

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

**For calendar year 2021 or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

Name of foundation <b>THE PROVIDENT BANK FOUNDATION</b>		<b>A Employer identification number</b> 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>B Telephone number</b> (862) 260-3990
City or town, state or province, country, and ZIP or foreign postal code ISELIN, NJ 08830		<b>C</b> If exemption application is pending, check here ... ▶
<b>G</b> Check all that apply: Initial return _____ Final return _____ <input checked="" type="checkbox"/> Address change Initial return of a former public charity _____ Amended return _____ Name change _____		<b>D 1.</b> Foreign organizations, check here ... ▶  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... ▶
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation _____		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... ▶
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 23,867,307.	<b>J</b> Accounting method: Cash _____ Accrual _____ <input checked="" type="checkbox"/> Other (specify) <b>MODIFIED CASH</b>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <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)
<b>1</b> Contributions, gifts, grants, etc., received			N/A	
<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
<b>3</b> Interest on savings and temporary cash investments	83.	83.		
<b>4</b> Dividends and interest from securities	822,096.	822,096.		
<b>5a</b> Gross rents				
<b>b</b> Net rental income or (loss)				
<b>6a</b> Net gain or (loss) from sale of assets not on line 10	334,317.			
<b>b</b> Gross sales price for all assets on line 6a	1,036,295.			
<b>7</b> Capital gain net income (from Part IV, line 2)		334,317.		
<b>8</b> Net short-term capital gain				
<b>9</b> Income modifications				
<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold				
<b>c</b> Gross profit or (loss)				
<b>11</b> Other income				
<b>12 Total.</b> Add lines 1 through 11	1,156,496.	1,156,496.		
<b>13</b> Compensation of officers, directors, trustees, etc.	123,670.	0.		123,670.
<b>14</b> Other employee salaries and wages	103,940.	0.		103,940.
<b>15</b> Pension plans, employee benefits				
<b>16a</b> Legal fees				
<b>b</b> Accounting fees	26,170.	13,085.		13,085.
<b>c</b> Other professional fees	101,965.	46,256.		72,740.
<b>17</b> Interest				
<b>18</b> Taxes	14,471.	0.		0.
<b>19</b> Depreciation and depletion	6,349.	0.		
<b>20</b> Occupancy				
<b>21</b> Travel, conferences, and meetings				
<b>22</b> Printing and publications				
<b>23</b> Other expenses	56,664.	0.		56,664.
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	433,229.	59,341.		370,099.
<b>25</b> Contributions, gifts, grants paid	1,200,000.			1,200,000.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,633,229.	59,341.		1,570,099.
<b>27</b> Subtract line 26 from line 12:				
<b>a</b> Excess of revenue over expenses and disbursements	-476,733.			
<b>b Net investment income</b> (if negative, enter -0-)		1,097,155.		
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A	

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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	507,620.	177,270.	177,270.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	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	18,465.	35,496.	35,496.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	18,724,743.	23,649,314.	23,649,314.
	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	95,042.	11,576.	5,227.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	19,262,404.	23,867,307.	23,867,307.	
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	19,262,404.	23,867,307.	
	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	19,262,404.	23,867,307.	
30 Total liabilities and net assets/fund balances	19,262,404.	23,867,307.		

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	19,262,404.
2 Enter amount from Part I, line 27a	2	-476,733.
3 Other increases not included in line 2 (itemize) CHANGE IN UNREALIZED VALUE OF INVESTMENTS	3	5,081,636.
4 Add lines 1, 2, and 3	4	23,867,307.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	23,867,307.

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**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.)
<b>1a PUBLICLY TRADED SECURITIES</b>		P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 1,036,295.		701,978.	334,317.	
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			334,317.	
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 ..... }		2 334,317.
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	15,250.
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	15,250.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....		5	15,250.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021 .....	6a 13,000.		
b Exempt foreign organizations - tax withheld at source .....	6b 0.		
c Tax paid with application for extension of time to file (Form 8868) .....	6c 0.		
d Backup withholding erroneously withheld .....	6d 0.		
7 Total credits and payments. Add lines 6a through 6d .....		7	13,000.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b> .....		9	2,250.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....		10	
11 Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

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Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
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 2021 or the tax year beginning in 2021?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of... Telephone no... Located at... ZIP+4...
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year
16 At any time during calendar year 2021, 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?

Table with columns Yes, No and rows 1a through 16. Contains 'X' marks in the Yes/No columns for various items.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with columns for question ID, Yes, and No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, and 4b.

Form 990-PF (2021)

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		123,670.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
VANESSA VALENCIA - 250 MADISON AVENUE, MORRISTOWN, NJ 07960	FOUNDATION ASSOCIATE	69,658.	2,232.	0.

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE PROVIDENT BANK PO BOX 1001, ISELIN, NJ 08830	SEE STATEMENT #8	303,110.

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.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	22,391,722.
b	Average of monthly cash balances .....	1b	261,425.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	22,653,147.
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	22,653,147.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	339,797.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	22,313,350.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	1,115,668.

**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	1,115,668.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	15,250.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	15,250.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	1,100,418.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	1,100,418.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	1,100,418.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,570,099.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	1,570,099.

Form 990-PF (2021)

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**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				1,100,418.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	183,285.			
b From 2017	79,686.			
c From 2018	210,296.			
d From 2019	499,827.			
e From 2020	452,993.			
f Total of lines 3a through e	1,426,087.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	1,570,099.			
a Applied to 2020, 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 2021 distributable amount				1,100,418.
e Remaining amount distributed out of corpus	469,681.			
5 Excess distributions carryover applied to 2021 (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	1,895,768.			
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	183,285.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	1,712,483.			
10 Analysis of line 9:				
a Excess from 2017	79,686.			
b Excess from 2018	210,296.			
c Excess from 2019	499,827.			
d Excess from 2020	452,993.			
e Excess from 2021	469,681.			

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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 2021, 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) 2021, (b) 2020, (c) 2019, (d) 2018, (e) Total. Rows include: 2 a Enter the lesser of the adjusted net income...; 2 b 85% (0.85) of line 2a; 2 c Qualifying distributions from Part XI...; 2 d Amounts included in line 2c not used directly for active conduct of exempt activities; 2 e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon; 3 a "Assets" alternative test - enter: (1) Value of all assets; (2) Value of assets qualifying under section 4942(j)(3)(B)(i); 3 b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed; 3 c "Support" alternative test - enter: (1) Total support other than gross investment income; (2) Support from general public and 5 or more exempt organizations; (3) Largest amount of support from an exempt organization; (4) Gross investment income.

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

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 9

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

c Any submission deadlines:

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



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

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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)				
<b>a Paid during the year</b>				
200 CLUB OF MIDDLESEX COUNTY P.O. BOX 387 WOODBIDGE, NJ 07095	NONE	PC	2021 SILVER MEMBERSHIP (SHARED WITH PROVIDENT BANK)	5,000.
4 LITTLE SOULS AND FRIENDS INC. P.O. BOX 231 CREAM RIDGE, NJ 08514	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
ALLEGRO SCHOOL INC. 125 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927	NONE	PC	TECHNOLOGY TOOLS ENHANCING ABA THERAPY AND EDUCATION INITIATIVE (PRE-K THRU 5TH GRADE)	12,000.
ALTERNATIVES, INC. 600 FIRST AVENUE RARITAN, NJ 08869	NONE	PC	ALTERNATIVES COMMUNITY OUTREACH SERVICES (COS)	5,000.
ALZHEIMER'S NEW JERSEY INC. 425 EAGLE ROCK AVENUE SUITE 203 ROSELAND, NJ 07068	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
<b>Total</b>	SEE CONTINUATION SHEET(S) ▶ <b>3a</b>			<b>1,200,000.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

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Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, and Subtotal.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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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	26,170.	13,085.		13,085.
TO FORM 990-PF, PG 1, LN 16B	26,170.	13,085.		13,085.

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
BLACKBAUD SOFTWARE	18,465.	0.		0.
ADMINISTRATIVE SERVICES	43,816.	6,572.		72,740.
FIDUCIARY TRUST FEES	39,684.	39,684.		0.
TO FORM 990-PF, PG 1, LN 16C	101,965.	46,256.		72,740.

FORM 990-PF

TAXES

STATEMENT 3

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

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FORM 990-PF

OTHER EXPENSES

STATEMENT 4

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

FORM 990-PF

CORPORATE STOCK

STATEMENT 5

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

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 1.75	0.	0.	0.
JOHN KUNTZ 250 MADISON AVENUE MORRISTOWN, NJ 07960	SECRETARY 1.75	0.	0.	0.
CARMINE TORRECUSO 250 MADISON AVENUE MORRISTOWN, NJ 07960	TREASURER 5.00	0.	0.	0.
SAMANTHA PLOTINO (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	EXECUTIVE DIRECTOR 37.50	101,093.	0.	0.
KAREN MCMULLEN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	0.
JEFFRIES SHEIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	0.
GEORGE DAILEY, JR. (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	FORMER TREASURER 5.00	14,577.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		123,670.	0.	0.

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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 \$303,110, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:

1. \$115,670 - GEORGE DAILEY, JR., FORMER TREAS., & SAMANTHA PLOTINO, EXEC. DIR.
2. \$103,940 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);
3. \$39,684 - FIDUCIARY TRUST FEES (STMT #2); AND
4. \$43,816 - ADMINISTRATIVE SERVICES (STMT #2).

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**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.

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**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	AMERICA'S GROW-A-ROW 150 PITTSSTOWN ROAD PITTSSTOWN, NJ 08867	NONE	PC	2022 FRESH PRODUCE INITIATIVE	25,000.
	ANNIE SILVERMAN COMMUNITY HEALTH CLINIC 515 WEST STATE STREET DOYLESTOWN, PA 18901	NONE	PC	CULTURALLY RESPONSIVE PATIENT NAVIGATOR INITIATIVE	15,000.
	ARAB-AMERICAN FAMILY SUPPORT CENTER INC. 150 COURT STREET 3RD FLOOR BROOKLYN, NY 11201	NONE	PC	THE ARAB-AMERICAN FAMILY SUPPORT CENTERS YOUNG ADULT & YOUTH PROGRAM	15,000.
	BUILDING WORLD CHANGERS 300 ROSPECT AVENUE DUNELLEN, NJ 08812	NONE	PC	GENERAL OPERATING SUPPORT	2,000.
	BERGEN VOLUNTEER MEDICAL INITIATIVE, INC. 75 BERGEN STREET SUITE 100 HACKENSACK, NJ 07601	NONE	PC	TELEHEALTH AND CASE MANAGEMENT PROGRAM	20,000.
	BESSIE GREEN COMMUNITY INC. 514 BROAD STREET NEWARK, NJ 07102	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
	BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY 305 BOND STREET 2ND FLOOR ASBURY PARK, NJ 07712	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
<b>Total from continuation sheets</b>					<b>1,172,000.</b>

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	BIG BROTHERS BIG SISTERS OF ESSEX, HUDSON & UNION COUNTIES 500 BROAD ST, 2ND FL NEWARK NJ 07040	NONE	PC	PATHWAYS TO SUCCESS THROUGH THE POWER OF MENTORING	12,500.
	3400 WATH PIKE SUITE 110 BETHLEHEM, PA 18017	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
	CANCER CARE INC. 1 WILMESA WAY SUITE 205 PARANJS, NJ 07652	NONE	PC	CANCER CARE FINANCIAL ASSISTANCE PROGRAM FOR CANCER PATIENTS	3,000.
	CASH HAW 100 MAIN STREET BLDG D1 LEBANON, NJ 08833	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	CENTER FOR FAMILY SERVICES INC. 58 HENSON STREET CAMDEN, NJ 08103	NONE	PC	SUPERVISED VISITATION PROJECT	3,500.
	CENTER FOR GREAT EXPECTATIONS 15 BELLWOOD LANE SOMERSET, NJ 08873	NONE	PC	RESIDENTIAL PROGRAM FOR ADULT WOMEN & CHILDREN	15,000.
	CENTER FOR HUMANISTIC CHANGE, INC. 555 UNION BLVD. ALLENTOWN, PA 18109	NONE	PC	PROJECT SUCCESS/CROSSROADS MENTORING PROGRAM	12,500.
<b>Total from continuation sheets</b>					

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	CENTER FOR NON-PROFITS 3635 QUAKERBRIDGE ROAD SUITE 35 MERCERVILLE, NJ 08619	NONE	PC	NAVIGATING TOUGH TIMES WEBINAR SERIES AND 2021 NJ NON-PROFIT CONFERENCE	10,000.
	CLEAR MIND N CLEAR FOUNDATION 200 CASINO DRIVE FARMINGDALE, NJ 07727	NONE	PC	WORK IT! EXERCISING OUR WAY TO RECOVERY	2,000.
	CARE CARE RESOURCES OF MONMOUTH COUNTY 100 300 ROUTE 66 NEPTUNE, NJ 07754	NONE	PC	DIAPER BANK GENERAL OPERATING SUPPORT	3,500.
	CAMPBEN ON THE GREEN 500 NORTH PARK PLACE MORRISTOWN, NJ 07960	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
	CLARA MAASS FOUNDATION 100 CLARA MAASS DRIVE BELLERILLE, NJ 07109	NONE	PC	MRI SUITE	20,000.
	COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY 1307 W. FIFTH STREET BETHLEHEM, PA 18015	NONE	PC	SIXTH STREET SHELTER	25,000.
	COMMUNITY HOPE, INC. 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
<b>Total from continuation sheets</b>					

**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
CONNECTED CHEF FOUNDATION INC. 36-09 ASTORIA BOULEVARD NORTH APT. 3 ASTORIA NY 11103	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
COUNTY OF OCEAN & MONMOUTH COUNTIES P.O. BOX 1121 TREASURER, NJ 08754	NONE	PC	GENERAL OPERATING SUPPORT	4,000.
COUNCIL OF NEW JERSEY GRANTMAKERS 1371 LLDEN AVENUE; SUITE 238 EWING, NJ 08618	NONE	PC	RACIAL EQUITY TASKFORCE	10,000.
COURT APPOINTED SPECIAL ADVOCATES OF MORRIS AND SUSSEX COUNTIES, INC. 100 STANTANO AVENUE MORRISTOWN, NJ 07960	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
COURT APPOINTED SPECIAL ADVOCATES OF UNION COUNTY 1100 EAST JERSEY STREET ELIZABETH, NJ 07201	NONE	PC	PARENTAL SUBSTANCE USE: A UNION COUNTY CRISIS	5,000.
CUMAC P.O. BOX 2721 PATERSON, NJ 07509	NONE	PC	TRAUMA-INFORMED COMMUNITY BUILDING PROJECT	15,000.
DIABETES FOUNDATION INC. 411 HACKENSACK AVENUE 7TH FL HACKENSACK, NJ 07601-6328	NONE	PC	HISPANIC/LATINX COMMUNITY ENGAGEMENT INITIATIVE	15,000.
<b>Total from continuation sheets</b>				

**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
DOMESTIC ABUSE & SEXUAL ASSAULT INTERVENTION SERVICES P.O. BOX 805 NEWTON NJ 07860	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
DOMESTIC ABUSE AND SEXUAL ASSAULT CRISIS CENTER 200 BROAD STREET WASHINGTON, NJ 07882	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
DUMON SYNDROME ASSOCIATION OF CENTRAL NEW JERSEY INC. 200 HATCH ROAD SUITE H EWING, NJ 08628	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
EAST BRUNSWICK EDUCATION FOUNDATION INC. 700 ROUTE 18 EAST BRUNSWICK, NJ 08816	NONE	PC	CURRICULUM SUPPORT FOR TEACHERS	2,500.
EL PRIMER PASO 295 CUR STREET DAVER NJ 07801-3440	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
EMBRACE KIDS FOUNDATION 122 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	PC	EMBRACE KIDS LEARNING CENTER AND BEYOND	3,500.
EVA 'S VILLAGE 393 MAIN STREET PATERSON, NJ 07501	NONE	PC	THE COMMUNITY KITCHEN	15,000.
<b>Total from continuation sheets</b>				

**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
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWOOD, NJ 07450	NONE	PC	HOUSING STABILIZATION AND SUPPORT FOR WORKING FAMILIES	15,000.
FAMILY PROMISE OF HUNTERDON COUNTY INC. 8 MAPLES CORNER ROAD SUITE 11 FLEMINGTON, NJ 08822	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
FAMILY PROMISE OF MORRIS COUNTY P.O. BOX 1494 MORRISTOWN, NJ 07962	NONE	PC	OUTREACH PROGRAM- HOUSING AS HEALTH CARE INITIATIVE	15,000.
FAMILY PROMISE, INC. 7 SUMMIT AVENUE SUMMIT, NJ 07901	NONE	PC	FAMILY PROMISE UNION COUNTY MENTAL HEALTH AND WELLNESS INITIATIVE	15,000.
FLEMINGTON FOOD PANTRY P.O. BOX 783 FLEMINGTON, NJ 08822	NONE	PC	NUTRITION AND HEALTH PROGRAM	5,000.
FORWARD EVER SUSTAINABLE BUSINESS ALLIANCE P.O. BOX 9712 NEWARK, NJ 07104	NONE	PC	LOCALIGHT	2,500.
FOUNDATION FOR MORRISTOWN MEDICAL CENTER INC. 475 SOUTH STREET 1ST FL MORRISTOWN, NJ 07960	NONE	PC	SITE-RITE ULTRASOUND SYSTEM FOR GORYEB CHILDREN'S HOSPITAL	25,000.
<b>Total from continuation sheets</b>				

123641 11-18-21

**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
FUND TO BENEFIT CHILDREN AND YOUTH INC. 904 WEST HIGHLAND STREET WHITEHALL, PA 18052	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
GROWING STREET PLAYHOUSE 9 WILKINGSTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	PC	CREATIVE DRAMATICS SOCIAL EMOTIONAL RESIDENCY FOR IRVING PRIMARY SCHOOL K AND 1ST GRADE	3,000.
GREGGIAN COURT UNIVERSITY 900 LAKEWOOD AVENUE LAKEWOOD, NJ 08701-2697	NONE	PC	VENTRILOPHONE SIMULATION STETHOSCOPES FOR CLINICAL NURSING EDUCATION	15,000.
GARDNER SOMERSET COUNTY YMCA 100 MOUNT AIRY ROAD BASKING RIDGE, NJ 07920	NONE	PC	SCHOOL AGE CHILD CARE AND SUMMER CAMPS	12,500.
GROW UP GREEN MORRISTOWN 1400 APPLE AVENUE SUITE 300 MORRISTOWN, NJ 07960	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
HANDICAPPED HIGH RIDERS CLUB 143 ROUTE 526 ALLENTOWN, NJ 08501	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
HOMESHARING 120 FINDERNE AVENUE BRIDGEWATER, NJ 08807	NONE	PC	SHARED AFFORDABLE HOUSING	3,500.
<b>Total from continuation sheets</b>				

**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 HEALTHCARE FOUNDATION INC. 9100 WESCOTT DRIVE FLEMINGTON, NJ 08822	NONE	PC	TRANSPORTATION ACCESS	15,000.
HUNTERDON HELPLINE P.O. BOX 246 FLEMINGTON, NJ 08822	NONE	PC	SENIOR AND DISABILITY SERVICES	15,000.
INTERFAITH HOSPITALITY NETWORK OF OCEAN COUNTY 407 LEXINGTON AVENUE TOMS RIVER, NJ 08753	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
INTERFOUND COMMUNITY CORPORATION 300 M STREET NEWARK, NJ 07105	NONE	PC	FINANCIAL OPPORTUNITY CENTER	15,000.
ILES, INC. 10 WOOD STREET TRENTON, NJ 08618	NONE	PC	URBAN AGRICULTURE WORK	15,000.
JERSEY CARES INC. 230 WEST MT PLEASANT AVENUE SUITE 1320 LIVINGSTON, NJ 07039	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
JERSEY CITY FIRE FOUNDATION 116 MALLORY AVENUE JERSEY CITY, NJ 07304	NONE	PC	INFLATABLE RESCUE BOAT	2,000.
<b>Total from continuation sheets</b>				

123641 11-18-21

**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 COMMUNITY HOUSING CORPORATION 760 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	PC	GENERAL OPERATING SUPPORT	3,000.
JEWISH FAMILY & CHILDREN'S SERVICES OF MIDDLESEX COUNTY 1185 PEANECK ROAD TEANECK, NJ 07666	NONE	PC	GENERAL OPERATING SUPPORT	3,000.
JEWISH FAMILY SERVICE OF SOMERSET, HUNTERDON & WARREN COUNTIES 1100 WEST HIGH STREET SOMERSET, NJ 08876	NONE	PC	SENIOR SERVICE CARE MANAGEMENT AND COUNSELING PROGRAM	3,000.
JEWISH FAMILY SERVICES OF MIDDLESEX COUNTY 200 LACKHORSE LANE NORTH BRUNSWICK, NJ 08902	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
JEWISH FOUNDATION 800 JAMES STREET EDISON, NJ 08820	NONE	PC	PLAINFIELD HEALTH CONNECTIONS - VIRTUAL NUTRITION AND WELLNESS	12,500.
JOI'S ANGELS 111 SOUTH ARLINGTON AVENUE EAST ORANGE, NJ 07018	NONE	PC	GENERAL OPERATING SUPPORT	2,000.
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	PC	PROFESSIONAL DEVELOPMENT FOR EDUCATORS TO EMPOWER STUDENTS THROUGH FINANCIAL LITERACY EDUCATION AND REMOTE LEARNING RESOURCES	12,500.
<b>Total from continuation sheets</b>				

123641 11-18-21

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	KIDSPACE NATIONAL CENTERS FOR KIDS IN CRISIS INC. 4085 INDEPENDENCE DRIVE SCHNECKVILLE, PA 18078	NONE	PC	KIDS PEACE ADOPTION PREPARATION FOR FOSTER CHILDREN & FAMILIES	2,500.
	KIDSPAN CORPORATION P.O. BOX 267 ROCKY HILL, NJ 08553	NONE	PC	HIGHWAY TO HOPE	5,000.
	KITCHEN CONNECTION INC. 1801 BERGENLINE AVENUE UNION CITY, NJ 07087	NONE	PC	A TASTE OF THE WORLD: CULTURAL AWARENESS THROUGH CULINARY EDUCATION IN UNION CITY	3,000.
	LADY AID SOCIETY OF MONMOUTH COUNTY P.O. BOX 2006 OCEAN, NJ 07712	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
	LEUKEMIA & LYMPHOMA SOCIETY INC. 14 SUMMERCE DRIVE SUITE 301 CLANFORD, NJ 07016	NONE	PC	CHILDREN'S INITIATIVE AND LOCAL TRAVEL ASSISTANCE	12,500.
	LITERACY VOLUNTEERS OF MORRIS COUNTY 1000 M STREET MORRISTOWN, NJ 07960	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
	LITERACY VOLUNTEERS OF SOMERSET COUNTY 120 FINDERNE AVENUE - BOX 7 BRIDGEWATER, NJ 08807	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
<b>Total from continuation sheets</b>					

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	LIVENGRIN FOUNDATION INC. 4833 HULMEVILLE ROAD BENSALTE, PA 19020-3023	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	LIQUOR BREAK 124 PMS. JAMES PARKER BLVD. RED BANK, NJ 07701	NONE	PC	CLIENT CHOICE PANTRY	15,000.
	MOM'S ON WHEELS OF MERCER COUNTY INC. 300 HOLLOWBROOK ROAD EWING, NJ 08638	NONE	PC	SUBSIDIZED MEAL PROGRAM	5,000.
	MONMOUTH HEALTH ASSOCIATION OF MONMOUTH COUNTY 106 APPLE STREET SUITE 110 TINTON FALLS, NJ 07724	NONE	PC	RED BANK RESOURCE NETWORK	5,000.
	MERCY CENTER 1100 MAIN STREET AUBURN PARK, NJ 07712	NONE	PC	MERCY CENTER'S EMERGENCY SERVICES	3,500.
	MOMS HELPING MOMS FOUNDATION 224 STIRLING ROAD SUITE E WARREN, NJ 07059	NONE	PC	HEALTHY START FOR BABIES	3,500.
	MONTCLAIR NEIGHBORHOOD DEVELOPMENT CORP 228 BLOOMFIELD AVENUE MONTCLAIR, NJ 07942	NONE	PC	CAREER DEVELOPMENT INSTITUTE (CDI) EXPANSION BLOOMFIELD & BELLEVILLE/GENERAL OPERATING SUPPORT	2,500.
<b>Total from continuation sheets</b>					

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	MOVE FOR HUNGER 4 HENDRICKSON AVENUE SUITE 4 RED BANK, NJ 07701	NONE	PC	INCREASING ACCESS TO NUTRITIOUS FOOD WHILE FIGHTING FOOD WASTE	25,000.
	NAAM MERCER NJ INC. 1225 WHITEHORSE MERCERVILLE ROAD, BUILDING C SUITE 303 HAMILTON, NJ 08619	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	NATIONAL COUNCIL OF JEWISH WOMEN, ESSEX COUNTY SECTION 700 ORANGE AVE. SUITE 120 LIVESTON, NJ 07039	NONE	PC	THE NCJW/ESSEX LINDA AND RUDY SLUCKER CENTER FOR WOMEN CAREER SERVICES	15,000.
	NEW BETHANY MINISTRIES 300 WEST 4TH STREET BETHLEHEM, PA 18015	NONE	PC	CHOICE FOOD PANTRY	15,000.
	NEW CITY KIDS 246 WILMOUNT AVE JERSEY CITY, NJ 07306	NONE	PC	GREENVILLE YOUTH PROGRAMMING INITIATIVE	12,500.
	NEW JERSEY CHAMBER OF COMMERCE FOUNDATION 211 WEST STATE STREET THIRD FLOOR TRENTON, NJ 08608	NONE	PC	JOBS FOR AMERICA 'S GRADUATES - NEW JERSEY (JAG NJ)	5,000.
	NEW JERSEY COALITION AGAINST HUMAN TRAFFICKING INC. 30 CHATHAM ROAD #711 SHORT HILLS, NJ 07078	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
<b>Total from continuation sheets</b>					

**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
NEW JERSEY COMMUNITY DEVELOPMENT CORPORATION P.O. BOX 6976 PATERSO NJ 07509	NONE	PC	MAKE THE GRADE ACADEMY AT CLIFTON HIGH SCHOOL	15,000.
NORTH BETH ISRAEL MEDICAL CENTER 241 LIONS AVENUE NEWARK, NJ 07112	NONE	PC	FARM TO FAMILY PROGRAM	15,000.
NEW JERSEY 1400 G DRIVE SUITE 201 CEDAR KNOLLS, NJ 07927	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
NEW JERSEY 500 ROAD STREET SUITE 700 NEWARK, NJ 07102	NONE	PC	STEM PROGRAM FOR LOW-INCOME AND FIRST-GENERATION MIDDLE SCHOOL STUDENTS	15,000.
NONPROFITCONNECT INC. 125 ROCKTON STREET PATNCOTON, NJ 08540	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
NORTHAMPTON COMMUNITY COLLEGE FOUNDATION 3000 GREEN POND ROAD BETHLEHEM, PA 18020	NONE	PC	HIGH PRIORITY OCCUPATION STUDENT RECRUITMENT VIDEOS	12,500.
NORWESCAP, INC. 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	NONE	PC	ENGAGEMENT PARTNERS - CONNECTING FAMILIES TO COMPREHENSIVE SERVICES	15,000.
<b>Total from continuation sheets</b>				

123641 11-18-21

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	OCEAN COUNTY YMCA INC. 1088 WEST WHITTY ROAD TOMS RIVER, NJ 08755	NONE	PC	YKIDS BEFORE/AFTER SCHOOL PROGRAM	5,000.
	OCEAN COUNTY HARBOR HOUSE INC. 800 CONIFER STREET TOMS RIVER, NJ 08753	NONE	PC	YOUTH SUPPORT PROGRAMS	20,000.
	OPERATION WARM INC. 5000 LINDLE BANK BOULEVARD GLENN HILLS, PA 19342	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	PAI KIDS 200 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	NONE	PC	CHILD ASSAULT PREVENTION AND CRISIS INTERVENTION	15,000.
	PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) 4800 LINDLE ROAD HARRISBURG, PA 17111	NONE	PC	COHORT LEARNING: NEW VOICES CREATING EQUITABLE POLICIES IN NONPROFIT MANAGEMENT	10,000.
	PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE 3000 VARTAN WAY SUITE 101 HARRISBURG, PA 17110	NONE	PC	DOMESTIC VIOLENCE RAPID REHOUSING AND SURVIVOR RESILIENCE (IN PARTNERSHIP WITH TURNING POINT OF LEHIGH VALLEY)	20,000.
	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY, INC. 238 MULBERRY STREET NEWARK, NJ 07102	NONE	PC	WOMEN'S EMPOWERMENT EDUCATION & SERVICES (IN PARTNERSHIP WITH JERSEY CITY WOMEN INFANTS CHILDREN)	15,000.
<b>Total from continuation sheets</b>					

**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
PLATINUM MINDS INC. 95 WEST MAIN STREET SUITE 5-166 CHESTER NJ 07930	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
PROVIDENTIAL INC. 100 PLEASANT RUN SUITE 100 NEWTON, PA 18940	NONE	PC	HELP END THE WAITLIST FOR AUTISM SERVICES	15,000.
PROVIDENT SCHOOL ADVANTAGE, INC. 200 WINDSLEY DRIVE SUITE 307 MORRISTOWN, NJ 07960	NONE	PC	ACCESS TO HIGH QUALITY EARLY EDUCATION FOR CHILDREN IN NEED	5,000.
PRINCETON NURSERY SCHOOL INC. 70 HUGH AVENUE PRINCETON, NJ 08542	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
PRO BONO PARTNERSHIP INC. 370 ROUTE 46, SUITE 211 PARLIN, NJ 07054	NONE	PC	LEGAL SERVICES FOR NEW JERSEY NONPROFITS	15,000.
PROJECT LITERACY OF GREATER BERGEN COUNTY INC. 500 MAIN STREET HACKENSACK, NJ 07601	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
PROJECT SELF-SUFFICIENCY OF SUSSEX COUNTY INC. 127 MILL STREET NEWTON, NJ 07860	NONE	PC	CENTRAL INTAKE AND THE FOOD PROJECT: NOURISHING OUR NEIGHBORS	20,000.
<b>Total from continuation sheets</b>				

123641 11-18-21

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT, INC. 100 FIRST STREET PERTH AMBOY, NJ 08861	NONE	PC	MI ESCUELITA PRESCHOOL EARLY CHILDHOOD CENTER	20,000.
	READING HANDS TUTORING 312 MONTGOMERY STREET HIGHLAND PARK, NJ 08904	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	RARITAN VALLEY REGIONAL EMERGENCY MEDICAL SERVICES 1478 AMBOY AVENUE EDISON, NJ 08837	NONE	PC	RARITAN VALLEY REGIONAL EMERGENCY MEDICAL SERVICES INITIATIVE FOR NEW AUTOMATED STRETCHER	2,000.
	REDEEM-HER PO BOX 412 LITTLE SILVER, NJ 07739	NONE	PC	REDEEM-HER COMMUNITY GARDEN	2,500.
	REED FOUNDATION FOR AUTISM 25 WASH ROAD OAKLAND, NJ 07436	NONE	PC	GREENS DO GOOD: EXPANDING WORKFORCE DEVELOPMENT OPPORTUNITIES FOR TEENS AND YOUNG ADULTS WITH AUTISM	15,000.
	RESCUING LEFTOVER CUISINE 23 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	PC	THE FOOD RESCUE EXPANSION PROGRAM	20,000.
	RIPPLE COMMUNITY INC. 1335 W. LINDEN STREET ALLENTOWN, PA 18102	NONE	PC	GENERAL OPERATING SUPPORT	3,500.

**Total from continuation sheets** .....

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	ROLLING HARVEST FOOD RESCUE 3920 RIVER ROAD LUMBERTON, PA 18933	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
	ROCK & WINGS NJ 75 BLOOMFIELD AVENUE SUITE 303 DELAWARE, NJ 07834	NONE	PC	UNION COUNTY RISE (RESIDENTIAL INDEPENDENCE SELF-SUFFICIENCY AND EDUCATION) PROGRAM	12,500.
	ROSELLE OUTREACH COMMUNITY CORPORATION 340 DEWILLE AVENUE NEWARK, NJ 07107	NONE	PC	LITERACY FOR LIFE	3,000.
	SENIOR ADULTS FOR GREATER EDUCATION INC. 100 NORTH CHANCELLOR STREET NEWTOWN, PA 18940	NONE	PC	PLANNING FOR S.A.G.E.S LONG-TERM SUSTAINABILITY	2,500.
	SENIOR CITIZENS ACTIVITIES NETWORK INC. MONTGOMERY MALL 180 HIGHWAY 35 SOUTH EATONTOWN, NJ 07724	NONE	PC	GENERAL OPERATING SUPPORT	3,000.
	SHORE HOUSE 200 BROADWAY LONG BRANCH, NJ 07740	NONE	PC	SHORE HOUSE: NEW JERSEYS 1ST CLUBHOUSE FOR ADULTS LIVING WITH SEVERE MENTAL ILLNESS	15,000.
	SIGHTS FOR HOPE 845 W WYOMING STREET ALLENTOWN, PA 18103	NONE	PC	GUIDED TRANSPORTATION FOR PEOPLE WITH SEVERE VISION LOSS	3,500.
<b>Total from continuation sheets</b>					

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	SPECTRUM360 414 EAGLE ROCK AVENUE, SUITE 200B WEST ORANGE, NJ 07052	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
	SPECTRUM360 SPENCER'S ORPHANAGE, INC. 100 DIAMOND SPRING ROAD DELAWARE, NJ 07834	NONE	PC	GENERAL OPERATING SUPPORT	3,000.
	THE PROVIDENT BANK FOUNDATION 651 ROUTE 46 WEST, SUITE 240 HASPENUCK HEIGHTS, NJ 07604	NONE	PC	COMMUNITY FRESH FOOD RESCUE PROGRAM	15,000.
	THE PROVIDENT BANK FOUNDATION 3448 WHEATBUSH ST. ALLENTOWN, PA 18103	NONE	PC	GENERAL OPERATING SUPPORT	3,000.
	THE PROVIDENT BANK FOUNDATION 100 WILSON AVENUE PKWY SUITE 300 ROSELAND, NJ 07068	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
	THE PROVIDENT BANK FOUNDATION 530 SOUTH YORK ROAD HATBORO, PA 19040	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
	TOUCHSTONE THEATRE 321 EAST FOURTH STREET BETHLEHEM, PA 18015	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
<b>Total from continuation sheets</b>					

**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
TOWN CLOCK COMMUNITY DEVELOPMENT CORPORATION INC. 11 BAYARD STREET #301 NEW BRUNSWICK, NJ 08901	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
THE LIGHT WISH FOUNDATION P.O. BOX 1042 DOYLESTOWN, PA 18901	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
UNION WAY OF GREATER MERCER COUNTY, INC. 300 RUNSWICK PIKE, SUITE 230 CROSSROADS CORPORATE CENTER LAWRENCEVILLE, NJ 08648	NONE	PC	UJWMC DRIVING ECONOMIC BENEFIT TO MERCER COUNTY	4,500.
UNION HEALTHCARE INITIATIVE PROGRAM INC. 500 PARK AVENUE EAST ORANGE, NJ 07017	NONE	PC	GENERAL OPERATING SUPPORT (IT AND VIDEO CONSULTANTS)	3,000.
VIEWS CHART INC. 2400 ELMOINE AVENUE, SUITE 400 FORT LEE, NJ 07024	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
VISION TO LEARN 100 JEFFERSON STREET #196 NEWARK, NJ 07105	NONE	PC	FREE VISION SCREENINGS, EYE EXAMS AND NEW PRESCRIPTION GLASSES FOR STUDENTS IN NEED IN THE JERSEY CITY PUBLIC SCHOOLS	15,000.
VISITING NURSE ASSOCIATION OF CENTRAL JERSEY COMMUNITY HEALTH CENTER, INC. 806 5TH AVENUE ASBURY PARK, NJ 07712	NONE	PC	CENTERING PREGNANCY IN WESTERN MONMOUTH COUNTY	15,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	VOLUNTEER CENTER OF THE LEHIGH VALLEY 25 W. THIRD STREET BETHLEHEM, PA 18015	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	VOLUNTEER GUARDIANSHIP ONE-ON-ONE 100 ROUTE 31 FLEMINGTON, NJ 08822	NONE	PC	GENERAL OPERATING SUPPORT	2,000.
	WINDYCK VOLUNTEER AMBULANCE CORP INC. PO BOX 244 WALDENCK, NJ 07463	NONE	PC	OXYGEN CYLINDER PURCHASE PROJECT	1,000.
	WALDZAVY'S AUTISTIC KIDS CAN DO INC. 1000 PARK AVENUE, SUITE 2 PLAINFIELD, NJ 07060	NONE	PC	STEM EDUCATION	3,000.
	WARREN COUNTY HABITAT FOR HUMANITY 3122 DIVIDERE AVE. WASHINGTON, NJ 07882	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
	WOMEN'S CENTER FOR ENTREPRENEURSHIP CORPORATION 515 MAIN ST. CHATHAM, NJ 07928	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
	WOMEN'S RIGHTS INFORMATION CENTER 108 WEST PALISADE AVENUE ENGLEWOOD, NJ 07631	NONE	PC	GENERAL OPERATING SUPPORT	3,500.
<b>Total from continuation sheets</b>					

**Part XIV Supplementary Information** (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	YMCA OF GREATER MONMOUTH COUNTY 170 PATTERSON AVENUE SHREWSBURY, NJ 07701	NONE	PC	GENERAL OPERATING SUPPORT	2,500.
	YOUTH STREET PROJECT 83 YORK STREET JERSEY CITY, NJ 07302	NONE	PC	ST. JOSEPHS HOUSING & SUPPORTIVE SERVICES	20,000.
	YOUTH CONSULTATION SERVICE, INC. 200 WEST SALEM STREET, 3RD FL BRACKENSBACK, NJ 07601	NONE	PC	YCS HELEN MAY STRAUSS CLINICS MENTAL HEALTH OUTPATIENT CLINICS	15,000.
<b>Total from continuation sheets</b>					

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# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. FORM 990-PF

**2021**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>THE PROVIDENT BANK FOUNDATION</b>	Employer identification number <b>04-3739441</b>
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**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.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	15,250.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	15,250.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> 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 .....		<b>4</b>	13,471.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	13,471.

**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.

<b>Part III Figuring the Underpayment</b>	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	05/15/21	06/15/21	09/15/21	12/15/21
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	3,368.	820.	3,054.	5,306.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11	4,000.	500.	4,000.	4,500.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12		632.	312.	1,258.
13 Add lines 11 and 12 .....	13		1,132.	4,312.	5,758.
14 Add amounts on lines 16 and 17 of the preceding column .....	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	4,000.	1,132.	4,312.	5,758.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18	632.	312.	1,258.	

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



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ .....	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ .....	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ .....	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ .....	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> 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 .....	<b>38</b>	\$		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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

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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 (1a-1c, 2, 3a-3c, 4-6, 7-9c, 10, 11a-11c, 12-13, 14-17, 18, 19) and calculations for tax after credits.

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**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 .....	189,620.	200,867.	405,215.	752,288.
22	Annualization amounts (see instructions) .....	6.000000	3.000000	1.714290	1.200000
23a	Annualized taxable income. Multiply line 21 by line 22 ..	1,137,720.	602,601.	694,656.	902,746.
b	Extraordinary items (see instructions) .....				
c	Add lines 23a and 23b .....	1,137,720.	602,601.	694,656.	902,746.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return .....	15,814.	8,376.	9,656.	12,548.
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 .....	15,814.	8,376.	9,656.	12,548.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	15,814.	8,376.	9,656.	12,548.
30	Applicable percentage .....	25%	50%	75%	100%
31	Multiply line 29 by line 30 .....	3,954.	4,188.	7,242.	12,548.

**Part III** Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
<b>Note:</b> 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 <b>smaller</b> of the amounts in each column from line 19 or line 31 .....	3,954.	4,188.	7,242.	12,548.
33	Add the amounts in all preceding columns of line 38. See instructions .....		3,368.	4,188.	7,242.
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- ..	3,954.	820.	3,054.	5,306.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....	3,368.	4,257.	3,813.	3,812.
36	Subtract line 38 of the preceding column from line 37 of the preceding column .....			3,437.	4,196.
37	Add lines 35 and 36 .....	3,368.	4,257.	7,250.	8,008.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	3,368.	820.	3,054.	5,306.

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