Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.



For cal	endar year 2019 or tax year beginning		, and ending		
Name	of foundation			A Employer identification	number
THE	PROVIDENT BANK FOUNDATION			04-3739441	
Number	and street (or P.O. box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
250	MADISON AVENUE			(732) 590-9350	
City or	town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is pe	ending, check here
MORE	RISTOWN, NJ 07960				
G Che	ck all that apply: Initial return		ormer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return		2 Foreign organizations me	eting the 85% test
	Address change	Name change		2. Foreign organizations mee check here and attach cor	mputation
	ck type of organization: X Section 501(c)(3) ex			E If private foundation stat	
		Other taxable private founda		under section 507(b)(1)	(A), check here …▶∟
	narket value of all assets at end of year J Accountin	•	Accrual	F If the foundation is in a 6	
(from	Part II, col. (c), line 16) [X] Ot 24,878,519. (Part I, colun	her (specify) MODIFIED		under section 507(b)(1)	(B), check here $\dots \blacktriangleright$
Part					(d) Disbursements
T art	I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received			N/A	
2					
3	Interest on savings and temporary cash investments	103.	103.		
4	Dividends and interest from securities	1,044,099.	1,044,099.		
5	a Gross rents				
	b Net rental income or (loss)				
ۍ e	a Net gain or (loss) from sale of assets not on line 10	725,132.			
nue	b Gross sales price for all 2,489,294.				
Revenue			725,132.		
"	1 0				
9	Gross sales less returns				
10	a and allowances		· ·		
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
11		1,769,334.	1,769,334.		
13	ř – – – – – – – – – – – – – – – – – – –	141,136.	0.		141,136.
14		116,401.	0.		116,401.
	Pension plans, employee benefits				· · · ·
9 1e	a Legal fees				
Sue	b Accounting fees STMT 1	25,500.	12,750.		12,750.
ăX	c Other professional fees STMT 2	132,688.	43,998.		88,690.
Administrative Expense					
18		21,375.	0.		0.
19 19		6,895.	0.		
	Travel, conferences, and meetings				
pue 22	5 1 1 1 1 1 1 1 1 1 1				
8 5 1 23		62,650.	0.		62,650.
22 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	, , , , , , , , , , , , , , , , , , ,				401 605
ODe	expenses. Add lines 13 through 23	506,645.	56,748.		421,627.
20		1,307,230.			1,307,230.
26		1,813,875.	56,748.		1,728,857.
	Add lines 24 and 25 Subtract line 26 from line 12:	1,010,075.	50,740.		1,720,037.
21	a Excess of revenue over expenses and disbursements	-44,541.			
	b Net investment income (if negative, enter -0-)		1,712,586.		
	c Adjusted net income (if negative, enter -0-)		, , .	N/A	
				1	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

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	PF (2019) THE PROVIDENT BANK FOUNDATION Balance Sheets Attached schedules and amounts in the description column schedule be for and of your amounts only	Beginning of year	End o	3739441 Pag f year
art II	Balance Sneets Additional and an outro in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Ca	ash - non-interest-bearing		()	
	avings and temporary cash investments	351,235.	536,182.	536,18
	ccounts receivable			
	ess: allowance for doubtful accounts			
	ledges receivable			
	ess: allowance for doubtful accounts			
	rants receivable			
	eceivables due from officers, directors, trustees, and other			
	isqualified persons			
	her notes and loans receivable			
	ess: allowance for doubtful accounts			
8 In	Iventories for sale or use	18,465.	18,465.	18,46
9 Pi	repaid expenses and deferred charges	10,403.	10,405.	10,40
10 a 111	vestments - U.S. and state government obligations	24 206 022	24 205 401	24 205 40
D In	ivestments - corporate stock STMT 5	24,306,922.	24,305,401.	24,305,40
	ivestments - corporate bonds			
	vestments - land, buildings, and equipment: basis			
	ss: accumulated depreciation			
	ivestments - mortgage loans			
13 In	ivestments - other			
	and, buildings, and equipment: basis 🕨 100 , 269 .			
	ss: accumulated depreciation 81,798.	25,366.	18,471.	18,47
15 Of	ther assets (describe ►)			
16 To	otal assets (to be completed by all filers - see the			
in	structions. Also, see page 1, item I)	24,701,988.	24,878,519.	24,878,51
17 A	ccounts payable and accrued expenses			
18 G	rants payable			
	eferred revenue			
	pans from officers, directors, trustees, and other disqualified persons			
	lortgages and other notes payable			
	ther liabilities (describe 🕨)			
23 To	otal liabilities (add lines 17 through 22)	0.	0.	
	oundations that follow FASB ASC 958, check here			
	nd complete lines 24, 25, 29, and 30.			
	et assets without donor restrictions	24,701,988.	24,878,519.	
	et assets with donor restrictions	, , ,	, , ,	
	oundations that do not follow FASB ASC 958, check here			
	nd complete lines 26 through 30.			
	apital stock, trust principal, or current funds			
	aid-in or capital surplus, or land, bldg., and equipment fund			
	etained earnings, accumulated income, endowment, or other funds			
		24,701,988.	24,878,519.	
29 To	otal net assets or fund balances	21,101,000.	21,0,0,319.	
ο Λ Τ.	atal liabilities and not essats/fund belances	24 701 988	24 878 510	
30 To	otal liabilities and net assets/fund balances	24,701,988.	24,878,519.	
art III	Analysis of Changes in Net Assets or Fund Bal	ances		
otal ne	et assets or fund balances at beginning of year - Part II, column (a), line 2	9		
			1	24,701,98
				-44,54
	ncreases not included in line 2 (itemize) CHANGE IN UNREALI	ZED VALUE OF INVESTME		221,07
				24,878,51
	es 1, 2, and 3			27,070,31
JOULGAS	ספס ווטג וווטוענעפע ווו וווופ ב (וגפווווצפ) ▶		5	1

^{24,878,519.} Form **990-PF** (2019)

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5 6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

(==)	ROVIDENT BANK FOUNDATIO nd Losses for Tax on In		Income		C)4-373944	1 Page 3
(a) List and describe t	he kind(s) of property sold (for exal ehouse; or common stock, 200 shs	mple, real estat		(b) How acquired P - Purchase	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURI		5. WILO 00.)		D - Donation P	(.,,,,.,	(
b	1110			-			
<u> </u>							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			in or (loss) (f) minus (g))
a 2,489,294.			1,764,1	62.			725,132.
b							
C							
d							
е							
Complete only for assets showing	gain in column (h) and owned by t	the foundation	on 12/31/69.		(I) Gains (Co	ol. (h) gain m	iinus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any	C		ot less than from col. (h)	
а							725,132.
b							
C							
d							
е							
2 Capital gain net income or (net cap	ital loss)	r in Part I, line)- in Part I. line	7	} 2			725,132.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) ar						
If gain, also enter in Part I, line 8, o	column (c).					NT / N	
If (loss), enter -0- in Part I, line 8. Part V Qualification Ur	der Section 4940(e) for	Reduced	Tax on Net	J 3	ome	N/A	
					onic		
(For optional use by domestic private	foundations subject to the section 2	4940(a) tax on	net investment ind	come.)			
If section 4940(d)(2) applies, leave th	s part blank.						
				× 10		Г	
Was the foundation liable for the section				od?		L	Yes X No
If "Yes," the foundation doesn't qualify Forter the appropriate amount in e				atriao			
	ach column for each year; see the ir	ISTRUCTIONS Del	ore making any er			(4)
(a) Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncharitable-use asset		Distribu	d) tion ratio
Calendar year (or tax year beginnin	g (11)		Net value of no			col. (b) divid	ed by col. (c))
2018		,510,614.		26,383,85			.057255
2017		,469,976.		27,315,91			.053814
2016		,345,496.		23,591,31			.057034
2015		,312,548.		21,992,24			.059682
2014	1	,361,436.		21,310,09	5.		.063887
2 Total of line 1, column (d)					. 2		.291672
3 Average distribution ratio for the 5							
the foundation has been in existen	ce if less than 5 years				. 3		.058334
4 Enter the net value of noncharitabl	e-use assets for 2019 from Part X,	line 5			4		24,923,128.
5 Multiply line 4 by line 3					. 5		1,453,866.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				. 6		17,126.
7 Add lines 5 and 6					. 7		1,470,992.
8 Enter qualifying distributions from							1,728,857.
If line 8 is equal to or greater than							, , •
See the Part VI instructions.	,		-				

Form 990-PF (2019) THE PROVIDENT BANK FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	40(e), or 49		739441 ee instru		Page <u>4</u> s)
1a Exempt operating foundations described in section 4940(d)(2), check here > and enter "N/A" on line 1.	J				
Date of ruling or determination letter: (attach copy of letter if necessary-see instructio					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗴 and enter 1%	Þ	1		17,	126.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col	.(b) J				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2			٥.
3 Add lines 1 and 2		3		17,	126.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		17,	126.
6 Credits/Payments:					
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a	17,000.				
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	0.				
7 Total credits and payments. Add lines 6a through 6d		7		17,	000.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	►	9			126.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	►	10			
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	Refunded 🕨	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip	ate or intervene	in		Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction	ons for the defini	tion	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo	oundation				
managers. ▶ \$0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	incorporation, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/2	A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
 By language in the governing instrument, or 					
 By state legislation that effectively amends the governing instrument so that no mandatory directions that confli- 	ict with the state	law			
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), at	nd Part XV		7	Х	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de	signate)				
of each state as required by General Instruction G? If "No," attach explanation SEE	STATEMENT 6		8b		x
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49					
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV $_{\dots\dots\dots}$			9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	addresses		10		X
			Form 99	0-PF	(2019)

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Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.THEPROVIDENTBANKFOUNDATION.ORG			
14	The books are in care of ► GEORGE DAILEY, JR. THE FDN. Telephone no. ► (732) 5	90-935	0	
	Located at ► 100 WOOD AVENUE SOUTH, ISELIN, NJ ZIP+4 ► 0	8830-2	727	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	· 🗌
	and enter the amount of tax-exempt interest received or accrued during the year	N,	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	a During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
н	termination of government service, if terminating within 90 days. Yes X No o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
		1b		х
		10		
	Urganizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
Ŭ	had so the first device the transmission in 20400	10		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
-	defined in section 4942(j)(3) or $4942(j)(5)$):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
-	6d and 6e) for tax year(s) beginning before 2019? \Box Yes X No			
	If "Yes," list the years ▶,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶,,,,			
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
b	o If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х
	F	orm 990	0-PF	(2019)

Form 990-PF (2019) THE PROVIDENT BANK FOUNDATION			04-3739441		Page 6	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired _{(contine}	ued)		_	
5a During the year, did the foundation pay or incur any amount to:				Yes	s No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Υε	s X No			
(2) Influence the outcome of any specific public election (see section 4955); of						
any voter registration drive?	any voter registration drive?					
(3) Provide a grant to an individual for travel, study, or other similar purposes'	Υε	s X No				
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions		Ye	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,						
the prevention of cruelty to children or animals?			s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und						
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	ōb		
Organizations relying on a current notice regarding disaster assistance, check h						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?			s 🗌 No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					
a personal benefit contract?		∏ Ye	s X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				Sb	x	
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No			
 b If "Yes," did the foundation receive any proceeds or have any net income attribut 	table to the transaction?			7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
success near shuts near the line the user Q			s X No			
Part VIII Information About Officers, Directors, Truste	es. Foundation Man		.3 <u></u> NO			
Paid Employees, and Contractors		ugoro, mgmy				
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accoun	t, other ances	
			compendation			
SEE STATEMENT 7		141,136.	Ο.		0.	
		,				
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none. e	enter "NONE."				
	(b) Title, and average		(d) Contributions to	(e) Ex	pense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	accoun	t, other ances	
SAMANTHA PLOTINO - 250 MADISON	FOUNDATION ASSOCIAT		compensation	anow	ances	
AVENUE, MORRISTOWN, NJ 07960	37.50	72,104.	0.		0.	
	57.50	72,101.	••		••	
The second secon					0	
Total number of other employees paid over \$50,000			····· •	000 05		
			Form	990-PF	· (2019)	

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) SEE STAT			
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	e	(c) Compensation
THE PROVIDENT BANK			
100 WOOD AVENUE SOUTH, ISELIN, NJ 08830	SEE STATEMENT #8		338,553.
			,,
	-		
	-		
	-		
	-		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic			Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.		
1N/A		_	
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.		Amount
1 N/A			
2			
All other program-related investments. See instructions.			
3			
		\neg	
		\neg	
		\neg	
Total Add lines 1 through 3			0.
Total. Add lines 1 through 3		<u></u>	m 990-PF (2019)
		FULL	(2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e 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	24,895,664.
	Average of monthly cash balances	1b	407,004.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	25,302,668.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	25,302,668.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	379,540.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,923,128.
6	Minimum investment return. Enter 5% of line 5	6	1,246,156.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	ıd certain	
	foreign organizations, check here 🕨 🦳 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,246,156.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 17, 126.		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	17,126.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,229,030.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,229,030.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,229,030.
Ρ	art XII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,728,857.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,728,857.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	17,126.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,711,731.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for th	ne section

Form 990-PF (2019)

Part XIII Undistributed Income (see instructions)

	•			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				1,229,030.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2019:		0.		
020 (22)				
102.005				
FO COC				
d From 2017 79,686. e From 2018 210,296.				
f Total of lines 3a through e	1,029,997.			
4 Qualifying distributions for 2019 from	, , , -			
Part XII, line 4: ►\$ 1,728,857.				
a Applied to 2018, 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 2019 distributable amount				1,229,030.
e Remaining amount distributed out of corpus	499,827.			, ,
 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount 	0.			0.
must be shown in column (a).)	0.			0.
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,529,824.			
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 2018. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				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 2014				
not applied on line 5 or line 7	318,097.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	1,211,727.			
10 Analysis of line 9:				
a Excess from 2015 238,633.				
b Excess from 2016 183,285.				
c Excess from 2017 79,686.				
d Excess from 2018 210, 296.				
e Excess from 2019 499,827.				

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Form **990-PF** (2019)

				04-373	9441 Page 10
Part XIV Private Operating Fou	ndations (see in	structions and Part VII	-A, question 9)	N/A	
foundation, and the ruling is effective for 20	019, enter the date of	the ruling	►		
b Check box to indicate whether the foundation	on is a private operati	ng foundation described i	n section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
line 4, for each year listed					
used directly for active conduct of					
exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
listed					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inform			f the foundation h	ad \$5,000 or more	e in assets
at any time during the	year-see instr	uctions.)			
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.

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

SEE STATEMENT 9

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

c Any submission deadlines:

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

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Form **990-PF** (2019)

Form 990-PF (2019) THE PROVIDENT BANK FOUNDATION

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		Payment		
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
a Paid during the year				
80 TURNING LIVES AROUND INC. BETHANY ROAD BUILDING 3 STE 42 WAZLET, NJ 07730	NONE	PC	MONMOUTH COUNTY FAMILY JUSTICE CENTER	20,000
00 CLUB OF MIDDLESEX COUNTY O BOX 387 OODBRIDGE, NJ 07095	NONE	PC	200 CLUB OF MIDDLESEX COUNTY	2,500
BILITIES OF NORTHWEST JERSEY INC. 164 STATE ROUTE 31 MASHINGTON, NJ 07882	NONE	PC	MUSIC & ART ENRICHMENT PROGRAM	15,000.
ADLER APHASIA CENTER 50 WEST HUNTER AVENUE MAYWOOD, NJ 07607-1006	NONE	PC	SEE STATEMENT	10,000.
AFFORDABLE HOUSING ALLIANCE 59 BROAD STREET EATONTOWN, NJ 07724	NONE	PC	HOUSING COUNSELING AND EDUCATION	10,000.
	NUATION SHEET(S)		► 3a	1,307,230.
b Approved for future payment				
Total			► 3b	0 m 990-PF (2019

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923611 12-17-19 ** SEE PURPOSE OF GRANT CONTINUATIONS

14570707 152490 68696B

2019.04000 THE PROVIDENT BANK FOUNDA 68696B_1

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Drogram carvico revenue:	(a) Business code	Amount	sion	Amount	function income
1 Program service revenue:	coue		coue		
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	103.	
			14	1,044,099.	
				1,011,055.	
5 Net rental income or (loss) from real estate:	-				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		<u>~</u>			
8 Gain or (loss) from sales of assets other					
than inventory			18	725,132.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
b					
C					
a					
e				4 560 004	
12 Subtotal. Add columns (b), (d), and (e)		0.		1,769,334.	0.
13 Total. Add line 12, columns (b), (d), and (e)					1,769,334.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
		-		-	
Line No. Explain below how each activity for which incon			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fur	ids for such purposes).			
923621 12-17-19					Form 990-PF (2019)

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Form 990-F		VIDENT BANK FOUNDATION egarding Transfers to and Transactions ar	04-373 Dd Relationships With Noncha		Pa	age 13
T are X	Exempt Organ					
1 Did th	e organization directly or indi	rectly engage in any of the following with any other organization	on described in section 501(c)		Yes	No
(other	r than section 501(c)(3) orgar	izations) or in section 527, relating to political organizations?				
a Trans	fers from the reporting found	ation to a noncharitable exempt organization of:				
(1) C	Cash			<u>1a(1)</u>		X
						X
b Other	transactions:					
(1) S	ales of assets to a noncharita	ble exempt organization		<u>1b(1)</u>		X
		ncharitable exempt organization				X
		or other assets				X
						X
(5) L	oans or loan guarantees			<u>1b(5)</u>		X
		mbership or fundraising solicitations				X
		illing lists, other assets, or paid employees				X
	•	"Yes," complete the following schedule. Column (b) should al oundation. If the foundation received less than fair market valu			ets,	
	0 7 1 0	other assets, or services received.		l, SHUW III		
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, a	nd sharing arr	angemen	nts
(=)====		N/A		ina ontaining an	angemen	

2a	Is the	foundation directly or indirect	ly affiliate	d with, or related to, one o	or more tax-exempt organizat	tions described		
	in sec	tion 501(c) (other than section	n 501(c)(3	3)) or in section 527?			Yes	X No

b lf‴	Yes," co	omplete the following schedule.					
		(a) Name of organization		(b) Type of organizatio	n	(c) Description of r	elationship
		N/A					
Sign Here	and be	penalties of perjury, I declare that I have examine lief, it is true, correct, and complete. Declaration nature of officer or trustee				r has any knowledge.	May the IRS discuss this return with the preparer shown below? See instr.
Paid		Print/Type preparer's name JAMES J. REILLY	Preparer's s		Date 7/7/2020	Check if self- employed	PTIN P00183769
Prepa Use (Firm's name CONDON O'MEARA	MCGLYTY & DC	ONNELLY LLP		Firm's EIN ►	13-3628255
		Firm's address 🕨 ONE BATTERY P	ARK PLAZA				
		NEW YORK, NY	10004			Phone no. 212	2-661-7777

Form 990-PF (2019)

FORM 990-PF	ACCOUNTI	NG FEES	S	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	25,500.	12,750.		12,750.			
 TO FORM 990-PF, PG 1, LN 16B =	25,500.	12,750.		12,750.			

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BLACKBAUD SOFTWARE ADMINISTRATIVE SERVICES FIDUCIARY TRUST FEES CONSULTING FEES	10,622. 52,726. 36,090. 33,250.	0. 7,908. 36,090. 0.		10,622. 44,818. 0. 33,250.
TO FORM 990-PF, PG 1, LN 16C	132,688.	43,998.		88,690.
FORM 990-PF	TAX	ES	S	STATEMENT 3
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF	OTHER E	TATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNICATIONS INSURANCE	39,136. 3,036.	0. 0.		39,136. 3,036.
OTHER ADMINISTRATIVE SERVICES OTHER	13,961. 6,517.	0. 0.		13,961. 6,517.
TO FORM 990-PF, PG 1, LN 23	62,650.	0.		62,650.

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
PROVIDENT FINANCIAL SVCS INC CO	м	20,378,155.	20,378,155.
ISHARES EDGE MSCI MIN VOL		219,148.	219,148.
ISHARES CORE S&P SMALL		248,448.	248,448.
ISHARES GOLD ETF		336,429.	336,429.
ISHARES SHORT TERM		304,565.	304,565.
PIMCO ENHNCD SHRT MATRTY		495,759.	495,759.
VANGUARD FTSE DEVELOPED	· · · ·	291,148.	291,148.
VANGUARD FTSE EMERGING		120,514.	120,514.
VANGUARD GLBAL EX US		142,702.	142,702.
VANGUARD TOTAL STOCK MARKET ETF		667,733.	667,733.
JPMORGAN ULTRA SHORT		495,576.	495,576.
VANGUARD DIVIDEND		605,224.	605,224.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	24,305,401.	24,305,401.

FORM 990-PF E	EXPLANATION	CONCERNING	PART	VII-A,	LINE	8B	STATEMENT	6
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EXPLANATION

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

THE PROVIDENT BANK FOUNDATION

	OF OFFICERS, I FOUNDATION MAN		STAT	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DR. CARLOS HERNANDEZ, PH. D. 250 MADISON AVENUE MORRISTOWN, NJ 07960	CHAIRMAN 1.00	0.	0.	(
CHRISTOPHER MARTIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	PRESIDENT AND 2.00	DIRECTOR º.	0.	(
JOHN KUNTZ 250 MADISON AVENUE MORRISTOWN, NJ 07960	SECRETARY 2.00	٥.	ο.	
GEORGE DAILEY, JR. (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	TREASURER 5.00	14,577.	0.	
JANE KUREK (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	EXECUTIVE DIR	ECTOR 118,559.	Ο.	
JEFFRIES SHEIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	
AREN MCMULLEN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	

TOTALS INCLUDED ON 990-PF, PAGE 6, PAR	F VIII 141,136. 0. 0.

FORM 990-PF

THE PROVIDENT BANK

COMPENSATION EXPLANATION

THE PROVIDENT BANK PAID (OR WAS REIMBURSED BY THE FOUNDATION) IN THE AMOUNT OF \$338,353, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:

1.	\$133,136	-	GEORGE	DAILEY,	TREAS.	&	JANE	KUREK	, EXEC	2.	DIRECT	'OR	(STMT	#7);
2.	\$116,401	_	OTHER	EMPLOYEE	SALARIE	s	AND	WAGES	(PART	I,	LINE	14)	;	
3.	\$36,090	-	- FIDUC	IARY TRUS	ST FEES	(;	STMT	#2);						

4. \$52,726 - ADMINISTRATIVE SERVICES (STMT #2).

STATEMENT 8

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SAMANTHA PLOTINO, EXECUTIVE DIRECTOR (EFF. 4/1/2020) THE PROVIDENT BANK FOUNDATION 250 MADISON AVE MORRISTOWN, NJ 07960

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.

THE PROVIDENT BANK FOUNDATION

04-3739441

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,			
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
ALGONQUIN ARTS THEATRE	NONE	PC	ALGONQUIN ARTS TEEN NIGHT	
PO BOX 677				
MANASQUAN, NJ 08736				2,000
ALLENTOWN AREA ECUMENICAL FOOD BANK	NONE	PC	FEEDING THE HUNGRY OF THE LEHIGH VALLEY	
245 N. 6TH ST.				
ALLENTOWN, PA 18102				3,000
ALLENTOWN SYMPHONY ASSOCIATION, INC.	NONE	PC	EL SISTEMA LEHIGH VALLEY 2019-2020	
23 NORTH 6TH STREET				
ALLENTOWN, PA 18101-1431				7,500
ARTS UNBOUND	NONE	PC	ARTIST DEVELOPMENT AND COACHING PROGRAM	
544 FREEMAN ST ORANGE, NJ 07050				3,000
,				,
BIG BROTHERS BIG SISTERS OF COASTAL &	NONE	PC	MENTOR MAKER SPONSORSHIP	
NORTHERN NEW JERSEY 305 BOND STREET 2ND FLOOR				
ASBURY PARK, NJ 07712-7010				7,500
BOYS & GIRLS CLUB OF ALLENTOWN	NONE	PC	ISTATION - CUMBERLAND GARDENS CLUBHOUSE	
720 N. SIXTH STREET				
ALLENTOWN, PA 18102-1608				3,000
BRIDGE, INC. 360 BLOOMFIELD AVE.	NONE	PC	PEACE MODEL PROGRAM	
WEST CALDWELL, NJ 07006-7106				15,000
Total from continuation sheets		1		1,249,730

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THE PROVIDENT BANK FOUNDATION

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Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Durness of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CASA OF MORRIS AND SUSSEX COUNTIES 18 CATTANO AVENUE MORRISTOWN, NJ 07960-6846	NONE	PC	FOSTERING FUTURES (FF) PROGRAM	7,500
ENTER FOR GREAT EXPECTATIONS 9 DELLWOOD LANE SOMERSET, NJ 08873	NONE	PC	ADULT WOMEN & CHILDREN	20,000
CENTER FOR HOPE AND SAFETY L2 OVERLOOK AVE ROCHELLE PARK, NJ 07662-3226	NONE	PC	CHILDREN'S SERVICES PROGRAM	3,000
CENTER FOR HUMANISTIC CHANGE, INC. 555 UNION BLVD. SUITE #7 ALLENTOWN, PA 18109	NONE	PC	PROJECT SUCCESS/CROSSROADS MENTORING PROGRAM BETHLENEM AND EASTON	25,000
CENTER FOR NON PROFIT CORPORATIONS 3635 QUAKERBRIDGE ROAD SUITE 35 MERCERVILLE, NJ 08619	NONE	PC	CONNECT, SPARK, ACT - 2019 NEW JERSEY NON-PROFIT CONFERENCE	3,000
CENTER FOR VISION LOSS 345 WEST WYOMING ST ALLENTOWN, PA 18103-3991	NONE	PC	ESCORTED TRANSPORTATION FOR PEOPLE WITH SEVERE VISION LOSS	3,000
CENTRAL JERSEY HOUSING RESOURCE CENTER 500 FIRST AVENUE SUITE 3 RARITAN, NJ 08869-1346	NONE	PC	HOUSING RESOURCE CENTER PROGRAMS	3,000

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THE PROVIDENT BANK FOUNDATION

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Part XV Supplementary Information (continued)

	1		1
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
NONE	PC	CENTER OF EXCELLENCE FOR LATINO HEALTH (CELH)	
			15,000
NONE	PC	WORKSHOPS FOR PARA-PROFESSIONALS TO RECOGNIZE POSSIBLE MENTAL HEALTH ISSUES IN STUDENTS	1,500
NONE	PC	COMMUNITY AND CIVIC ENGAGEMENT	15,000
NONE	PC	RISE FOOD PANTRY	2,000
NONE	PC	VETERANS MENTAL HEALTH INITIATIVE	25,000
NONE	РC	FAMILY CAREGIVERS SUPPORT PROGRAM	2,500
NONE	PC	PATHWAYS COOKS	10,000
	NONE NONE NONE NONE	show any relationship to any foundation manager or substantial contributor Foundation status of recipient NONE PC NONE PC	show any relationship to any foundation managed or substantial contributor Foundation status of recipient Purpose of grant or contribution NONE PC CENTER OF EXCELLENCE FOR LATINO HEALTH (CELH) NONE PC WORKSHOPS FOR PARA-PROFESSIONALS TO RECOGNIZE POSSIBLE MENTAL HEALTH ISSUES IN STUDENTS NONE PC COMMUNITY AND CIVIC ENGAGEMENT NONE PC COMMUNITY AND CIVIC ENGAGEMENT NONE PC RISE FOOD PANTRY NONE PC VETERANS MENTAL HEALTH INITIATIVE NONE PC FAMILY CAREGIVERS SUPPORT PROGRAM

THE PROVIDENT BANK FOUNDATION

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Pa<u>ge</u> 11

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year	If recipient is an individual			
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
· · · · ·	or substantial contributor			
CORNERSTONE FAMILY PROGRAMS	NONE	PC	TEEN PATHWAYS TO BRIGHTER FUTURES	
80 WASHINGTON STREET MORRISTOWN, NJ 07960-6817				10,000
COUNCIL OF NEW JERSEY GRANTMAKERS	NONE	PC	THE COUNCIL OF NEW JERSEY GRANTMAKERS 2019 ANNUAL	
111 WEST STATE STREET TRENTON, NJ 08608-1101			MEETING AND HOLIDAY LUNCHEON	2,500
COURT APPOINTED SPECIAL ADVOCATES OF NEW	NONE	PC	CASA OF NEW JERSEY'S 2ND ANNUAL STATEWIDE CONFERENCE	
JERSEY, INC. 77 CHURCH STREET			- BUILDING ADVOCACY SKILLS FOR CHILDREN'S RESILIENCY, TRANSITION, AND HOPE	
NEW BRUNSWICK, NJ 08901-1242				3,000
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET	NONE	PC	RIGHTS OF PASSAGE (ROP) II PROGRAM - ASBURY PARK	
NEWARK, NJ 07102-2630				7,500
	NONE	PC	CAREMANAG-E SOLUTION	
CPC BEHAVIORAL HEALTHCARE, INC. 10 INDUSTRIAL WAY EAST SUITE 108	NONE	r	CAREMANAG-E SOLUTION	
EATONTOWN, NJ 07724-3332				14,400
DAYTOP NEW JERSEY	NONE	PC	DAYTOP NEW JERSEY AT CRAWFORD HOUSE	
362 SUNSET RD				10 000
SKILLMAN, NJ 08558				10,000
DIABETES FOUNDATION INC	NONE	PC	MEDICATION ASSISTANCE AND PATIENT RESOURCE ADVOCACY	
411 HACKENSACK AVENUE 7TH FLOOR HACKENSACK, NJ 07601-6328			SUPPORT	5,000
				_,
Total from continuation sheets	1	l		

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THE PROVIDENT BANK FOUNDATION

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Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	Eoundation	Burnoss of grant or	
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
DREAMCATCHER REPERTORY THEATRE OAKES CENTER 120 MORRIS AVENUE SUMMIT, NJ 07901	NONE	PC	NUESTROS VECINOS (OUR NEIGHBORS)	2,500
EAST BRUNSWICK EDUCATION FOUNDATION INC. 760 ROUTE 18 EAST BRUNSWICK, NJ 08816-1405	NONE	PC	CURRICULUM SUPPORT FOR TEACHERS	2,000
ELIZABETH COALITION TO HOUSE THE HOMELESS 118 DIVISION STREET ELIZABETH, NJ 07201	NONE	PC	BERNICE'S PLACE	7,500
ELIZABETH DEVELOPMENT COMPANY 205 FIRST STREET ELIZABETH, NJ 07206	NONE	PC	WORKFORCE DEVELOPMENT AND EDUCATION PROGRAM	10,000
ENGLEWOOD HEALTH FOUNDATION 350 ENGLE STREET ENGLEWOOD, NJ 07631-1808	NONE	PC	COMMUNITY-HEALTH TRAINING PROGRAM	7,500
FAIRLEIGH DICKINSON UNIVERSITY 1000 RIVER ROAD H-DH3-13 FEANECK, NJ 07666	NONE	PC	PRE-COLLEGIATE STEM DISCOVERY PROGRAM	15,000
FAMILY PROMISE OF HUNTERDON COUNTY INC. 10 EAST MAIN STREET FLEMINGTON, NJ 08822-1208	NONE	РC	SHELTERING FAMILIES IN HUNTERDON COUNTY	2,500

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THE PROVIDENT BANK FOUNDATION

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,		5 / .	
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 MORRIS COUNTY	NONE	PC	OUTREACH PROGRAMS	
PO BOX 1494				10.000
MORRISTOWN, NJ 07962-1494				10,000
FAMILY SERVICE ASSOCIATION OF BUCKS COUNTY 4 CORNERSTONE DRIVE	NONE	PC	FAMILY SERVICE CALL CENTER	
LANGHORNE, PA 19047-1314				15,000
FIRST NIGHT MORRIS	NONE	PC	FIRST NIGHT MORRIS 2020	
PO BOX 9009				
MORRISTOWN, NJ 07963-9009				2,500
FLEMINGTON FOOD PANTRY	NONE	PC	NUTRITION AND HEALTH PROGRAM	
154 ROUTE 31 NORTH				
FLEMINGTON, NJ 08822			•	5,000
FORWARD EVER SUSTAINABLE BUSINESS ALLIANCE 8 E. KINNEY ST. NEWARK, NJ 07102-3508	NONE	₽C	SHOP NEWARK	1,500
FOUNDATION FOR MORRISTOWN MEDICAL CENTER	NONE	PC	WAMMC COUNTRY BLUEGRASS BASH	
100 MADISON AVE PO BOX 1956				
MORRISTOWN, NJ 07962-1956				2,500
GEORGE STREET PLAYHOUSE	NONE	PC	CREATIVE DRAMATICS AT IRVING PRIMARY SCHOOL	
P.O. BOX 194				
NEW BRUNSWICK, NJ 08903-0194				15,000
Total from continuation sheets	1	1	1	

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Part XV Supplementary Information (continued)

Name and address (home or business) Solution PointEditor PointEditor PointEditor Amount of RL SCOUTS OF NORTHERN NEW JERSEY Solution Solution Solution Solution Solution Solution Solution Solution Amount of RL SCOUTS OF NORTHERN NEW JERSEY NONE PC NEW JERSEY GIRL SCOUTS VOLUNTEER COLLABORATIVE 225 of LASSROOTS NONE PC NEW JERSEY GIRL SCOUTS OUD TEER COLLABORATIVE 225 of LASSROOTS NONE PC JLASSROOTS OUT OF SCHOOL PROGRAMS 245 ood of RIEF INC. NONE PC IN COMMUNITY - JERSEY CITY 35 ood of RIEF INC. NONE PC IN COMMUNITY - JERSEY CITY 36 serverstown, NJ 07960-4110 NONE PC IN COMMUNITY - JERSEY CITY 36 serverstown, NJ 07960-4110 NONE PC IN COMMUNITY - JERSEY CITY 36 serverstown, NJ 07960-4110 NONE PC IN COMMUNITY - JERSEY CITY 36 serverstown, NJ 07960-4110 NONE PC STRENOTHENING FAREFEOUTE PROJECT 310	3a Grants and Contributions Paid During the Yea	ar	1	1	1
GIRL SCOUTS OF NORTHERN NEW JERSEY NONE PC NEW JERSEY GIRL SCOUTS VOLUNTEER COLLABORATIVE (NJGSVC) 25 SIEWARK FOMPTON TURNPIRS NONE PC BLASSROOTS OUT-OF-SCHOOL FROGRAMS 25 GLASSROOTS NONE PC BLASSROOTS OUT-OF-SCHOOL FROGRAMS 16 BLEEKER ST. NONE PC IN COMMINITY - JENERY CITY 16 GOOD GRIEF INC. NONE PC IN COMMINITY - JENERY CITY 16 GREATER VALLEY YKCA NONE PC IN COMMINITY - JENERY CITY 10 GREATER VALLEY YKCA NONE PC PREVENTION PROGRAM (DPF) 10 HABCORE, INC. NONE PC STRENGTHENING FAMILIES PROJECT 10 HENITAGE CONSERVANCY NONE PC YOUNG FRIENDS FROFESSIONAL ENRICHMENT PROGRAM 24 HENITAGE CONSERVANCY NONE PC YOUNG FRIENDS FROFESSIONAL ENRICHMENT PROGRAM 25 HOMESHARING NONE PC SHARED AFFORDABLE HOUSING 25	Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
95 NEWARK POMPTON TURNPIKE (NJGSVC) 25 RIVERDALE, NJ 07457 26 GLASSROOTS NONE PC GLASSROOTS DILASSROOTS OUT OF SCHOOL PROGRAMS 16 10 BLEEKER ST. NENARK, NJ 07102-1903 16 GOOD GRIEF INC. NONE PC IN CONDUNITY - JERKEY CITY 16 GEATER VALLEY YMCA NONE PC DIABETES PREVENTION PROGRAM (DPP) 10 1524 WEST LINDEN STREET SUITE 209 NONE PC DIABETES PREVENTION PROGRAM (DPP) 10 ALLENTORN, PA 18102-4285 NONE PC STRENGTHENING FAMILIES PROJECT 10 RED BANK, NJ 07701 NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 10 HERITAGE CONSERVANCY NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 HOMESHARING NONE PC SHARED APFORDABLE HOUSING 2		or substantial contributor	recipient		
RIVERDALE, NJ 07457 225 GLASSROOTS DI 07457 225 GLASSROOTS DI 07457 225 GLASSROOTS DI 075 SCHOOL FROGRAMS 225 GOOD GRIEF INC. 10 GOOD GRIEF INC. NORE PC PC PORTUNITY - JERRETY CITY 157 GREATER VALLEY YNCA 10 GREATER VALLEY YNCA 10 HABCORE, INC. 10 HABCORE PC STRENGTHENING FAMILIES FROJECT 10 HABCORE ACCURENT NOR 10 HABCORE PC 10	GIRL SCOUTS OF NORTHERN NEW JERSEY	NONE	PC	NEW JERSEY GIRL SCOUTS VOLUNTEER COLLABORATIVE	
GLASSROOTS NONE PC DLASSROOTS OUT-OF-SCHOOL FROGRAMS 15 10 ELEERER ST. NEWARK, NJ 07102-1903 15 15 GGOOD GRIEF INC. NONE PC FIN COMMENTRY - JENSEY CITY 15 38 ELM STREET MORRISTOWN, NJ 0750-4110 10 10 GREATER VALLEY YMCA NONE PC DIABETES PREVENTION FROGRAM (DFP) 10 1524 WEST LINDEN STREET SUITE 209 NONE PC DIABETES PREVENTION FROGRAM (DFP) 10 ALLENTOWN, PA 18102-4285 NONE PC STRENGTHENING FAMILIES PROJECT 10 HABCORE, INC. NONE PC STRENGTHENING FAMILIES PROJECT 10 HERITAGE CONSERVANCY NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 HOMESHARING NONE PC SHARED AFFORDABLE HOUSING 2 HOMESHARING NONE PC SHARED AFFORDABLE HOUSING 2				(NJGSVC)	25,000
10 BLEEKER ST. NEWARK, NJ 07102-1903 Image: Constraints of the state of the sta					
NEWARK, NJ 07102-1903 119 GOOD GRIEF INC. 38 ELM STREET MORRISTOWN, NJ 07960-4110 PC GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209 ALLENTOWN, PA 18102-4285 10 HABCORE, INC. FO BOX 2361 RED EANK, NJ 07701 FC HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOILESTOWN, PA 18901-2468 PC HOMESHARING 120 FINDERNE AVE.	GLASSROOTS	NONE	PC	GLASSROOTS OUT-OF-SCHOOL PROGRAMS	
38 ELM STREET MORRISTOWN, NJ 07960-4110 10 GREATER VALLEY YMCA NONE PC DIABETES PREVENTION PROGRAM (DPP) 10 1524 WEST LINDEN STREET SUITE 209 NONE PC DIABETES PREVENTION PROGRAM (DPP) 10 HABCORE, INC. NONE PC STRENGTHENING FAMILIES PROJECT 10 PO BOX 2361 RED BANK, NJ 07701 15 HERITAGE CONSERVANCY NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468 NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM HOMESHARING NONE PC SHARED AFFORDABLE HOUSING 2					15,000
38 ELM STREET MORRISTOWN, NJ 07960-4110 10 GREATER VALLEY YMCA NONE PC DIABETES PREVENTION PROGRAM (DPP) 10 1524 WEST LINDEN STREET SUITE 209 NONE PC DIABETES PREVENTION PROGRAM (DPP) 10 ALLENTOWN, PA 18102-4285 NONE PC STRENGTHENING FAMILIES PROJECT 10 HABCORE, INC. NONE PC STRENGTHENING FAMILIES PROJECT 10 PO BOX 2361 RED BANK, NJ 07701 15 15 HERITAGE CONSERVANCY NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 HOMESHARING NONE PC SHARED AFFORDABLE HOUSING 2					
MORRISTOWN, NJ 07960-4110 10 GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209 ALLENTOWN, PA 18102-4285 10 HABCORE, INC. PO BOX 2361 RED BANK, NJ 07701 PC HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468 NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 HOMESHARING 120 FINDERNE AVE.		NONE	PC	IN COMMUNITY - JERSEY CITY	
1524 WEST LINDEN STREET SUITE 209 10 ALLENTOWN, PA 18102-4285 10 HABCORE, INC. NONE PO BOX 2361 PC RED BANK, NJ 07701 15 HERITAGE CONSERVANCY NONE 85 OLD DUBLIN FIKE PC DOYLESTOWN, PA 18901-2468 2 HOMESHARING NONE 120 FINDERNE AVE. NONE					10,000
1524 WEST LINDEN STREET SUITE 209 10 ALLENTOWN, PA 18102-4285 10 HABCORE, INC. NONE PO BOX 2361 PC RED BANK, NJ 07701 15 HERITAGE CONSERVANCY NONE 85 OLD DUBLIN PIKE PC DOYLESTOWN, PA 18901-2468 2 HOMESHARING NONE 120 FINDERNE AVE. NONE					
ALLENTOWN, PA 18102-4285 10 HABCORE, INC. PO BOX 2361 RED BANK, NJ 07701 PC PC STRENGTHENING FAMILIES PROJECT HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468 PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM HOMESHARING 120 FINDERNE AVE.		NONE	PC	DIABETES PREVENTION PROGRAM (DPP)	
PO BOX 2361 RED BANK, NJ 07701 HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468 NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 HOMESHARING 120 FINDERNE AVE.					10,000
PO BOX 2361 RED BANK, NJ 07701 HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468 HOMESHARING 120 FINDERNE AVE. NONE PC PC SHARED AFFORDABLE HOUSING					
RED BANK, NJ 07701 PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 15 HERITAGE CONSERVANCY NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468 NONE PC YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM 2 HOMESHARING NONE PC SHARED AFFORDABLE HOUSING 2		NONE	PC	STRENGTHENING FAMILIES PROJECT	
85 OLD DUBLIN PIKE Image: Constraint of the second sec					15,000
85 OLD DUBLIN PIKE Image: Constraint of the second secon					
DOYLESTOWN, PA 18901-2468 ONE PC SHARED AFFORDABLE HOUSING 2 HOMESHARING 120 FINDERNE AVE. PC SHARED AFFORDABLE HOUSING 2		NONE	PC	YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM	
120 FINDERNE AVE.					2,000
120 FINDERNE AVE.					
		NONE	PC	SHARED AFFORDABLE HOUSING	
					2,000

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	Foundation	Durpose of grant or	
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
HOUSING PARTNERSHIP 2 EAST BLACKWELL STREET SUITE 12	NONE	PC	FINANCIAL LITERACY/HOMEBUYER EDUCATION/FINANCIAL COACHING	
DOVER, NJ 07801-4645				2,500
HUDSON COUNTY CHAMBER FOUNDATION, INC. 150 HUDSON STREET SUITE 100 JERSEY CITY, NJ 07311	NONE	PC	#HUDSONGIVES	5,000
HUDSON COUNTY COMMUNITY COLLEGE FOUNDATION 70 SIP AVENUE 4TH FLOOR JERSEY CITY, NJ 07306	NONE	PC	HCCC FOUNDATION CULTURES & DIVERSITY-A GALA DINING EXPERIENCE	2,000
NUNTERDON HELPLINE 20 BOX 246 2'LEMINGTON, NJ 08822	NONE	PC	SENIOR & DISABILITY SERVICES	10,000
INTERFAITH HOSPITALITY NETWORK OF OCEAN COUNTY 407 LEXINGTON AVENUE FOMS RIVER, NJ 08753	NONE	PC	HELPING HOMELESS FAMILIES WITH CHILDREN	2,000
JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY 1485 TEANECK ROAD FEANECK, NJ 07666-3626	NONE	ΡC	THE ART OF AGING	2,000
JEWISH FAMILY SERVICE & CHILDRENS CENTER DF CLIFTON-PASSAIC INC. L10 MAIN AVENUE	NONE	PC	WINDS CAFE	
PASSAIC,, NJ 07055				5,000

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Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JEWISH FAMILY SERVICE OF SOMERSET, HUNTERDON & WARREN COUNTIES 150A WEST HIGH STREET SOMERVILLE, NJ 08876-1854	NONE	PC	SENIOR SERVICE CASE MANAGEMENT AND COUNSELLING PROGRAM	5,000
JEWISH VOCATIONAL SERVICE OF METROWEST 354 EISENHOWER PARKWAY PLAZA 1 SUITE 2150 LIVINGSTON, NJ 07052-0000	NONE	PC	INFORMATION TECHNOLOGY TO SUPPORT EXPANDED VOCATIONAL REHABILITATION SERVICES	20,000
JFK MEDICAL CENTER FOUNDATION 80 JAMES STREET EDISON, NJ 08820	NONE	PC	PLAINFIELD HEALTH CONNECTIONS	7,500
KEEPING BABIES SAFE 16 MOUNT BETHEL ROAD #245 WARREN, NJ 07059-5604	NONE	PC	PROJECT SAFE CRIB	1,000
KENNEDY DANCERS, INC. 79 CENTRAL AVENUE JERSEY CITY, NJ 07306-2124	NONE	PC	COMMUNITY ENRICHMENT PROGRAM	2,500
KIDZ CAN CORPORATION PO BOX 267 ROCKY HILL, NJ 08553	NONE	PC	HIGHWAY TO HOPE	5,000
LADACIN NETWORK 1703 KNEELEY BOULEVARD WANAMASSA, NJ 07712-7622	NONE	PC	GET HEALTHY, GET MOVING	23,225

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
		Тесірієні		
LAKELAND HILLS FAMILY YMCA	NONE	PC	WELLNESS PROGRAMMING FOR INDIVIDUALS WITH	
100 FANNY ROAD			DEVELOPMENTAL CHALLENGES	
MOUNTAIN LAKES, NJ 07046-1021				2,500
LAUGHING AT MY NIGHTMARE, INC.	NONE	PC	NO MORE NIGHTMARES - ADAPTIVE EQUIPMENT	
2732 LAFAYETTE AVE				
BETHLEHEM, PA 18017-4028				3,000
LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION	NONE	PC	SUCCESS, ENGAGEMENT, EDUCATION AND DETERMINATION	
4525 EDUCATION PARK DRIVE			(SEED) PROGRAM SCHOLARSHIPS FOR STUDENTS WITH	
SCHNECKSVILLE, PA 18078-2502			EXCEPTIONALITIES	15,000
LITERACY VOLUNTEERS OF MORRIS COUNTY	NONE	PC	OPERATING SUPPORT FOR ADULT LITERACY PROGRAM	
16 ELM STREET				
MORRISTOWN, NJ 07960				2,500
LITERACY VOLUNTEERS OF SOMERSET COUNTY	NONE	PC	BEGINNER ENGLISH AS A SECOND LANGUAGE (ESL) FOR SPANISH SPEAKERS	
120 FINDERNE AVE - BOX 7 BRIDGEWATER, NJ 08807-3670			STANISH STEALERS	1,500
				1,500
LUNCH BREAK	NONE	PC	CLIENT CHOICE PANTRY	
121 DRS. JAMES PARKER BLVD				
RED BANK, NJ 07701-0902				15,000
MADISON AREA YMCA	NONE	PC	LIVESTRONG AT THE YMCA CANCER SURVIVOR'S PROGRAM	
111 KINGS ROAD				
MADISON, NJ 07940-2122				10,000

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year	If register to an individual			
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
MAKE-A-WISH NEW JERSEY	NONE	PC	WISH GRANTING	
1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831				15,000
				15,000
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY	NONE	PC	MEAL SUBSIDY PROGRAM - ALLENTOWN, BETHLEHEM AND EASTON	
4240 FRITCH DRIVE BETHLEHEM, PA 18020-9344				5,000
MENTAL HEALTH ASSOCIATION OF MONMOUTH	NONE	PC	RED BANK RESOURCE NETWORK (RBRN)	
COUNTY INC 119 AVENUE AT THE COMMON SUITE 5 SHREWSBURY, NJ 07702-4586				2,500
MERCY CENTER	NONE	PC	EMERGENCY SERVICES PROGRAM	
1106 MAIN ST				
ASBURY PARK, NJ 07712-5925				2,500
MIDDLE EARTH P.O. BOX 8045	NONE	PC	STUDENT AMBASSADORS PROGRAM	
BRIDGEWATER, NJ 08807-8045				10,000
MIDDLESEX COUNTY COLLEGE FOUNDATION	NONE	PC	MISSION PARTNER 2019-2020	
2600 WOODBRIDGE AVENUE EDISON, NJ 08818				10,000
MIDLAND FOUNDATION	NONE	PC	MIDLAND AFTER SCHOOL PROGRAM	
PO BOX 5026				
NORTH BRANCH, NJ 08876-5026				3,000
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Yea Recipient	If recipient is an individual			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MONMOUTH ARTS	NONE	PC	SIGNS OF HOPE - RED BANK	
105 MONMOUTH STREET				
RED BANK, NJ 07701-1108				1,500
MORRIS ARTS	NONE	PC	ARTS IN EDUCATION (MORRISTOWN, DOVER, MORRIS PLAINS	
14 MAPLE AVENUE SUITE 301			AND MADISON)	
MORRISTOWN, NJ 07882				5,000
	1015			
MORRIS HABITAT FOR HUMANITY	NONE	PC	NEIGHBORHOOD REVITALIZATION/AGING IN PLACE PROGRAM	
274 SOUTH SALEM STREET				10.000
RANDOLPH, NJ 07869				10,000
MORRIS HABITAT FOR HUMANITY	NONE	PC	15TH ANNUAL HEARTS & HAMMERS GALA	
274 SOUTH SALEM STREET				4.0
RANDOLPH, NJ 07869				10,000
NETWORK OF VICTIM ASSISTANCE (NOVA)	NONE	PC .	PERSONAL EMPOWERMENT PROGRAMS (PEP) FOR ADULTS WITH	
2370 YORK ROAD, SUITE B1			DISABILITIES- VIOLENCE PREVENTION	16 505
JAMISON, PA 18929				16,505
NEW CITY KIDS	NONE	PC	AFTER SCHOOL CENTER AT JCPS #22	
240 FAIRMOUNT AVENUE	NONE	FC	AFTER SCHOOL CENTER AT UCFS #22	
JERSEY CITY, NJ 07306-3354				10,000
				10,000
NEW JERSEY COMMUNITY DEVELOPMENT	NONE	PC	MAKE THE GRADE ACADEMY AT CLIFTON HIGH SCHOOL	
CORPORATION				
PO BOX 6976				
PATERSON, NJ 07509				10,000
Total from continuation sheets	•	•		

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Part XV 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 INSTITUTE FOR DISABILITIES,	NONE	PC	ALIANZA	
INC.				
10A OAK DRIVE - ROOSEVELT PARK				
EDISON, NJ 08837				10,000
NEWARK BETH ISRAEL MEDICAL CENTER	NONE	PC	ONCOLOGY NUTRITION FOR NEWARK BETH ISRAEL MEDICAL	
201 LYONS AVENUE			CENTERS AMBULATORY PATIENTS	
NEWARK, NJ 07112-2027				15,000
NEWBRIDGE SERVICES, INC.	NONE	PC	NEWBRIDGE JOBS PLUS- TECHNOLOGY INITIATIVE	
7 INDUSTRIAL ROAD				
PEQUANNOCK, NJ 07440-1901				15,000
				•
NORTHERN NEW JERSEY COUNCIL, BOY SCOUTS	OF NONE	PC	SCOUTREACH - SUPPORTING BOY SCOUTS OF AMERICA	
AMERICA			PROGRAMS IN HARD TO SERVE NEIGHBORHOODS	
25 RAMAPO VALLEY ROAD				
OAKLAND, NJ 07436-1709			· · ·	10,000
OAK VIEW HOME & SCHOOL ASSOCIATION	NONE	PC	PLAYGROUND RENOVATION	
150 GARRABRANT AVENUE				
BLOOMFIELD, NJ 07003-4510				1,000
·				·
OCEAN COUNTY COLLEGE FOUNDATION	NONE	PC	BROOKS GIBBS SOCIAL-EMOTIONAL DEVELOPMENT	
PO BOX 2001	NONE			
TOMS RIVER, NJ 08754-2001				4,100
				1,100
OGENN MEDICAL CENTER DOWNDATION	NONE		CONTRODUCTING MADE IN CREATE	
OCEAN MEDICAL CENTER FOUNDATION	NONE	PC	COMFORTING KIDS IN CRISIS	
4900 ROUTE 33				10 000
NEPTUNE, NJ 07753				10,000
Total from continuation sheets				

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Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	ny foundation manager status of contribution substantial contributor recipient		Amount
ALISADES EMERGENCY RESIDENCE CORPORATION PERC)	NONE	PC	EMERGENCY SHELTER	
08 36TH STREET				
NION CITY, NJ 07087				5,000.
ASSAIC COUNTY COMMUNITY COLLEGE DUNDATION	NONE	PC	OPEN EDUCATION RESOURCES PROJECT	
COLLEGE BLVD. ATERSON, NJ 07505-1179				10,000.
,				
DTENTIAL INC.	NONE	PC	END THE WAITLIST BY INCREASING ACCESS TO QUALITY	
70 PHEASANT RUN SUITE #100			AUTISM TREATMENT	
EWTOWN, PA 18940-1877				7,500.
REFERRED BEHAVIORAL HEALTH GROUP	NONE	PC	DRIVING TO A BETTER FUTURE	
O BOX 2036				
AKEWOOD, NJ 08701				10,000.
RESCHOOL ADVANTAGE, INC. 5 LINDSLEY DRIVE SUITE 307 DRRISTOWN, NJ 07960-4456	NONE	PC	HIGH QUALITY EARLY EDUCATION FOR DISADVANTAGED CHILDREN	3,000.
REVENTION RESOURCES, INC.	NONE	PC	LEAP - LAW ENFORCEMENT ADOLESCENT PROGRAM	
WALTER FORAN BLVD. SUITE 410				
LEMINGTON, NJ 08822				2,000.
RINCETON HEALTHCARE SYSTEM FOUNDATION NC. PLAINSBORO ROAD SUITE 365	NONE	PC	BRISTOL-MYERS SQUIBB COMMUNITY HEALTH CENTER: DIABETES CARE PROGRAM	
LAINSBORO, NJ 08536-1913				10,000.

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Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
PROJECT LITERACY OF GREATER BERGEN COUNTY 355 MAIN STREET HACKENSACK, NJ 07601	NONE	PC	BASIC ADULT EDUCATION AND LITERACY TUTORING	3,50
ROJECT OF EASTON, INC. 20 FERRY ST. ASTON, PA 18042-4539	NONE	PC	LITERACY PROGRAM FOR ADULTS AND FAMILIES	10,00
PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT, INC. LOO FIRST STREET PERTH AMBOY, NJ 08861-4645	NONE	PC	SENIOR SERVICES CENTER	20,00
RARITAN VALLEY HABITAT FOR HUMANITY PO BOX 6275 BRIDGEWATER, NJ 08807-0275	NONE	PC	HOME SAFETY & REPAIR PROGRAM A BRUSH WITH KINDNESS	7,50
REACH OUT AND READ NEW JERSEY 2 ORCHARD DRIVE BASKING RIDGE, NJ 07920	NONE	PC	LEYENDO JUNTOS (READING TOGETHER) EARLY LITERACY SUPPORT FOR SPANISH-SPEAKING FAMILIES	7,50
RISING TIDE CAPITAL 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305-3715	NONE	PC	COMMUNITY BUSINESS ACADEMY AND BUSINESS ACCELERATION SERVICES	15,00
SAFE+SOUND SOMERSET 427 HOMESTEAD RD HILLSBOROUGH, NJ 08844	NONE	PC	2020 SPEAK TEEN LEADERSHIP CONFERENCE	5,00

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CATNE DEMED'S INTREDSTARY	NONE	PC	UDDAN COCTAL INDACE INCUDATOR	
SAINT PETER'S UNIVERSITY	NONE	PC	URBAN SOCIAL IMPACT INCUBATOR	
2641 JOHN F. KENNEDY BOULEVARD				100 000
JERSEY CITY, NJ 07306-5943				100,000
SANAR WELLNESS INSTITUTE	NONE	PC	BUILDING HEALING RELATIONSHIPS: ADDRESSING TRAUMA	
P.O. BOX 32353			WITHIN THE NJ CHILD WELFARE SYSTEM	
NEWARK, NJ 07102				15,000
SHORE HOUSE	NONE	PC	MODEL OF EXCELLENCE	
279 BROADWAY SUITE 400				
LONG BRANCH, NJ 07740				2,500
SIERRA HOUSE	NONE	PC	THE SIERRA HOUSE TRANSITIONAL PROGRAM	
134 EVERGREEN PLACE SUITE 103	NONE			
EAST ORANGE, NJ 07018-2011				10,000
SOUTH ORANGE PERFORMING ARTS CENTER	NONE	PC	SOPAC ARTS EDUCATION PROGRAM	
(SOPAC)				
ONE SOPAC WAY				
SOUTH ORANGE, NJ 07079-4402				10,000
STATE THEATRE CENTER FOR THE ARTS, INC.	NONE	PC	2019 FREDDY AWARDS CEREMONY	
453 NORTHAMPTON ST.				
EASTON, PA 18042-3515				5,000
TEACH FOR AMERICA, INC.	NONE	PC	EXPANDING THE RECRUITMENT, TRAINING, & PLACEMENT OF	
50 PARK PLACE 2ND FLOOR			EXCEPTIONAL EDUCATION LEADERS IN NEWARK	
NEWARK, NJ 07102				7,500

THE PROVIDENT BANK FOUNDATION

04-3739441

Part XV 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
TEAM WALKER 373 COMMUNIPAW AVE JERSEY CITY, NJ 07304-3723	NONE	PC	TEAM WALKER'S 18TH ANNUAL EVENING OF DREAMS	2,500
THE CENTER FOR CONTEMPORARY ART 2020 BURNT MILLS ROAD BEDMINSTER, NJ 07921	NONE	PC	ART FOR CHILDREN WITH AUTISM SPECTRUM DISORDER AND OTHER SPECIAD NEEDS	2,000
THE SHAKESPEARE THEATRE OF NEW JERSEY 3 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	PC	SHAKESPEARE THEATRE OF NEW JERSEY STUDENT MATINEE SERIES	25,000
THOMAS EDISON STATE UNIVERSITY FOUNDATION, INC. 111 WEST STATE STREET TRENTON, NJ 08608-1101	NONE	Pa	A SOLUTION-BASED APPROACH TO ONLINE CIVIC LEARNING AND COMMUNITY ENGAGEMENT	100,000
TRANSOPTIONS 2 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927-1119	NONE	PC	JUNIOR SOLAR SPRINTS	5,000
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 07207	NONE	PC	GROUP THERAPY ROOM UPGRADES	10,000
TWILIGHT WISH FOUNDATION P.O. BOX 1042 DOYLESTOWN, PA 18901	NONE	PC	SIMPLE NEEDS WISH GRANTING PROGRAM	2,000

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THE PROVIDENT BANK FOUNDATION

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
JNION CITY MUSIC PROJECT	NONE	PC	TEACHING MORE AT-RISK HUDSON COUNTY CHILDREN AND	
340B MOUNTAIN ROAD			YOUTH THROUGH UCMP'S 2020 AFTER SCHOOL ORCHESTRAL	
UNION CITY, NJ 07087			MUSIC EDUCATION PROGRAM	3,000
UNION COUNTY COLLEGE FOUNDATION	NONE	PC	UNION COUNTY COLLEGE ACADEMIC LEARNING CENTER (ALC)	
1033 SPRINGFIELD AVENUE			TUTORING AND ONLINE INSTRUCTIONAL OFFERINGS; PURCHASE	
CRANFORD, NJ 07016-1528			OF LECTURE CAPTURE DEVICE.	3,500
UNITED CEREBRAL PALSY OF HUDSON COUNTY,	NONE	PC	PEDIATRIC MEDICAL DAY CARE	
INC.				
721 BROADWAY				
BAYONNE, NJ 07002-4786				5,000
UNITED WAY OF CENTRAL JERSEY	NONE	PC	VITA - PERTH AMBOY	
32 FORD AVE				
MILLTOWN, NJ 08850-1532				10,000
UNITED WAY OF ESSEX AND WEST HUDSON 60 PARK PLACE STE 1400	NONE	PC	NEWARK WATER FUND	
NEWARK NJ 07102				1,000
/				
VISION LOSS ALLIANCE OF NEW JERSEY INC	NONE	PC	THE LEARNING LAB: SUPPORTING INDEPENDENCE,	
150 MORRIS AVENUE			COMMUNICATION, & WELL-BEING FOR PEOPLE WITH VISION	
DENVILLE, NJ 07834-2204			LOSS THROUGH TECHNOLOGY	15,000
NOTINGED GENERA OF MUE LEUTON VALLEY	NONE	Da	1 MUL ANNIHUED CARY VOLUNTEERD CHALLENCE	
VOLUNTEER CENTER OF THE LEHIGH VALLEY 2158 AVENUE C SUITE 201	NONE	PC	10TH ANNIVERSARY VOLUNTEER CHALLENGE	
BETHLEHEM, PA 18017-2148				2,500
, 1001, 2110				2,500
Total from continuation sheets				

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THE PROVIDENT BANK FOUNDATION

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	Foundation	Durpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
YOLUNTEERS OF AMERICA PENNSYLVANIA INC.	NONE	PC	CHILDRENS CENTER	
730 WEST UNION STREET ALLENTOWN, PA 18101				7,50
,				,
MCA OF METUCHEN, EDISON, WOODBRIDGE &	NONE	PC	FULL S.T.E.A.M. AHEAD	
SOUTH AMBOY 183 MIDDLESEX AVENUE				
METUCHEN, NJ 08840-1419				10,000
MCA OF MONTCLAIR	NONE	PC	CREATION OF A UNIVERSAL PLAYGROUND	
25 PARK STREET				
MONTCLAIR, NJ 07042-3407				10,000
OGI BERRA MUSEUM & LEARNING CENTER	NONE	PC	DISCOVER GREATNESS: AN ILLUSTRATED HISTORY OF NEGRO	
3 YOGI BERRA DR.			LEAGUES BASEBALL	
LITTLE FALLS, NJ 07424				10,000
OUTH CONSULTATION SERVICE, INC.	NONE	PC	YCS INSTITUTE FOR INFANT & PRESCHOOL MENTAL HEALTH	
25 EAST SALEM STREET 3RD FLOOR HACKENSACK, NJ 07601			OUTPATIENT CLINIC	20,000
IACRENGACK, NO 07001				20,000
	NONE	Da		
WCA BETHLEHEM 3895 ADLER PLACE BUILDING A SUITE 180	NONE	PC	YES! YWCA EMPOWERMENT SERIES	
BETHLEHEM, PA 18017				10,000
WCA UNION COUNTY	NONE	PC	COMMUNITY SUPPORT SERVICES	
1131 E. JERSEY STREET				
ELIZABETH, NJ 07201				5,000

THE PROVIDENT BANK FOUNDATION	04-3739441
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - ADLER APHASIA CENTER	
INCREASING ACCESS TO LONG-TERM APHASIA REHABILITATION IN NJ: SUPPORTING	
THE ADLER LIFE SKILLS PROGRAM AND A NEW ADLER APHASIA CENTER IN TOMS	
RIVER	

923655 04-01-19

Form 2220

Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

2019

Department of the Treasury Internal Revenue Service						
Name						

venue service		Go to www.irs.gov/Form2220 for instructions and the fatest information.		
			Employer ide	ntification number
THE PROVIDE	ENT BANK	FOUNDATION	04-	3739441
anarally the e		is not required to file Form 2000 (see Dart II below for expections) because the IF		w nonalty awad

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

Part I Required Annual Payment

1	Total tax (see instructions)					1	17,126.
2:	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a			
	b Look-back interest included on line 1 under section 460(b)(2)						
•	contracts or section $167(g)$ for depreciation under the income			26			
		10100					
c	Credit for federal tax paid on fuels (see instructions)						
C	1 Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation			
	does not owe the penalty						17,126.
4	Enter the tax shown on the corporation's 2018 income tax retu	urn. S	ee instructions. Caution:	If the tax is zero			
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 c	on line 5		4	18,875.
5	Required annual payment. Enter the smaller of line 3 or line	4. lf 1	the corporation is require	d to skip line 4,			
_	enter the amount from line 3						17,126.
ŀ	Part II Reasons for Filing - Check the boxes belo	w tha	t apply. If any boxes are o	checked, the corpora	ation	must file Form 2220	
	even if it does not owe a penalty. See instructions.						
6	The corporation is using the adjusted seasonal install						
7	X The corporation is using the annualized income instal						
8	X The corporation is a "large corporation" figuring its firs	st requ	uired installment based o	n the prior year's tax	κ.		
	Part III Figuring the Underpayment						
		-+	(a)	(b)		(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:			•			
	Use 5th month), 6th, 9th, and 12th months of the			06/15/10		00/15/10	10/15/10
	corporation's táx yeár	9	05/15/19	06/15/19		09/15/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7						
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,		4 . 2 . 2 . 2			0.05	F 070
	enter 25% (0.25) of line 5 above in each column	10	4,282.			865.	5,879.
11	Estimated tax paid or credited for each period. For						
	column (a) only, enter the amount from line 11 on line 15.		F 000			0 000	
	See instructions	11	7,000.	2,0	00.	8,000.	
	Complete lines 12 through 18 of one column						
	before going to the next column.			2 7	10	4 710	11 052
	Enter amount, if any, from line 18 of the preceding column	12		2,7		4,718.	,
	Add lines 11 and 12	13		4,7	18.	12,718.	11,853.
	Add amounts on lines 16 and 17 of the preceding column	14	7 000	4 7	10	10 710	11 052
	Subtract line 14 from line 13. If zero or less, enter -0-	15	7,000.	4,7	10.	12,718.	11,853.
16	If the amount on line 15 is zero, subtract line 13 from line					0	
	14. Otherwise, enter -0-	16				0.	
17	Underpayment. If line 15 is less than or equal to line 10,						
	subtract line 15 from line 10. Then go to line 12 of the next						
	column. Otherwise, go to line 18	17			-+		
18	Overpayment. If line 10 is less than line 15, subtract line 10		2 710	4,7	10	11 050	
0	from line 15. Then go to line 12 of the next column	18	2,718.	,		11,853.	
G0	to Part IV on page 2 to figure the penalty. Do not go to Part IV	v it th	ere are no entries on lin	e 17 - no penalty is	owed		

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2019)

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Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month						
	instead of 4th month.) See instructions	19					
0	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21					
2	Underpayment on line 17 x Number of days on line 21 x 6% (0.06) 365	22	\$	\$	\$		\$
3	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23					
1	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$		\$
5	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25					
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) 365	26	\$	\$	\$		\$
7	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27					
B	Underpayment on line 17 x Number of days on line 27 x 5% (0.05) 366	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29					
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
I	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31					
2	Underpayment on line 17 x Number of days on line 31 x %	32	\$	\$	\$		\$
3	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33					
1	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
5	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35					
3	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
,	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	1	\$
}	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, I	ine 34; or the comparable)		\$

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2019)

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Form 2220 (2019)

FORM 990-PF

Page 3

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

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

Part I Adjusted Seasonal Installment Method

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

		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2016	1a				
b Tax year beginning in 2017	1b				
c Tax year beginning in 2018	1c				
2 Enter taxable income for each period for the tax year beginning in					
2019. See the instructions for the treatment of extraordinary items	2				
		First 4 months	First 6 months	First 9 months	Entire year
3 Enter taxable income for the following periods.					Linne year
a Tax year beginning in 2016	3a				
b Tax year beginning in 2017	3b				
c Tax year beginning in 2018	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the	_				
amount in column (d) on line 3b 6 Divide the amount in each column on line 1c by the	5				
amount in column (d) on line 3c	6				
	0				
7 Add lines 4 through 6	7				
	, ,				
8 Divide line 7 by 3.0	8				
9 a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on In 9c using the instr for Form					
1120, Sch J, line 2, or comparable line of corp's return	10				
11 a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
${\bf b}$ Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	110				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter	14				
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each	15				
payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

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Form 2220 (2019)

THE PROVIDENT BANK FOUNDATION

Form 2220 (2019)

Part II Annualized Income Installment Method

		(a)	(b)	(C)	(d)
		First 2	First 4	First 7	First 10
20 Annualization periods (see instructions)	20	months	months	months	months
21 Enter taxable income for each annualization period. See					
instructions for the treatment of extraordinary items	21	375,954.	215,556.	400,289.	918,825.
22 Annualization amounts (see instructions)	22	6.00000	3.000000	1.714290	1.200000
23a Annualized taxable income. Multiply line 21 by line 22	23a	2,255,724.	646,668.	686,211.	1,102,590.
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c	2,255,724.	646,668.	686,211.	1,102,590.
24 Figure the tax on the amount on line 23c using the					
instructions for Form 1120, Schedule J, line 2,					
or comparable line of corporation's return	24	22,557.	6,467.	6,862.	11,026.
25 Enter any alternative minimum tax (trusts only) for each					
payment period (see instructions)	25				
26 Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27	22,557.	6,467.	6,862.	11,026.
28 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	28				
29 Total tax after credits. Subtract line 28 from line 27. If					
zero or less, enter -0-	29	22,557.	6,467.	6,862.	11,026.
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	5,639.	3,234.	5,147.	11,026.
Part III Required Installments				· · ·	· · · · · ·
Note: Complete lines 32 through 38 of one column	T - 1	1st	2nd	3rd	4th
before completing the next column.		installment	installment	installment	installment
32 If only Part I or Part II is completed, enter the amount in		Instantiont	Instantion	mstamment	Instantion
each column from line 19 or line 31. If both parts are					
completed, enter the smaller of the amounts in each					
column from line 19 or line 31	32	5,639.	3,234.	5,147.	11,026.
33 Add the amounts in all preceding columns of line 38.		,	,	,	,
See instructions	33		4,282.	4,282.	5,147.
34 Adjusted seasonal or annualized income installments.					
Subtract line 33 from line 32. If zero or less, enter -0-	34	5,639.	0.	865.	5,879.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in					
each column. Note: "Large corporations," see the					
instructions for line 10 for the amounts to enter	35	4,282.	4,281.	4,282.	4,281.
36 Subtract line 38 of the preceding column from line 37 of					
the preceding column	36			4,281.	7,698.
37 Add lines 35 and 36	37	4,282.	4,281.	8,563.	11,979.
38 Required installments. Enter the smaller of line 34 or					·
line 37 here and on page 1 of Form 2220, line 10.					
See instructions	38	4,282.	0.	865.	5,879.
					Form 2220 (2019)

** ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1

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