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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.**

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation
THE PROVIDENT BANK FOUNDATION

A Employer identification number
04-3739441

Number and street (or P.O. box number if mail is not delivered to street address)
250 MADISON AVENUE

Room/suite

B Telephone number (see instructions)
(732) 590-9350

City or town, state or province, country, and ZIP or foreign postal code
MORRISTOWN, NJ 07960

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 19,262,404

J Accounting method: ☐ Cash ☐ Accrual ☑ Other (specify) MODIFIED CASH
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	91	91		
	4	Dividends and interest from securities	829,159	829,159		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	197,954			
	b	Gross sales price for all assets on line 6a 2,135,418				
	7	Capital gain net income (from Part IV, line 2)		197,954		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	1,027,204	1,027,204		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	147,731	0		147,731
	14	Other employee salaries and wages	80,099	0		80,099
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	26,100	13,050		13,050
	c	Other professional fees (attach schedule)	104,521	44,988		59,533
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	12,126	0		0
	19	Depreciation (attach schedule) and depletion	6,895	0		
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	54,788	0		54,788
	24	**Total operating and administrative expenses.** Add lines 13 through 23	432,260	58,038		355,201
	25	Contributions, gifts, grants paid	949,540			949,540
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,381,800	58,038		1,304,741
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-354,596			
	b	**Net investment income** (if negative, enter -0-)		969,166		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		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	536,182	507,620	507,620
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	18,465	18,465	18,465
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	24,305,401	18,724,743	18,724,743
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ 100,269			
	Less: accumulated depreciation (attach schedule) ▶ 88,693	18,471	11,576	11,576
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	24,878,519	19,262,404	19,262,404
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 (attach schedule)			
	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 ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	24,878,519	19,262,404	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ 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** (see instructions)	24,878,519	19,262,404	
	30 **Total liabilities and net assets/fund balances** (see instructions)	24,878,519	19,262,404	

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	24,878,519
2	Enter amount from Part I, line 27a	2	-354,596
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	24,523,923
5	Decreases not included in line 2 (itemize) ▶	5	5,261,519
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	19,262,404

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., 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.)
1 a	PUBLICLY TRADED SECURITIES	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	2,135,418		1,937,464	197,954
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			197,954
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	197,954
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	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	13,471
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% 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	13,471
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	13,471
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 12,000		
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	12,000
8	Enter any **penalty** for underpayment of estimated tax. Check here ☑ 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	1,471
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 2021 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
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 designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b		No
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.THEPROVIDENTBANKFOUNDATION.ORG

14 The books are in care of ▶ GEORGE DAILEY JR THE FDN Telephone no. ▶ (732) 590-9350

Located at ▶ 100 WOOD AVENUE SOUTH ISELIN NJ ZIP+4 ▶ 088302727

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 ▶ 15

16	At any time during calendar year 2020, 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?	16		No

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

Part 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.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☑ Yes	☐ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☑ Yes	☐ No	
	(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)?	☐ Yes	☑ No	
	(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.)	☐ Yes	☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑ No	
b	If "Yes," did it have excess business holdings in 2020 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2020?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
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	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	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? ☐ Yes ☐ 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 pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

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

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
NONE				

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). 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 100 WOOD AVENUE SOUTH ISELIN, NJ 08830	SEE STATEMENT #8	305,886
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-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	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0

Part X 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	17,118,284
b	Average of monthly cash balances	1b	449,614
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	17,567,898
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	17,567,898
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	263,518
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,304,380
6	**Minimum investment return.** Enter 5% of line 5	6	865,219

Part XI 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 X, line 6			1	865,219
2a	Tax on investment income for 2020 from Part VI, line 5	2a	13,471		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	13,471
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	851,748
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	851,748
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	851,748

Part XII 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	1,304,741
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	1,304,741
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. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,304,741

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				851,748
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 238,633				
b From 2016. 183,285				
c From 2017. 79,686				
d From 2018. 210,296				
e From 2019. 499,827				
f **Total** of lines 3a through e.	1,211,727			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 1,304,741				
a Applied to 2019, 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 2020 distributable amount.				851,748
e Remaining amount distributed out of corpus	452,993			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,664,720			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions) . . .	238,633			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	1,426,087			
10 Analysis of line 9:				
a Excess from 2016. . . . 183,285				
b Excess from 2017. . . . 79,686				
c Excess from 2018. . . . 210,296				
d Excess from 2019. . . . 499,827				
e Excess from 2020. . . . 452,993				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV 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).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

SAMANTHA PLOTINO EXECUTIVE DIRECTOR
THE PROVIDENT BANK FOUNDATION 250
MADISON AVE
MORRISTOWN, NJ 07960
(862) 260-3990
SAMANTHA.PLOTINO@PROVIDENT.BANK

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

IF YOUR ORGANIZATION IS SEEKING A GRANT, THE BEST PLACE TO START IS TO REVIEW PBF GRANT GUIDELINES. PLEASE REFER TO WWW.THEPROVIDENTBANKFOUNDATION.ORG FOR INFORMATION. IF YOU HAVE QUESTIONS, CONTACT THE PBF OFFICE AT FOUNDATION@PROVIDENT.BANK TO SCHEDULE A TIME TO REVIEW YOUR QUESTIONS. AFTER REVIEWING THE GUIDELINES, APPLICATION LINKS CAN BE ACCESSED THROUGH THE APPLICATION SECTION OF THE ABOVE REFERENCED WEBSITE.

c Any submission deadlines:

PLEASE REFER TO DETAILS INDICATED ON WWW.THEPROVIDENTBANKFOUNDATION.ORG IN THE APPLICATION SECTION.

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

ORGANIZATIONS SEEKING FUNDING FROM THE PROVIDENT BANK FOUNDATION MUST BE CERTIFIED AS A TAX EXEMPT PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED AS NOT A PRIVATE FOUNDATION" UNDER SECTION 509(A)(1) OR 509(A)(2). PBF SEEKS GRANTEE ORGANIZATIONS THAT SHOW PASSION FOR THEIR MISSION AND MEET HIGH STANDARDS OF GOVERNANCE, ACCOUNTABILITY, AND FISCAL MANAGEMENT.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future 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* See Additional Data Table				
Total . . . . . ▶ **3a**				949,540
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	91	
4 Dividends and interest from securities			14	829,159	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	197,954	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		1,027,204	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	1,027,204

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2021-04-23	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
JAMES J REILLY		2021-04-23		P00183769

Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP	Firm's EIN ▶13-3628255
Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Phone no. (212) 661-7777

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
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
GEORGE DAILEY JR SEE STMT 8 250 MADISON AVENUE MORRISTOWN, NJ 07960	TREASURER 5.00	14,577	0	0
SAMANTHA PLOTINO SEE STMT 8 250 MADISON AVENUE MORRISTOWN, NJ 07960	EXECUTIVE DIRECTOR 37.50	87,595	0	0
JANE KUREK SEE STMT 8 250 MADISON AVENUE MORRISTOWN, NJ 07960	FORMER EXECUTIVE DIRECTOR 37.50	37,559	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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
180 TURNING LIVES AROUND INC 1 BETHANY ROAD BUILDING 3 STE 42 HAZLET, NJ 07730	NONE	PC	MONMOUTH COUNTY FAMILY JUSTICE CENTER	20,000
ADULT DAY CENTER OF SOMERSET COUNTY 872 E MAIN ST BRIDGEWATER, NJ 088073395	NONE	PC	GENERAL OPERATING SUPPORT	5,000
ALLEGRO SCHOOL INC 125 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927	NONE	PC	TECHNOLOGY TOOLS ENHANCING ABA IMPLEMENTATION	7,500
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
AMERICA NEEDS YOU 201 MONTGOMERY STREET 2ND FLOOR JERSEY CITY, NJ 07302	NONE	PC	NEW JERSEY FELLOWS PROGRAM (HUDSON COUNTY ONLY)	7,500
AMERICA'S GROW-A-ROW 150 PITTSTOWN ROAD PITTSTOWN, NJ 08867	NONE	PC	GENERAL OPERATING SUPPORT	5,000
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN, PA 18901	NONE	PC	ANN SILVERMAN COMMUNITY HEALTH CLINIC	3,500
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
BERGEN VOLUNTEER CENTER 64 PASSAIC STREET HACKENSACK, NJ 07601	NONE	PC	CHORE PROGRAM TEANECK, DUMONT, AND LEONIA ONLY	2,500
BERGEN VOLUNTEER MEDICAL INITIATIVE INC 75 ESSEX STREET SUITE 100 HACKENSACK, NJ 07601	NONE	PC	GENERAL OPERATING SUPPORT	5,000
BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY 305 BOND STREET 2ND FLOOR ASBURY PARK, NJ 077127010	NONE	PC	ONE-TO-ONE YOUTH MENTORING	15,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
BIG BROTHERS BIG SISTERS OF ESSEX HUDSON & UNION COUNTIES 500 BROAD STREET 2ND FLOOR NEWARK, NJ 07040	NONE	PC	MENTORING FROM A DISTANCE	5,000
BLOOMFIELD COLLEGE 467 FRANKLIN STREET BLOOMFIELD, NJ 07003	NONE	PC	BLOOMFIELD COLLEGE SCHOLARSHIP EVENING	2,500
BOYS & GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVENUE ASBURY PARK, NJ 07712	NONE	PC	BGCM BOUNDLESS	3,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
BRAIN INJURY ALLIANCE OF NEW JERSEY 825 GEORGES ROAD FLOOR 2 NORTH BRUNSWICK, NJ 08902	NONE	PC	C.A.R.E.S. CARE MANAGEMENT PROGRAM	3,000
BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION 275 SWAMP ROAD NEWTOWN, PA 18940	NONE	PC	ULTRASOUND TECHNOLOGISTS: A CRITICAL HEALTHCARE NEED FOR THE COMMUNITY	15,000
CALAIS SCHOOL45 HIGHLAND AVENUE WHIPPANY, NJ 07981	NONE	PC	THE ANIMAL ASSISTED INTERVENTION (AAI) THERAPY PROGRAM	15,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
CAREGIVER VOLUNTEERS OF CENTRAL JERSEY 67 ROUTE 37 WEST RIVERWOOD PLAZA 2 STE 201 TOMS RIVER, NJ 08755	NONE	PC	INCREASE TECHNOLOGY TO INCREASE VOLUNTEER ENGAGEMENT AND IMPACT	10,000
CARING CONTACTPO BOX 2376 WESTFIELD, NJ 07091	NONE	PC	PREPARING FOR 988: BUILDING HOTLINE CAPACITY	15,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK 590 NORTH 7TH STREET NEWARK, NJ 07107	NONE	PC	CLEANING SUPPLIES FOR FOUR EMERGENCY SHELTERS	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
CENTER FOR HOPE AND SAFETY 12 OVERLOOK AVENUE ROCHELLE PARK, NJ 07662	NONE	PC	LEGAL SERVICES PROGRAM FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR FAMILIES	10,000
CENTER FOR NON PROFIT CORPORATIONS 3635 QUAKERBRIDGE ROAD SUITE 5 MERCERVILLE, NJ 08619	NONE	PC	RECKONING, RESHAPING, REBUILDING: 2020 VIRTUAL NEW JERSEY NON-PROFIT CONFERENCE	3,500
CENTER JERSEY HOUSING RESOURCE CENTER 92 EAST MAIN STREET SUITE 407 SOMERVILLE, NJ 08876	NONE	PC	HOUSING RESOURCE CENTER PROGRAMS	2,500
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
CHILD CARE RESOURCES OF MONMOUTH COUNTY INC 3301C ROUTE 66 PO BOX 1234 NEPTUNE, NJ 07754	NONE	PC	MONMOUTH COUNTY DIAPER BANK	2,250
COUNCIL OF NEW JERSEY GRANTMAKERS 111 WEST STATE STREET TRENTON, NJ 086081101	NONE	PC	THE COUNCIL OF NEW JERSEY GRANTMAKERS 2020 ANNUAL MEETING AND HOLIDAY GATHERING	2,500
COURT APPOINTED SPECIAL ADVOCATES OF MONMOUTH COUNTY INC 400 STATE ROUTE 34 2ND FLOOR COLTS NECK, NJ 07722	NONE	PC	ADVOCACY FOR ABUSED & NEGLECTED CHILDREN IN FOSTER CARE	3,500
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
COURT APPOINTED SPECIAL ADVOCATES OF NEW JERSEY INC 77 CHURCH STREET NEW BRUNSWICK, NJ 089011242	NONE	PC	IMPROVING EDUCATIONAL ADVOCACY AND OUTCOMES FOR YOUTH IN FOSTER CARE	10,000
DENTAL LIFELINE NETWORK - NEW JERSEY PO BOX 2117 EDISON, NJ 08818	NONE	PC	NEW JERSEY DONATED DENTAL SERVICES (DDS) - WARREN, MORRIS, HUNTERDON COUNTIES	7,500
EMBRACE KIDS FOUNDATION 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	PC	EMBRACING KIDS WITH CHRONIC ILLNESSES	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
EVA'S VILLAGE393 MAIN STREET PATERSON, NJ 07501	NONE	PC	GENERAL OPERATING SUPPORT	5,000
FAIRLEIGH DICKINSON UNIVERSITY 1000 RIVER ROAD H-DH3-13 TEANECK, NJ 07666	NONE	PC	PRE-COLLEGIATE STEM DISCOVERY PROGRAM	15,000
FAMILY CONNECTIONS INC 7 GLENWOOD AVENUE SUITE 101 EAST ORANGE, NJ 07017	NONE	PC	MIGRATION OF SERVICES TO VIRTUAL PLATFORMS	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
FAMILY PROMISE OF HUNTERDON COUNTY INC 10 EAST MAIN STREET FLEMINGTON, NJ 088221208	NONE	PC	SHELTERING FAMILIES IN HUNTERDON COUNTY NEIGHBORS HELPING NEIGHBORS	2,000
FELICIAN UNIVERSITY1 FELICIAN WAY RUTHERFORD, NJ 07644	NONE	PC	FELICIAN UNIVERSITY INTERNSHIP FUND	10,000
FLEMINGTON FOOD PANTRY 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	PC	NUTRITION AND HEALTH PROGRAM	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
FOUNDATION AT NEW JERSEY INSTITUTE OF TECHNOLOGY 323 DR MARTIN LUTHER KING JR BLVD UNIVERSITY HEIGHTS NEWARK, NJ 07102	NONE	PC	PRODUCTION OF FACE SHIELDS FOR EMERGENCY RESPONDERS	5,000
FREEDOM HOUSE INC 2004 ROUTE 31 NORTH SUITE 9 CLINTON, NJ 08809	NONE	PC	SUPPORTING RECOVERY AND FAMILY REUNIFICATION SERVICES IN NEW JERSEY	15,000
GARDEN STATE EPISCOPAL COMMUNITY DEVELOPMENT CORPORATION 118 SUMMIT AVENUE JERSEY CITY, NJ 07304	NONE	PC	DROP-IN CENTER FOR HOMELESS FAMILIES	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVENUE LAKEWOOD, NJ 08701	NONE	PC	NEWBORN TORY NEONATAL SIMULATOR FOR CLINICAL NURSING EDUCATION	24,500
GERIATRICS SERVICES INC 300 TEANECK ROAD TEANECK, NJ 07666	NONE	PC	PORTABLE ASSISTED LIVING SERVICES (PALS)	7,500
GIGI'S PLAYHOUSE HILLSBOROUGH LLC 450 AMWELL ROAD SUITE H HILLSBOROUGH, NJ 08844	NONE	PC	LIVING INDEPENDENTLY IS FOR EVERYONE (L.I.F.E.)	3,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
HANDS IN 4 YOUTH256 MACOPIN ROAD WEST MILFORD, NJ 07480	NONE	PC	CAMP VACAMAS FOR JERSEY CITY YOUTH	10,000
HOBOKEN CHARTER SCHOOL INC 713 WASHINGTON STREET HOBOKEN, NJ 07030	NONE	PC	RESTORATIVE JUSTICE PROGRAM	20,000
HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
HOMELESS SOLUTIONS 3 WING DRIVE SUITE 245 CEDAR KNOLLS, NJ 07927	NONE	PC	HOMELESS SOLUTIONS DOMESTIC VIOLENCE COUNSELING TRAINING	15,000
HOMESHARING120 FINDERNE AVE BRIDGEWATER, NJ 088073670	NONE	PC	SHARED AFFORDABLE HOUSING	3,000
HUDSON COUNTY CASA 422 HOBOKEN AVENUE JERSEY CITY, NJ 07306	NONE	PC	PROJECT HELPING HANDS	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
HUDSON COUNTY CHAMBER FOUNDATION INC 150 HUDSON STREET SUITE 100 JERSEY CITY, NJ 07311	NONE	PC	#HUDSONGIVES	5,000
HUDSON PRIDE CENTERPO BOX 8116 JERSEY CITY, NJ 07308	NONE	PC	AFABULOUS: COMMUNITY RESOURCE DEVELOPMENT FOR INDIVIDUALS ASSIGNED FEMALE AT BIRTH	50,000
HUNTERDON COUNTY YMCA 1410 ROUTE 22 WEST ANNANDALE, NJ 08801	NONE	PC	COMMUNITY OUTREACH SERVICES AND EMERGENCY CHILDCARE	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
HYACINTH AIDS FOUNDATION 317 GEORGE STREET SUITE 203 NEW BRUNSWICK, NJ 08901	NONE	PC	S.H.E. COMES FIRST (SEXUAL HEALTH EMPOWERMENT)	10,000
JBWSPO BOX 1437 MORRISTOWN, NJ 07962	NONE	PC	DATING ABUSE PREVENTION PROGRAM	3,000
JEWISH COMMUNITY CENTER OF MIDDLESEX COUNTY 1775 OAK TREE ROAD EDISON, NJ 08820	NONE	PC	VARIOUS SOUNDS OF MUSIC AT THE JCC	10,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
JEWISH FAMILY & CHILDREN'S SERVICES OF GREATER MERCER COUNTY 707 ALEXANDER ROAD SUITE 102 PRINCETON, NJ 08540	NONE	PC	FOOD DISTRIBUTION VIA MOBILE FOOD PANTRY AND BRICK AND MORTAR FOOD PANTRY EAST WINDSOR & HIGHTSTOWN	12,500
JEWISH FAMILY SERVICE OF SOMERSET HUNTERDON & WARREN COUNTIES 150A WEST HIGH STREET SOMERVILLE, NJ 088761854	NONE	PC	SENIOR SERVICE CARE MANAGEMENT AND COUNSELING PROGRAM	3,000
JEWISH FAMILY SERVICES OF MIDDLESEX COUNTY 32 FORD AVE 2ND FLOOR MILLTOWN, NJ 08850	NONE	PC	FOOD PANTRIES	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
LITERACY NEW JERSEY INC 100 MENLO PARK DRIVE SUITE 314 EDISON, NJ 08837	NONE	PC	ADULT LITERACY PROGRAMS IN OCEAN COUNTY	2,500
LITERACY VOLUNTEERS OF MORRIS COUNTY 16 ELM STREET MORRISTOWN, NJ 07960	NONE	PC	SUPPORT FOR ADULT LITERACY PROGRAM	2,500
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 4240 FRITCH DRIVE BETHLEHEM, PA 180209344	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
MENTAL HEALTH ASSOCIATION IN PASSAIC COUNTY 404 CLIFTON AVENUE CLIFTON, NJ 07011	NONE	PC	MINDFULNESS-BASED PLAY FAMILY THERAPY FOR LOW-INCOME FAMILIES	7,500
MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS INC 33 SOUTH FULLERTON AVENUE MONTCLAIR, NJ 07042	NONE	PC	INTEGRATED CASE MANAGEMENT SERVICES	2,500
MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY INC 106 APPLE STREET SUITE 110 TINTON FALLS, NJ 07724	NONE	PC	RED BANK RESOURCE NETWORK (RBRN)	2,500
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
MERCY CENTER1106 MAIN ST ASBURY PARK, NJ 077125925	NONE	PC	MERCY CENTERS FOOD PANTRY	2,500
MIDDLESEX COUNTY RECREATION COUNCIL KIDDIE KEEP WELL CAMP 35 ROOSEVELT DRIVE EDISON, NJ 08837	NONE	PC	KIDDIE KEEP WELL CAMP	15,000
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
MONMOUTH UNIVERSITY 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764	NONE	PC	NURSING SKILLS LAB CAPACITY BUILDING INITIATIVE	4,890
MONTCLAIR STATE UNIVERSITY FOUNDATION 1 NORMAL AVENUE MONTCLAIR, NJ 07043	NONE	PC	MIXLAB - IMMEDIATE PRODUCTION OF PPES FOR AREA HOSPITALS	5,000
MOVE FOR HUNGER 4 HENDRICKSON AVENUE SUITE 4 RED BANK, NJ 07701	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
NEW BETHANY MINISTRIES 333 WEST 4TH STREET BETHLEHEM, PA 18015	NONE	PC	DIGITAL CHOICE FOOD PANTRY	7,500
NEW JERSEY CHAMBER OF COMMERCE FOUNDATION 216 WEST STATE STREET THIRD FLOOR TRENTON, NJ 08608	NONE	PC	JOBS FOR NEW JERSEY'S GRADUATES NEWARK, CARTERET, AND NEW BRUNSWICK ONLY	5,000
NEW JERSEY CITY UNIVERSITY 2039 JOHN F KENNEDY BOULEVARD HEPBURN HALL ROOM 315 JERSEY CITY, NJ 07305	NONE	PC	NEW JERSEY COUNCIL FOR ECONOMIC EDUCATION (NJCEE) AT NJCU	3,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
NEW JERSEY INSTITUTE FOR DISABILITIES INC 10A OAK DRIVE - ROOSEVELT PARK EDISON, NJ 08837	NONE	PC	ALIANZA/WISE OWLS CLUB	10,000
NEW JERSEY PERFORMING ARTS CENTER (NJPAC) 1 CENTER STREET NEWARK, NJ 07102	NONE	PC	NJPAC PROFESSIONAL DEVELOPMENT	10,000
NEWARK ARTS COUNCIL 17 ACADEMY STREET 702 NEWARK, NJ 07112	NONE	PC	FOUR CORNERS PUBLIC ARTS	10,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 071122027	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000
NORTHEAST COMMUNITY CENTER PO BOX 1463 BETHLEHEM, PA 18016	NONE	PC	EMERGENCY FOOD PANTRY	5,000
NORTHERN NEW JERSEY COUNCIL BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY ROAD OAKLAND, NJ 074361709	NONE	PC	SCOUTREACH - SUPPORTING BOY SCOUTS OF AMERICA PROGRAMS IN HARD TO SERVE NEIGHBORHOODS IN HUDSON COUNTY	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
OCEAN MEDICAL CENTER FOUNDATION 1340 CAMPUS PARKWAY BUILDING C UNIT 4N NEPTUNE, NJ 07753	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000
PACE EDUCATION 234 WILLIAM LIVINGSTON CT PRINCETON, NJ 08540	NONE	PC	PERSONALIZED ACADEMIC COACHING EAST WINDSOR AND WEST WINDSOR ONLY	2,000
PARTNERS FOR WOMEN AND JUSTICE 650 BLOOMFIELD AVENUE SUITE 209 BLOOMFIELD, NJ 07003	NONE	PC	DV PRO BONO PROGRAM	20,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) 4801 LINDLE ROAD HARRISBURG, PA 17111	NONE	PC	NONPROFIT COVID-19 RECOVERY TRAINING	3,000
PROJECT OF EASTON INC320 FERRY ST EASTON, PA 180424539	NONE	PC	PROJECTS ADULT AND FAMILY LITERACY PROGRAMS	10,000
RIPPLE COMMUNITY INC 1335 W LINDEN ST ALLENTOWN, PA 18102	NONE	PC	COMMUNITY BUILDING CENTER	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
RISING TIDE CAPITAL 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 073053715	NONE	PC	SMALL BUSINESS RESILIENCE AND RECOVERY INITIATIVE	20,000
SALVATION ARMY 2200 HAMILTON STREET SUITE 200 ALLENTOWN, PA 18104	NONE	PC	THE HALO PROJECT (HEALING, ATTACHMENT, LOVING, OUTREACH) FOR TEENS	10,000
SANAR WELLNESS INSTITUTE PO BOX 32353 NEWARK, NJ 07066	NONE	PC	BUILDING HEALING RELATIONSHIPS WITH TRAUMA SURVIVORS	10,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
SCHOLARSHIP FUND FOR INNER-CITY CHILDREN 171 CLIFTON AVENUE NEWARK, NJ 07104	NONE	PC	AN AFTERNOON OF BLACK MUSIC AND ART	2,000
SIERRA HOUSE 134 EVERGREEN PLACE SUITE 103 EAST ORANGE, NJ 070182011	NONE	PC	THE SIERRA HOUSE TRANSITIONAL PROGRAM	15,000
SOCIETY FOR THE PREVENTION OF TEEN SUICIDE INC 110 WEST MAIN STREET FREEHOLD, NJ 07728	NONE	PC	ACTS: ADOLESCENT CLINICIAN TRAINING FOR SUICIDE PREVENTION	100,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
SOUP KITCHEN 411PO BOX 1698 BETHLEHEM, PA 18016	NONE	PC	FEEDNJ - PERTH AMBOY ONLY	2,500
SPECTRUM FOR LIVING 210 RIVERDALE ROAD SUITE 3 RIVER VALE, NJ 07675	NONE	PC	EDISON GROUP HOME 100 & 300 KITCHEN RENOVATIONS	10,000
STATE THEATRE NEW JERSEY ADMINISTRATIVE OFFICES 9 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	PC	COMMUNITY ACCESS INITIATIVE	25,000
Total . . . . . ▶ **3a**				949,540

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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*				
STUDENTS 2 SCIENCE 66 DEFOREST AVENUE EAST HANOVER, NJ 07936	NONE	PC	INSPIRING NEXT GENERATION OF STEM LEADERS	10,000
SUMMIT MEDICAL GROUP FOUNDATION 890 MOUNTAIN AVENUE SUITE 305 NEW PROVIDENCE, NJ 07974	NONE	PC	HEALTHY TOMORROWS COMMUNITY OUTREACH	15,000
SUSAN G KOMEN NEW JERSEY 2 PRINCESS ROAD SUITE D LAWRENCEVILLE, NJ 08648	NONE	PC	2020 METASTATIC BREAST CANCER CONFERENCE	5,000
Total . . . . . ▶ **3a**				949,540

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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*				
TABLE TO TABLEPO BOX 1051 ENGLEWOOD CLIFFS, NJ 07604	NONE	PC	GENERAL OPERATING SUPPORT	5,000
TEAM WALKER373 COMMUNIPAW AVE JERSEY CITY, NJ 073043723	NONE	PC	AFTER SCHOOL PROGRAM (K-3)	3,000
THE HOBOKEN SHELTER 300 BLOOMFIELD STREET HOBOKEN, NJ 07030	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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*				
THE NEWARK MUSEUM OF ART 49 WASHINGTON STREET NEWARK, NJ 07102	NONE	PC	PROVIDING VIRTUAL EDUCATION ON DIVERSITY AND AMERICAN IDENTITY (DAI) TO FIFTH GRADE STUDENTS IN NEWARK PUBLIC SCHOOLS	10,000
THE RWJ UNIVERSITY HOSPITAL FOUNDATION INC PO BOX 156 NEW BRUNSWICK, NJ 08903	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000
THE SUMMIT AREA YMCA 99 MORRIS AVENUE SUMMIT, NJ 07901	NONE	PC	LOL CHARITY AUCTION & COMEDY EVENT	1,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 07207	NONE	PC	PERSONAL PROTECTIVE EQUIPMENT (PPE)	5,000
TRUE MENTORS INCPO BOX 6264 HOBOKEN, NJ 07030	NONE	PC	TM FRESH PRODUCE WORKSHOPS	2,500
VALLEY YOUTH HOUSE COMMITTEE INC 3400 HIGH POINT BLVD BETHLEHEM, PA 18017	NONE	PC	RAPID RE-HOUSING PROGRAM FOR FAMILIES WITH CHILDREN	13,000
Total . . . . . ▶ **3a**				949,540

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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*				
VANTAGE HEALTH SYSTEM INC 2 PARK AVENUE DUMONT, NJ 07628	NONE	PC	MEDICATION ASSISTED OPIOID TREATMENT	10,000
VETS CHAT INC 2460 LEMOINE AVENUE STAFF 400 FORT LEE, NJ 07024	NONE	PC	THE VETS CHAT AND CHEW PROGRAM CHEF AND PROGRAM SUPPLIES ONLY	2,400
VISITING NURSE ASSOCIATION HEALTH GROUP OF NEW JERSEY 23 MAIN STREET SUITE D1 HOLMDEL, NJ 07733	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
VOLUNTEERS OF AMERICA PENNSYLVANIA INC 730 WEST UNION STREET ALLENTOWN, PA 18101	NONE	PC	CHILDRENS CENTER OF VOLUNTEERS OF AMERICA PA	10,000
YMCA UNION COUNTYPO BOX 462 KENILWORTH, NJ 07033	NONE	PC	DOMESTIC VIOLENCE COMMUNITY SUPPORT SERVICES	3,000
YOGI BERRA MUSEUM & LEARNING CENTER 8 YOGI BERRA DR LITTLE FALLS, NJ 07424	NONE	PC	DISCOVER GREATNESS ONLINE EDITION	10,000
Total . . . . . ▶ **3a**				949,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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*				
YORK STREET PROJECT89 YORK STREET JERSEY CITY, NJ 07302	NONE	PC	ST. JOSEPH'S HOUSING & SUPPORTIVE SERVICES	15,000
Total . . . . . ▶ **3a**				949,540

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TY 2020 Accounting Fees Schedule

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONDON O'MEARA MCGINTY & DONNELLY LLP - AUDIT & TAX SERVICES	26,100	13,050		13,050

TY 2020 Contractor Compensation Explanation

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Contractor	Explanation
THE PROVIDENT BANK	THE PROVIDENT BANK PAID (OR WAS REIMBURSED BY THE FOUNDATION) IN THE AMOUNT OF $305,886, AS REPORTED ON PART VIII, LINE 3, FOR THE FOLLOWING SERVICES:1. $139,731 - GEORGE DAILEY, JR., TREAS., SAMANTHA PLOTINO, EXEC. DIR. & JANE KUREK, FMR. EXEC. DIR. (STMT #7);2. $80,099 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);3. $37,741 - FIDUCIARY TRUST FEES (STMT #2); AND4. $48,315 - ADMINISTRATIVE SERVICES (STMT #2).

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TY 2020 Explanation of Non-Filing with Attorney General Statement

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Statement:

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

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TY 2020 Investments Corporate Stock Schedule

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PROVIDENT FINANCIAL SVCS INC COM	14,757,733	14,757,733
ARK INNOVATION	189,847	189,847
ISHARES CORE S&P SMALL	253,828	253,828
ISHARES GOLD ETF	196,529	196,529
ISHARES IBOXX	157,227	157,227
ISHARES TR IS	310,276	310,276
PACER BNCHMRK DT	193,733	193,733
PIMCO ENHNCD SHRT MATRTY	502,649	502,649
SELECT SECTOR INDUSTRIAL	391,568	391,568
VANGUARD FTSE DEVELOPED	531,160	531,160
VANGUARD FTSE EMERGING	122,369	122,369
VANGUARD TOTAL STOCK MARKET ETF	615,257	615,257
JPMORGAN ULTRA SHORT	502,567	502,567

TY 2020 Other Decreases Schedule

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Description	Amount
CHANGE IN UNREALIZED VALUE OF INVESTMENTS	5,261,519

TY 2020 Other Expenses Schedule

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMMUNICATIONS	40,675	0		40,675
OTHER ADMINISTRATIVE SERVICES	13,198	0		13,198
OTHER	915	0		915

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TY 2020 Other Professional Fees Schedule

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BLACKBAUD SOFTWARE	18,465	0		18,465
ADMINISTRATIVE SERVICES	48,315	7,247		41,068
FIDUCIARY TRUST FEES	37,741	37,741		0

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TY 2020 Taxes Schedule

Name: THE PROVIDENT BANK FOUNDATION

EIN: 04-3739441

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	12,126	0		0