NURSE ASSOCIATION HEALTH GROUP OF NEW JERSEY 23 MAIN STREET SUITE D1 HOLMDEL, NJ 07733	NONE	PC	GENERAL OPERATING SUPPORT	5,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

V0.07. DEDD 4. 444.051.44.0 4. 54. DAVING	NOVE.			40.000
YMCA UNION COUNTYPO BOX 462 KENILWORTH, NJ 07033	NONE	PC	DOMESTIC VIOLENCE COMMUNITY SUPPORT SERVICES	3,000
PENNSYLVANIA INC 730 WEST UNION STREET ALLENTOWN, PA 18101	NONE	PC	VOLUNTEERS OF AMERICA PA	10,000

KENILWORTH, NJ 07033			COMMUNITY SUPPORT SERVICES	3,000
YOGI BERRA MUSEUM & LEARNING CENTER 8 YOGI BERRA DR LITTLE FALLS, NJ 07424	NONE	PC	DISCOVER GREATNESS ONLINE EDITION	10,000

YOGI BERRA MUSEUM & LEARNING CENTER 8 YOGI BERRA DR	NONE	PC	DISCOVER GREATNESS ONLINE EDITION	10,000
Total			▶ 3a	949.540

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Value 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Foundation status of contribution

Purpose of grant or contribution

Foundation status of recipient recipient

YORK STREET PROJECT89 YORK STREET NONE PC ST. JOSEPH'S HOUSING &	
JERSEY CITY, NJ 07302 SUPPORTIVE SERVICES	15,000

efile GRAPHIC print - DO NOT PR		As Filed Data -		DI	N: 93491133019911		
TY 2020 Accounting Fees Schedule							
Name: THE PROVIDENT BANK FOUNDATION							
EIN: 04-3739441							
1							
Category	Amo	ount Ne	t Investment	Adjusted Net	Disbursements		
			Income	Income	for Charitable		
			!		Purposes		

13,050

26,100

CONDON O'MEARA MCGINTY &

DONNELLY LLP - AUDIT & TAX

SERVICES

TY 2020 Contractor Compensation Explanation Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Contractor **Explanation**

THE PROVIDENT BANK PAID (OR WAS REIMBURSED BY THE FOUNDATION) IN THE AMOUNT OF \$305,886, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:1. \$139,731 -

THE **PROVIDENT**

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

BANK

GEORGE DAILEY, JR., TREAS., SAMANTHA PLOTINO, EXEC. DIR. & JANE KUREK, FMR. EXEC. DIR.

(STMT #7);2. \$80,099 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);3. \$37,741

- FIDUCIARY TRUST FEES (STMT #2); AND4. \$48,315 - ADMINISTRATIVE SERVICES (STMT #2).

DLN: 93491133019911

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491133019911 TY 2020 Explanation of Non-Filing with Attorney General Statement Name: THE PROVIDENT BANK FOUNDATION **EIN:** 04-3739441 Statement: IN ACCORDANCE WITH THE REQUIREMENTS OF THE NEW JERSEY CHARITIES REGISTRATION ACT, THE

Statement: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.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133019911

TY 2020 Investments Corporate Stock Schedule

JPMORGAN ULTRA SHORT

Name: THE PROVIDENT BANK FOUNDATION

ETN: 04-3730441

EIN: U4-3/39441 Investments Corporation Stock Schedule					
Name of Stock	End	of Year Book Value	End of Year Fair Market Value		
PROVIDENT FINANCIAL SVCS INC COM		14,757,733	14,757,733		
ARK INNOVATION		189,847	189,847		
ISHARES CORE S&P SMALL		253,828	253,828		
ISHARES GOLD ETF		196,529	196,529		
ISHARES IBOXX		157,227	157,227		
ISHARES TR IS		310,276	310,276		
PACER BNCHMRK DT		193,733	193,733		
PIMCO ENHNCD SHRT MATRTY		502,649	502,649		
SELECT SECTOR INDUSTRIAL		391,568	391,568		
VANGUARD FTSE DEVELOPED		531,160	531,160		
VANGUARD FTSE EMERGING		122,369	122,369		
VANGUARD TOTAL STOCK MARKET ETF		615,257	615,257		

502,567

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133019911			
TY 2020 Other Decreases Schedule						
Name:						
EIN:	04-3739441					
Description			Amount			

5,261,519

CHANGE IN UNREALIZED VALUE OF INVESTMENTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491133019911		
TY 2020 Other Expenses Schedule						
Name:	THE PROVIDEN	T BANK FOUNDAT	FION			
EIN:	: 04-3739441					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
COMMUNICATIONS	40,675	0	· 	40,675		
OTHER ADMINISTRATIVE SERVICES	13,198	0	· 	13,198		

OTHER

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491133019911	
TY 2020 Other Professional Fees Schedule					
Name: THE PROVIDENT BANK FOUNDATION EIN: 04-3739441					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BLACKBAUD SOFTWARE	18,465	0		18,465	

37,741

41,068

48,315

37,741

ADMINISTRATIVE SERVICES

FIDUCIARY TRUST FEES

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DL	N: 93491133019911		
TY 2020 Taxes Schedule							
	Name:	THE PROVID	ENT BANK FOUND	PATION			
EIN: 04-3739441							
Taxes Schedule							
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXCISE TAX		12,126	0		0		