Form **990-PF**

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.

Department of the Treasury Internal Revenue Service

14 Other employee salaries and wages 116,401. 0. 116,401 15 Pension plans, employee benefits 16a Legal fees	For	calen	dar year 2019 or tax year beginning		, and e	nding		
Section APICE Concentration of the Concentration	Nai	ne of	foundation				A Employer identification	number
250 MADISON AVENUE	TI	HE F	ROVIDENT BANK FOUNDATION				04-3739441	
City or town, state or province, country, and ZIP or foreign postal code MORALESTONAN, IND '073-60 G Check all thair daypy: Initial return Amended return	Nur	nber a	nd street (or P.O. box number if mail is not delivered to street a	ddress)		Room/suite	B Telephone number	
Contributions gills, grants, etc., received	2	50 M	IADISON AVENUE				(732) 590-9350	
6 Check all that apply:				ostal code			C If exemption application is pe	ending, check here
Final return				Initial return of a fo	ormer public o	harity	D 1. Foreign organizations	s, check here
H. Christ Kippe of organization: X. Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Cher taxoble private foundation Tair marker value of all assets at end of year Accounting method: Cash X. Other (specify) MODIFIED CASH Tair marker value of all assets at end of year Accounting method: X. Other (specify) MODIFIED CASH Tair marker value of all assets at end of year X. Other (specify) MODIFIED CASH Accounting method: X. Other (specify) MODIFIED CASH Tair marker value of all assets at end of year X. Other (specify) MODIFIED CASH Accounting method: X. Other (specify) MODIFIED CASH X. Other (specify) M						,		
Section 4947(a)(1) nonexempt charitable frust □ Other taxable private foundation □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c), line 16) □ Accounting method: □ Cach □ Accrual (from Part It, ob. (c) Adjusted net income for charlesing purposes for charlesing purpo			Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test, mputation
Section 4947(a)(1) nonexempt charitable trust Dither taxable private foundation Infarr market value of all assests and and year J. Common (b), must be on cash basks.	H (Check	type of organization: X Section 501(c)(3) ex	cempt private foundation			 E= f private foundation sta	tus was terminated
The following content of the conte] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation			
Part Analysis of Revenue and Expenses (the folial of amortal in column (a), must be on cash basis.)	I Fa	air ma	, , , , , , , , , , , , , , , , , , ,			ual	F If the foundation is in a	60-month termination
Part I Analysis of Revenue and Expenses (a) Revenue and expenses (c) Adjusted net income (c) Adjusted net income (d) Income (d) Part (d) Part (exhibitate) (e) Adjusted net income	•						under section 507(b)(1)	(B), check here
The lotal of amounts in columns (b), county equal the emanots of the emanots (cash basis obs), county equal the emanots (cash basis obs), cash equal the employes and cash end that (cash basis obs), cash equal the employes (cash basis obs), cash equal the employes (cash basis obs), cash basis obs). Total the employee sharies in order than the employee sharies of cash earth (cash basis obs).				nn (d), must be on cash bas	IS.)			I (1)
2 Circles	Pa	art I	(The total of amounts in columns (b), (c), and (d) may not				(c) Adjusted net income	for charitable purposes
3 cain investments 4 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6 Net gain or (loss) from sale of assests not on line 10 725,132 7 Capital gain net income from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10 and ordinations 10 Arrows sales less returns 10 Uniforms sales less returns 11 Uniforms sales less returns 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, fusites, etc. (Inc.) 14 Other employee salaries and wages 11 Other income 12 Total. Add lines 1 through 11 13 Parsion plans, employee benefits 14 Other employee salaries and wages 116, 401 15 Parsion plans, employee benefits 16 Legal fees 17 Interest 18 Taxes 18 Taxes 19 Taxel, conferences, and meetings 19 Taxel, conferences, and meetings 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Expenses. Add lines 13 through 23 26 Total expenses and disbursements. 27 Subtract line 26 from line 12: 28 Excess or revenue over expenses and disbursements 28 Add lines 24 and 25 29 Less or revenue over expenses and disbursements 29 Subtract line 26 from line 12: 20 Excess or revenue over expenses and disbursements 20 Subtract line 26 from line 12: 20 Excess or revenue over expenses and disbursements 20 Subtract line 26 from line 12: 21 Excess or revenue over expenses and disbursements 22 Excess or revenue over expenses and disbursements 23 Subtract line 26 from line 12: 24 Excess or revenue over expenses and disbursements 25 Subtract line 26 from line 12: 26 Legal Comment of the expense and disbursements 27 Subtract line 26 from line 12: 28 Excess or revenue over expenses and disbursements 30 Legal Comment of the exp		1	Contributions, gifts, grants, etc., received				N/A	
3 cash investments 1,044,099 1,04		2						
Sa Gross rents D Net rental accordor or loss		3	cash investments					
D Net rental income (r (tess)		4		1,044,099.	1	,044,099.		
Be Net gain or (loss) from salve of assets not on line 10								
D Gross pales price for all 2 489 294 735 132 735				725 122				
### 7 Capital gain net income (from Part IV, line 2) ### 8 Net short-term capital gain Income modifications	e	l ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2 489 294	725,132.				
Net Siniff certiff (Capital Spirits) 10 and allowances	le le	۵ ا	assets on line 6a			725 132		
Section Sect	Be) / Q				723,132.		
10 10 12 13 14 15 15 15 15 15 15 15								
D Less: Cost of goods sold C Gross profit or (loss) C Gross pr		1 -	Gross sales less returns					
c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 16a Legal fees 17 Interest 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements Add lines 24 and 25 25 Contributions, gifts, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income 11 Other income 12 Total. Add lines 1 through 11 1769,334. 1,769,334. 1,769,334. 1,769,334. 1,769,334. 1,769,334. 1,1776,334. 1,1769,334. 1,1776,334. 1,1776,334								
11 Other income 12 Total. Add lines 1 through 11 1769,334. 1,769,334. 13 Compensation of officers, directors, trustees, etc. 141,136. 0. 141,136. 14 Other employee salaries and wages 116,401. 0. 116,401 15 Pension plans, employee benefits								
12 Total								
14 Other employee salaries and wages 116,401. 0. 116,401 15 Pension plans, employee benefits 16a Legal fees		12			1	,769,334.		
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 1 25,500. 12,750. 12,750. 12,750 c Other professional fees STMT 2 132,688. 43,998. 88,690 17 Interest 18 Taxes STMT 3 21,375. 0. 0 0 0 0 0 0 0 0		13						141,136.
16a Legal fees		I		116,401.		0.		116,401.
b Accounting fees STMT 1 25,500. 12,750. 12,750								
22 Printing and publications 23 Other expenses STMT 4 62,650. 0. 62,650 24 Total operating and administrative expenses. Add lines 13 through 23 506,645. 56,748. 421,627 25 Contributions, gifts, grants paid 1,307,230. 1,307,230 26 Total expenses and disbursements. Add lines 24 and 25 1,813,875. 56,748. 1,728,857 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 1,712,586.	Ses	16a 	Legal fees	25 500		10 750		12.750
22 Printing and publications	Der	D	Accounting fees SIMI 1			-		
22 Printing and publications	Ň	17		132,000.		43,550.		00,050.
22 Printing and publications	Ę	18		21 375.		0.		0.
22 Printing and publications	stra	19						
22 Printing and publications	in in	20		,				
22 Printing and publications	Adr	21						
23 Other expenses STMT 4 62,650. 0. 62,650 24 Total operating and administrative expenses. Add lines 13 through 23 506,645. 56,748. 421,627 25 Contributions, gifts, grants paid 1,307,230. 1,307,230 26 Total expenses and disbursements. Add lines 24 and 25 1,813,875. 56,748. 1,728,857 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 1,712,586.								
26 Total expenses and disbursements. Add lines 24 and 25				62,650.		0.		62,650.
26 Total expenses and disbursements. Add lines 24 and 25	atir	24	Total operating and administrative					
26 Total expenses and disbursements. Add lines 24 and 25	Der		expenses. Add lines 13 through 23			56,748.		421,627.
Add lines 24 and 25	0	23		1,307,230.				1,307,230.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)		26	-					
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 1,712,586.		<u> </u>		1,813,875.		56,748.		1,728,857.
b Net investment income (if negative, enter -0-)		l						
		l		-44,541.	1	712 506		
I C ADMISTED DAT IDCOMA (it negative enter -()-)		l	Adjusted net income (if negative, enter -0-)		1	, , 12 , 300.	N/A	

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

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	beginning of year	EIIU 01	
=	_	Column should be for one or year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	254 025	F26 100	F2C 100
		Savings and temporary cash investments	351,235.	536,182.	536,182.
		Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts 🛌			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
s	8	Inventories for sale or use			
ssets		Prepaid expenses and deferred charges	18,465.	18,465.	18,465.
As		Investments - U.S. and state government obligations		·	
		Investments - corporate stock STMT 5	24,306,922.	24,305,401.	24,305,401.
		Investments - corporate bonds	, ,	, ,	
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Investments - mortgage loans			
	14	Investments - other			
	14	Land, buildings, and equipment: basis ► 100,269. Less: accumulated depreciation ► 81,798.	25,366.	18,471.	18,471.
			23,300.	10,4/1.	10,471.
		Other assets (describe ▶)			
		Total assets (to be completed by all filers - see the	24 701 000	04 070 510	24 070 510
		instructions. Also, see page 1, item I)	24,701,988.	24,878,519.	24,878,519.
		Accounts payable and accrued expenses		<u> </u>	
		Grants payable			
es		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
jab		Mortgages and other notes payable			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
S		and complete lines 24, 25, 29, and 30.			
nces	24	Net assets without donor restrictions	24,701,988.	24,878,519.	
or Fund Bala	25	Net assets with donor restrictions			
g B		Foundations that do not follow FASB ASC 958, check here 🕨 🔲			
Ë		and complete lines 26 through 30.			
P.	26	Capital stock, trust principal, or current funds			
		Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets		Retained earnings, accumulated income, endowment, or other funds			
Ţ	29	Total net assets or fund balances	24,701,988.	24,878,519.	
Š					
	30	Total liabilities and net assets/fund balances	24,701,988.	24,878,519.	
	art				
	ai t			<u> </u>	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	24,701,988.
		amount from Part I, line 27a		2	-44,541.
3	Other	increases not included in line 2 (itemize) CHANGE IN UNREALI		INTS 3	221,072.
4	Add I	nes 1, 2, and 3		4	24,878,519.
5	Decre	ases not included in line 2 (itemize) 🕨		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	24,878,519.
					Form 990-PF (2019)

F	Part IV Capital Gains a	and Losses for	Tax on Investment	Income				J
			/ sold (for example, real esta stock, 200 shs. MLC Co.)	te,	(b) How acquired P - Purchase D - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
18	PUBLICLY TRADED SECUR	ITIES			P			
_t)							
_								
_								
((f) Depreciation	allowed (a) Coo	st or other basis		(h) (Gain or (loss	<u> </u>
	(e) Gross sales price	(or allowat		expense of sale			us (f) minus	
	2,489,294.			1,764,1	62.			725,132.
_t)							
_								
_(
_	Complete only for assets showin	g gain in column (h) a	nd owned by the foundation	on 12/31/69.		(I) Gains (Col. (h) gain	minus
	(i) FMV as of 12/31/69	(j) Adjusted l as of 12/31		ccess of col. (i) col. (j), if any	1	còl. (k), but	not less that s (from col. (n -0-) or
	1							725,132.
_)							
_(
_								
_6	3	C 11						
2	Capital gain net income or (net ca	pital loss)	gain, also enter in Part I, line Toss), enter -0- in Part I, line	7	2			725,132.
	Net short-term capital gain or (los		,					•
J	If gain, also enter in Part I, line 8,	,	113 1222(3) and (0).					
	If (loss), enter -0- in Part I, line 8		040/-\ (D	-	3		N/A	
			940(e) for Reduced			come		
(F	or optional use by domestic private	toundations subject t	o the section 4940(a) tax on	net investment in	come.)			
lf	section 4940(d)(2) applies, leave th	nis part blank.						
W	as the foundation liable for the sec	tion 4942 tax on the di	stributable amount of any ye	ear in the base per	od?			Yes X No
	"Yes," the foundation doesn't qualif	y under section 4940(e). Do not complete this part					
1	Enter the appropriate amount in 6	each column for each y	year; see the instructions bef	ore making any er	ntries.			(4)
	Base period years	Adjusted	(b) qualifying distributions	Net value of no	(c) ncharitable-use asse	te	Distrik	(d) oution ratio
_	Calendar year (or tax year beginnii 2018	ng in) Aujusteu	1,510,614.	Not value of fig	26,383,8		(col. (b) div	vided by col. (c)) . 057255
_	2017		1,469,976.		27,315,9			.053814
_	2016		1,345,496.		23,591,3			.057034
	2015		1,312,548.		21,992,2	41.		.059682
	2014		1,361,436.		21,310,0	95.		.063887
						2	+	.291672
3	Average distribution ratio for the	•	•		•	3		.058334
	the foundation has been in exister	ice ii iess iiiaii 5 years)				+	.030331
4	Enter the net value of noncharitab	le-use assets for 2019	from Part X, line 5			4		24,923,128.
5	Multiply line 4 by line 3					5		1,453,866.
								4
6	Enter 1% of net investment incom	ne (1% of Part I, line 2	7b)			6	 	17,126.
7	Add lines 5 and 6					-		1,470,992.
′	Add lines 5 and 6					7	1	1,110,004.
8	Enter qualifying distributions from	n Part XII, line 4				8		1,728,857.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box	in Part VI, line 1b, and comp	lete that part usin	g a 1% tax rate.			

Part V	Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4	940(e), or 49	48 - see i	nstruc	tions	s)
1a Exer	npt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and	enter "N/A" on line 1.)				
	of ruling or determination letter: (attach copy of letter if ne						
b Dom	nestic foundations that meet the section 4940(e) requirements in Part V, check here	ightharpoonup igh	%	1		17,	126.
of P	art I, line 27b						
c All c	ther domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part I, line 12, co	ol. (b)				
2 Tax	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers, enter -0-)		2			0.
3 Add	lines 1 and 2			3		17,	126.
4 Sub	title A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; or	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 Cred	lits/Payments:						
a 201	estimated tax payments and 2018 overpayment credited to 2019	6a	17,000.				
	npt foreign organizations - tax withheld at source		0.				
c Tax	paid with application for extension of time to file (Form 8868)	6c	0.				
d Bacl	kup withholding erroneously withheld	6d	0.				
7 Tota	l credits and payments. Add lines 6a through 6d			7		17,	000.
8 Ente	r any $oldsymbol{penalty}$ for underpayment of estimated tax. Check here $oldsymbol{\mathbb{X}}$ if Form 2220 is att	ached		8			0.
9 Tax	due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			126.
10 Ove	rpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		🖊	10			
11 Ente	r the amount of line 10 to be: Credited to 2020 estimated tax		Refunded ▶	11			
Part V	II-A Statements Regarding Activities						
1a Duri	ng the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it partic	ipate or intervene i	in		Yes	No
any	political campaign?				1a		Х
b Did	it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses? See the instruc	tions for the definit	tion	1b		Х
If th	e answer is "Yes" to ${f 1a}$ or ${f 1b}$, attach a detailed description of the activities and copies	of any materials pub	lished or				
	ibuted by the foundation in connection with the activities.						
	the foundation file Form 1120-POL for this year?				1c		Х
	r the amount (if any) of tax on political expenditures (section 4955) imposed during th						
	On the foundation. \blacktriangleright \$ (2) On foundation manager		0.				
	r the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on	foundation				
	agers. ▶ \$0.						
	the foundation engaged in any activities that have not previously been reported to the I	IRS?			2		X
	es," attach a detailed description of the activities.						
	the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles o	of incorporation, or				
					3		X
	the foundation have unrelated business gross income of \$1,000 or more during the year				4a		Х
b If "Y	es," has it filed a tax return on Form 990-T for this year?			N/A	4b		
	$there\ a\ liquidation,\ termination,\ dissolution,\ or\ substantial\ contraction\ during\ the\ year's$?			5		Х
	es," attach the statement required by General Instruction T.						
	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:					
	anguage in the governing instrument, or						
	state legislation that effectively amends the governing instrument so that no mandato					77	
	ain in the governing instrument?				6	X	
7 Did	the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete Part II, col. (c),	and Part XV		7	Х	
0 - 5 - 1 -	the state to this before the foundation and the state of	ons NONE					
8a Ente	r the states to which the foundation reports or with which it is registered. See instructi	ons.					
P 14 TP	a angular is "Vas" to line 7, has the foundation furnished a same of Farm 000 DF to the	Attornou Conoral /	decignate)				
	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A		- '		O.L		Х
	ach state as required by General Instruction G? If "No," attach explanation				8b		
	e foundation claiming status as a private operating foundation within the meaning of si	, . ,	, . ,				х
	2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," cor				9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses					10		Λ

National transport to the past, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b) (13)? If vest, attach schodule. See instructions 11	Pa	art VII-A Statements Regarding Activities (continued)			
section 57(0)(197) If "yes," attach schoolus. See instructions If Yes," attach statement. See instructions If the loundation comply with the public inspection requirements for its annual returns and examption application? If The books are in care of Section Set Yes, and the public inspection requirements for its annual returns and examption application? If The books are in care of Section Set Yes, and the public inspection requirements for its office of Form 1041 - check here and enter the annual not tax exempts interest received or accurated turing the year If Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the annual not tax exempts interest received or accurated turing the year If A ray time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, see the instructions for exceptions and filing requirements for FinDEN Form 114. If "Yes," enter the name of the investion country. Perit VII-B Statements Regarding Activities for Which Form 4720 May Be Required FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless an exception applies. FILE Form 4720 if any item is checked in the "Yes" couldnum, unless and exception applies. FILE				Yes	No
the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes, 'antar instament, See instructions 30 bit the foundation comply with the gublic inspection requirements for its annual returns and exemption application? Website address ➤ WWW. TREEPOVIDENTERSANCE/DIADATION. Telephone no. ► (732) 590-9250 Location at ► 100 NOOD AVEXUS BOUTH, ISBLEN, NJ Location at ► 100 NOOD AVEXUS BOUTH, ISBLEN, NJ Section 437(A) (1) nonexempt charable trusts filing from 590-PF in lieu of Form 1041 - check here and enter the amount of lace-exempt interest received or accrued during the year At any time during calendar year 210, glid the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinGCN Form 114. If 'Yes,' enter the name of the branching 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 lessing of property with a disqualified person? (2) Borrow money from, land money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Firmish 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) Firmish goods, services, or facilities to (or accept them from) a disqualified person? (6) Agree to pay money or property to government official? (Exception, Check No' if the foundation of operament service, if terminating within 90 days;) if the foundation of powernment service, if terminating within 90 days; or pay to pay t	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
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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 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 2019? 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(s) beginning before 2019? If "Yes," list the years Yes X No If "Yes," list the 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.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Definition of the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Definition of the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Definition of the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Definition of the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Definition of the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Definition of the foundation has access business holdings in 2019. A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Definition of the founda					
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c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		statement - see instructions.) N/A	2b		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b 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.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	(
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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	48				Х
	-		4b		х

Part VII-B	Statements Regarding Activities for Which F	form 4720 May Be R	equired (contin	nued)			
5a During the	year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry	on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	🔲 Y	es X No			
(2) Influe	nce the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	ectly,				
	oter registration drive?			'es X No			
	de a grant to an individual for travel, study, or other similar purposes		L Y	es X No			
	de a grant to an organization other than a charitable, etc., organization						
	d)(4)(A)? See instructions			es X No			
` '	de for any purpose other than religious, charitable, scientific, literary	' ' '					
	evention of cruelty to children or animals?			es X No			
-	wer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		-	27 / 2			
	.4945 or in a current notice regarding disaster assistance? See instr				5b		
	ons relying on a current notice regarding disaster assistance, check			▶∐			
	ver is "Yes" to question 5a(4), does the foundation claim exemption f						
	re responsibility for the grant?		!/A Y	es No			
	tach the statement required by Regulations section 53.4945-5(d).	nov promiumo on					
	undation, during the year, receive any funds, directly or indirectly, to			Yaa 🔻 Na			
	benefit contract?				6b		Х
	undation, during the year, pay premiums, directly or indirectly, on a p 6b, file Form 8870.	Dei Sonai Denenii Contract?			OD		21
	e during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		es X No			
h If "Vee " di	d the foundation receive any proceeds or have any net income attrib	utable to the transaction?	· · · · · · · · · · · · · · · · · · ·	N/A	7b		
	ndation subject to the section 4960 tax on payment(s) of more than S	,					
				es X No			
Part VIII	achute payment(s) during the year? Information About Officers, Directors, Trust	ees. Foundation Mar	nagers, Highly	'			
	Paid Employees, and Contractors		, , ,				
1 List all offi	cers, directors, trustees, and foundation managers and t						
	4.33	(b) Title, and average hours per week devoted to position	(c) Compensation	emplovee benefit plai	ns a	(e) Expe	ense
	(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	a	allowar	
SEE STATEM	ENT 7		141,136.	. C	·.		0.
		_					
		_					
2 Compens	ation of five highest-paid employees (other than those inc		enter "NONE."	(d) 000til-11-11	, ,	(-) F:::	on=:
(a) Na	me and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	is a	(e) Expe ccount,	ense other
		hours per week devoted to position		compensation		allowar	nces
	LOTINO - 250 MADISON	FOUNDATION ASSOCIAT					
AVENUE, MOI	RRISTOWN, NJ 07960	37.50	72,104.		<u>'- </u>		0.
		_					
			1		\perp		
		4					
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Total number	of other employees paid over \$50,000			<u> </u>	004	0-PF	0
				Ear	, 44 1	J-PF /	/ ባበ ተቦነ

Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued) SEE STATEMENT 8		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE PROVIDENT BANK		
100 WOOD AVENUE SOUTH, ISELIN, NJ 08830 SEE ST	ATEMENT #8	338,553.
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 informa number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the	Expenses
1 N/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 lines 1 and 2)	Amount
1 N/A		7.11104111
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3)	0.
	For	m 990-PF (2019)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	24,895,664.
b	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.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
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.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	1,246,156.
	Tax on investment income for 2019 from Part VI, line 5 2a 17,126.		, , -
	Income tax for 2019. (This does not include the tax from Part VI.)		
	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.
P	art XII Qualifying Distributions (see instructions)	· ·	
<u> </u>	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.
	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 question of tax in those years.	ualifies for the	section

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,	Обіраз	Tours prior to 2010	2010	
line 7				1,229,030.
2 Undistributed income, if any, as of the end of 2019:			0.	
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:		· · ·		
a From 2014 318,097.				
b From 2015 238,633.				
c From 2016 183,285.				
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.			1 000 000
d Applied to 2019 distributable amount	400 927			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 must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,529,824.			
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.			
may be required - see instructions)	<u> </u>			
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 .				
				Earm 990-PF (2010)

923581 12-17-19

Part XIV Private Operating Fo	oundations (see ins	structions and Part VII	-A, question 9)	N/A					
1 a If the foundation has received a ruling or	determination letter that	it is a private operating							
foundation, and the ruling is effective for	2019, enter the date of t	he ruling	▶ ∟						
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(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									
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				1					
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)	1								
(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 Infor	mation (Comple	to this part only is	the foundation	had \$5,000 or mo	ro in accote				
at any time during th			i tile loulidation	Tiad \$5,000 of filo	e iii assets				
1 Information Regarding Foundation	ո Managers։								
a List any managers of the foundation who			ibutions received by the	foundation before the clos	e of any tax				
year (but only if they have contributed m	ore than \$5,000). (See so	ection 507(d)(2).)							
NONE									
b List any managers of the foundation who			or an equally large porti	on of the ownership of a pa	artnership or				
other entity) of which the foundation has	a 10% or greater interes	5L.							
NONE									
2 Information Regarding Contribution		• , ,	•						
				not accept unsolicited requ	ests for funds. If				
the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.									
a The name, address, and telephone numb	a The name, address, and telephone number or email address of the person to whom applications should be addressed:								
EE STATEMENT 9									
b The form in which applications should be	submitted and informat	tion and materials they sh	ould include:						
c Any submission deadlines:									
d Any restrictions or limitations on awards	such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors:					

Part XV Supplementary Information			Т	
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
Paid during the year				
180 TURNING LIVES AROUND INC.	NONE	PC	MONMOUTH COUNTY FAMILY	
BETHANY ROAD BUILDING 3 STE 42 HAZLET, NJ 07730			JUSTICE CENTER	20,000
,				,
200 CLUB OF MIDDLESEX COUNTY	NONE	PC	200 CLUB OF MIDDLESEX	
PO BOX 387 WOODBRIDGE, NJ 07095			COUNTY	2,500
NOODERIDGE, NO 07093				2,300
ABILITIES OF NORTHWEST JERSEY INC.	NONE	PC	MUSIC & ART ENRICHMENT	
264 STATE ROUTE 31 WASHINGTON, NJ 07882			PROGRAM	15,000
ADLER APHASIA CENTER	NONE	PC	SEE STATEMENT	
50 WEST HUNTER AVENUE	NONE	FC	SEE STATEMENT	
MAYWOOD, NJ 07607-1006				
				10,000
AFFORDABLE HOUSING ALLIANCE 59 BROAD STREET	NONE	PC	HOUSING COUNSELING AND EDUCATION	
EATONTOWN, NJ 07724			Boomion	10,000
	NUATION SHEET(S)		▶ 3a	1,307,230
b Approved for future payment				
WOVE				
NONE				
Total			▶ 3b	(

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ided by section 512, 513, or 514	(e)	
Enter gross amounts unless otherwise mulcated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
	0000					
b						
d						
d						
e						
Food and contracts from government agencies						
g Fees and contracts from government agencies						
2 Membership dues and assessments			-			
3 Interest on savings and temporary cash			14	102		
investments			+	103.		
4 Dividends and interest from securities			14	1,044,099.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property			_	A		
6 Net rental income or (loss) from personal property			1			
7 Other investment income						
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:						
a						
b						
C						
d						
6						
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 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).

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)							Yes	No		
•					to political organizations?	Jii described iii seet	1011 30 1(0)			
а	•	from the reporting founda	•	-	· -					
-		· · · ·		-				1a(1)		Х
										Х
b	Other tran									
	(1) Sales	of assets to a noncharitab	ole exempt organizat	ion				1b(1)		Х
										Х
										Х
										Х
	(5) Loans	s or loan guarantees						1b(5)		X
		rmance of services or mer						1		X
					ployees					Х
d		•		-	dule. Column (b) should al	-	-		ets,	
					ed less than fair market valu	ie in any transaction	ı or sharing arrangen	nent, show in		
/ - N · ·		the value of the goods, o				(4)				
(a) ∟	ne no.	(b) Amount involved	(c) Name or		exempt organization	(a) Description	n of transfers, transaction	ns, and sharing arra	angemer	ıts
				N/A		 •				
						1				
2a		-			or more tax-exempt organi	zations described			_	_
		501(c) (other than section		ction 527?	/			Yes	X	_ No
b	If "Yes," co	omplete the following sche			/IN Town of a consideration		(-) D i-ti (Latin a late		
		(a) Name of orga	anization		(b) Type of organization		(c) Description of re	lationsnip		
		N/A								
	Under	penalties of perjury, I declare the	nat I have examined this	return, including	accompanying schedules and st	atements, and to the be	est of my knowledge	May the IRS of	diagress t	hio
Sig	and be	elief, it is true, correct, and comp	plete. Declaration of prep	parer (other than	taxpayer) is based on all informa	tion of which preparer h	nas any knowledge.	return with the	e prepare	er
He						TREASURE	R	shown below Yes		No
	Sign	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's si	gnature	Date	Check if	PTIN		
					O 1 11		self- employed			
Pa		JAMES J. REILLY		Jame	s J. Reilly	7/7/2020		P00183769		
	eparer	Firm's name ► CONDO	N O'MEARA MCG	IXTY & DO	NNEWLY LLP		Firm's EIN	13-3628255		
Us	e Only									
		Firm's address ► ONE	BATTERY PARK	PLAZA						
		NEW	YORK, NY 1000	04			Phone no. 212	-661-7777		
								Form 99 0)-PF	(2010)

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONDON O'MEARA MCGINTY & DONNELLY LLP - AUDIT & TAX SERVICES	25,500.	12,750.		12,750.	
TO FORM 990-PF, PG 1, LN 16B	25,500.	12,750.		12,750.	
FORM 990-PF	THER PROFES	SIONAL FEES		TATEMENT 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	TATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX	21,375.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	21,375.	0.		0.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
COMMUNICATIONS	39,136.			39,136.	
INSURANCE OTHER ADMINISTRATIVE	3,036.	0.		3,036.	
SERVICES	13,961.	0.		13,961.	
OTHER	6,517.	0.		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	M	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	EXPLANATION	CONCERNING	PART VII-A,	LINE 8B	STATEMENT 6

EXPLANATION

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

	ST OF OFFICERS, I D FOUNDATION MANA	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. CARLOS HERNANDEZ, PH. D. 250 MADISON AVENUE MORRISTOWN, NJ 07960	CHAIRMAN 1.00	0.	0.	0.
CHRISTOPHER MARTIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	PRESIDENT AND 2.00		0.	0.
JOHN KUNTZ 250 MADISON AVENUE MORRISTOWN, NJ 07960	SECRETARY 2.00	0.	0.	0.
GEORGE DAILEY, JR. (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	TREASURER 5.00	14,577.	0.	0.
JANE KUREK (SEE STMT. 8) 250 MADISON AVENUE MORRISTOWN, NJ 07960	EXECUTIVE DIRE		0.	0.
JEFFRIES SHEIN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	0.
KAREN MCMULLEN 250 MADISON AVENUE MORRISTOWN, NJ 07960	DIRECTOR 1.00	4,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE (6, PART VIII	141,136.	0.	0.

FORM 990-PF

FIVE HIGHEST PAID CONTRACTORS FOR PROFESSIONAL SERVICES COMPENSATION EXPLANATION PART VIII, LINE 3

STATEMENT 8

CONTRACTOR'S NAME

THE PROVIDENT BANK

COMPENSATION EXPLANATION

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

1. \$133,136 - GEORGE DAILEY, TREAS. & JANE KUREK, EXEC. DIRECTOR (STMT #7);

2. \$116,401 - OTHER EMPLOYEE SALARIES AND WAGES (PART I, LINE 14);

3. \$36,090 - FIDUCIARY TRUST FEES (STMT #2);

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



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.

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	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
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.				3,000.
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	NONE		INTIGUES INCOMENT	
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.
				,,,,,,,,,,
DOVIG C GIRLS GLUD OF ALL DWIGHT	YOME	l na	TOWN WITHOUT AND GARDING GLUDVOUGH	
BOYS & GIRLS CLUB OF ALLENTOWN 720 N. SIXTH STREET	NONE	PC	ISTATION - CUMBERLAND GARDENS CLUBHOUSE	
ALLENTOWN, PA 18102-1608				3,000.
,				
DDIDGE INC	NONE	PC	PEACE MODEL PROGRAM	
BRIDGE, INC. 860 BLOOMFIELD AVE.	NOINE		LEACE MODEL FROGRAM	
WEST CALDWELL, NJ 07006-7106				15,000.
Total from continuation sheets		<u> </u>	1	1,249,730.
				_ <u>'</u>

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	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
CASA OF MORRIS AND SUSSEX COUNTIES 18 CATTANO AVENUE	NONE	PC	FOSTERING FUTURES (FF) PROGRAM	
MORRISTOWN, NJ 07960-6846				7,500.
CENTER FOR GREAT EXPECTATIONS 19 DELLWOOD LANE SOMERSET, NJ 08873	NONE	PC	ADULT WOMEN & CHILDREN	20,000.
				,
CENTER FOR HOPE AND SAFETY 12 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 BETHLEHEM 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 845 WEST WYOMING ST ALLENTOWN, PA 18103-3991	NONE	PC	ESCORTED TRANSPORTATION FOR PEOPLE WITH SEVERE VISION LOSS	3,000.
CENTRAL JERSEY HOUSING RESOURCE CENTER 600 FIRST AVENUE SUITE 3 RARITAN, NJ 08869-1346	NONE	PC	HOUSING RESOURCE CENTER PROGRAMS	3,000.

3a Grants and Contributions Paid During the Year		T		T
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	711100111
CLARA MAASS FOUNDATION	NONE	PC	CENTER OF EXCELLENCE FOR LATINO HEALTH (CELH)	
1 CLARA MAASS DRIVE				
BELLEVILLE, NJ 07109-3550	+			15,000
CODEY FUND FOR MENTAL HEALTH	NONE	PC	WORKSHOPS FOR PARA-PROFESSIONALS TO RECOGNIZE	
300 EXECUTIVE DRIVE SUITE 360	NONE	FC	POSSIBLE MENTAL HEALTH ISSUES IN STUDENTS	
WEST ORANGE, NJ 07052			POSSIBLE MENIAL READIN 1550ES IN STODENTS	1,500
COMMUNITY ACCESS UNLIMITED	NONE	PC	COMMUNITY AND CIVIC ENGAGEMENT	
80 WEST GRAND STREET				
ELIZABETH, NJ 07202-1471				15,000
				,
COMMUNITY ACTION SERVICE CENTER DBA RISE	NONE	PC	RISE FOOD PANTRY	
P.O. BOX 88 116 N. MAIN ST.				
HIGHTSTOWN, NJ 08520-0088			, v	2,000
COMMUNITY HOPE, INC. 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054-3409	NONE	PC	VETERANS MENTAL HEALTH INITIATIVE	25,000.
COMMUNITY MEDICAL CENTER FOUNDATION 99 HIGHWAY ROUTE 37 WEST TOMS RIVER, NJ 08755-6423	NONE	PC	FAMILY CAREGIVERS SUPPORT PROGRAM	2,500
CONNECTION FOR WOMEN AND FAMILIES INC. 79 MAPLE ST	NONE	PC	PATHWAYS COOKS	
SUMMIT, NJ 07901-2517				10,000
Total from continuation sheets				

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

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
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 TEANECK, 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	PC	SHELTERING FAMILIES IN HUNTERDON COUNTY	2,500.
Total from continuation sheets				

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

3a Grants and Contributions Paid During the Yea	ar _			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	PC	NEW JERSEY GIRL SCOUTS VOLUNTEER COLLABORATIVE (NJGSVC)	25,000.
GLASSROOTS 10 BLEEKER ST. NEWARK, NJ 07102-1903	NONE	PC	GLASSROOTS OUT-OF-SCHOOL PROGRAMS	15,000.
GOOD GRIEF INC. 38 ELM STREET MORRISTOWN, NJ 07960-4110	NONE	PC	IN COMMUNITY - JERSEY CITY	10,000.
GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209 ALLENTOWN, PA 18102-4285	NONE	PC	DIABETES PREVENTION PROGRAM (DPP)	10,000.
HABCORE, INC. PO BOX 2361 RED BANK, NJ 07701	NONE	PC	STRENGTHENING FAMILIES PROJECT	15,000.
HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901-2468	NONE	PC	YOUNG FRIENDS PROFESSIONAL ENRICHMENT PROGRAM	2,000.
HOMESHARING 120 FINDERNE AVE. BRIDGEWATER, NJ 08807-3670	NONE	PC	SHARED AFFORDABLE HOUSING	2,000.
Total from continuation sheets				

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
HOUSING PARTNERSHIP 2 EAST BLACKWELL STREET SUITE 12 DOVER, NJ 07801-4645	NONE	PC	FINANCIAL LITERACY/HOMEBUYER EDUCATION/FINANCIAL COACHING	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.
HUNTERDON HELPLINE PO BOX 246 FLEMINGTON, NJ 08822	NONE	PC	SENIOR & DISABILITY SERVICES	10,000.
INTERFAITH HOSPITALITY NETWORK OF OCEAN COUNTY 407 LEXINGTON AVENUE TOMS RIVER, NJ 08753	NONE	PC	HELPING HOMELESS FAMILIES WITH CHILDREN	2,000.
JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY 1485 TEANECK ROAD TEANECK, NJ 07666-3626	NONE	PC	THE ART OF AGING	2,000.
JEWISH FAMILY SERVICE & CHILDRENS CENTER OF CLIFTON-PASSAIC INC. 110 MAIN AVENUE PASSAIC,, NJ 07055	NONE	PC	WINDS CAFE	5,000.
Total from continuation sheets				,

3a Grants and Contributions Paid During the Year	_			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JEWISH FAMILY SERVICE OF SOMERSET, HUNTERDON & WARREN COUNTIES 150A WEST HIGH STREET	NONE	PC	SENIOR SERVICE CASE MANAGEMENT AND COUNSELLING PROGRAM	
SOMERVILLE, NJ 08876-1854				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.
Total from continuation sheets				

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
LAKELAND HILLS FAMILY YMCA 100 FANNY ROAD MOUNTAIN LAKES, NJ 07046-1021	NONE	PC	WELLNESS PROGRAMMING FOR INDIVIDUALS WITH DEVELOPMENTAL CHALLENGES	2,500.
LAUGHING AT MY NIGHTMARE, INC. 2732 LAFAYETTE AVE BETHLEHEM, PA 18017-4028	NONE	PC	NO MORE NIGHTMARES - ADAPTIVE EQUIPMENT	3,000.
LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION 4525 EDUCATION PARK DRIVE SCHNECKSVILLE, PA 18078-2502	NONE	PC	SUCCESS, ENGAGEMENT, EDUCATION AND DETERMINATION (SEED) PROGRAM SCHOLARSHIPS FOR STUDENTS WITH EXCEPTIONALITIES	15,000.
LITERACY VOLUNTEERS OF MORRIS COUNTY 16 ELM STREET MORRISTOWN, NJ 07960	NONE	PC	OPERATING SUPPORT FOR ADULT LITERACY PROGRAM	2,500.
LITERACY VOLUNTEERS OF SOMERSET COUNTY 120 FINDERNE AVE - BOX 7 BRIDGEWATER, NJ 08807-3670	NONE	PC	BEGINNER ENGLISH AS A SECOND LANGUAGE (ESL) FOR SPANISH SPEAKERS	1,500.
LUNCH BREAK 121 DRS. JAMES PARKER BLVD RED BANK, NJ 07701-0902	NONE	PC	CLIENT CHOICE PANTRY	15,000.
MADISON AREA YMCA 111 KINGS ROAD MADISON, NJ 07940-2122	NONE	PC	LIVESTRONG AT THE YMCA CANCER SURVIVOR'S PROGRAM	10,000.
Total from continuation sheets				

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

3a Grants and Contributions Paid During the Yea	ır	_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	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.
MORRIS HABITAT FOR HUMANITY	NONE	PC	NEIGHBORHOOD REVITALIZATION/AGING IN PLACE PROGRAM	
274 SOUTH SALEM STREET				
RANDOLPH, NJ 07869				10,000.
MORRIS HABITAT FOR HUMANITY	NONE	PC	15TH ANNUAL HEARTS & HAMMERS GALA	
274 SOUTH SALEM STREET				
RANDOLPH, NJ 07869			· ·	10,000.
NETWORK OF VICTIM ASSISTANCE (NOVA)	NONE	PC	PERSONAL EMPOWERMENT PROGRAMS (PEP) FOR ADULTS WITH	
2370 YORK ROAD, SUITE B1	NO.12		DISABILITIES - VIOLENCE PREVENTION	
JAMISON, PA 18929				16,505.
NEW CITY KIDS	NONE	PC	AFTER SCHOOL CENTER AT JCPS #22	
240 FAIRMOUNT AVENUE				
JERSEY CITY, NJ 07306-3354				10,000.
NEW JERSEY COMMUNITY DEVELOPMENT CORPORATION	NONE	PC	MAKE THE GRADE ACADEMY AT CLIFTON HIGH SCHOOL	
PO BOX 6976				
PATERSON, NJ 07509				10,000.
Total from continuation shorts		<u> </u>		
Total from continuation sheets				

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

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
PALISADES EMERGENCY RESIDENCE CORPORATION (PERC) 108 36TH STREET	NONE	PC	EMERGENCY SHELTER	
UNION CITY, NJ 07087				5,000.
PASSAIC COUNTY COMMUNITY COLLEGE FOUNDATION 1 COLLEGE BLVD. PATERSON, NJ 07505-1179	NONE	PC	OPEN EDUCATION RESOURCES PROJECT	10,000.
IMEROON, NO 07303 1173				10,000.
POTENTIAL INC. 170 PHEASANT RUN SUITE #100 NEWTOWN, PA 18940-1877	NONE	PC	END THE WAITLIST BY INCREASING ACCESS TO QUALITY AUTISM TREATMENT	7,500.
PREFERRED BEHAVIORAL HEALTH GROUP PO BOX 2036 LAKEWOOD, NJ 08701	NONE	PC	DRIVING TO A BETTER FUTURE	10,000.
PRESCHOOL ADVANTAGE, INC. 25 LINDSLEY DRIVE SUITE 307 MORRISTOWN, NJ 07960-4456	NONE	PC	HIGH QUALITY EARLY EDUCATION FOR DISADVANTAGED CHILDREN	3,000.
PREVENTION RESOURCES, INC. 4 WALTER FORAN BLVD. SUITE 410 FLEMINGTON, NJ 08822	NONE	PC	LEAP - LAW ENFORCEMENT ADOLESCENT PROGRAM	2,000.
PRINCETON HEALTHCARE SYSTEM FOUNDATION INC. 5 PLAINSBORO ROAD SUITE 365	NONE	PC	BRISTOL-MYERS SQUIBB COMMUNITY HEALTH CENTER: DIABETES CARE PROGRAM	
PLAINSBORO, NJ 08536-1913				10,000.
Total from continuation sheets				

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
PROJECT LITERACY OF GREATER BERGEN COUNTY 355 MAIN STREET HACKENSACK, NJ 07601	NONE	PC	BASIC ADULT EDUCATION AND LITERACY TUTORING	3,500.
PROJECT OF EASTON, INC. 320 FERRY ST. EASTON, PA 18042-4539	NONE	PC	LITERACY PROGRAM FOR ADULTS AND FAMILIES	10,000.
PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT, INC. 100 FIRST STREET PERTH AMBOY, NJ 08861-4645	NONE	PC	SENIOR SERVICES CENTER	20,000.
RARITAN VALLEY HABITAT FOR HUMANITY PO BOX 6275 BRIDGEWATER, NJ 08807-0275	NONE	PC	HOME SAFETY & REPAIR PROGRAM A BRUSH WITH KINDNESS	7,500.
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	7,500.
RISING TIDE CAPITAL 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305-3715	NONE	PC	COMMUNITY BUSINESS ACADEMY AND BUSINESS ACCELERATION SERVICES	15,000.
SAFE+SOUND SOMERSET 427 HOMESTEAD RD HILLSBOROUGH, NJ 08844	NONE	PC	2020 SPEAK TEEN LEADERSHIP CONFERENCE	5,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

<u>r</u>		· · · · · · · · · · · · · · · · · · ·	
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	URBAN SOCIAL IMPACT INCUBATOR	100,000.
NONE	PC	BUILDING HEALING RELATIONSHIPS: ADDRESSING TRAUMA WITHIN THE NU CHILD WELFARE SYSTEM	15,000.
NONE	PC	MODEL OF EXCELLENCE	2,500.
NONE	PC	THE SIERRA HOUSE TRANSITIONAL PROGRAM	10,000.
NONE	₽C	SOPAC ARTS EDUCATION PROGRAM	10,000.
NONE	PC	2019 FREDDY AWARDS CEREMONY	5,000.
NONE	PC	EXPANDING THE RECRUITMENT, TRAINING, & PLACEMENT OF EXCEPTIONAL EDUCATION LEADERS IN NEWARK	7,500.
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC NONE PC NONE PC NONE PC NONE PC NONE PC	If trecipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC URBAN SOCIAL IMPACT INCUBATOR NONE PC BUILDING HEADING RELATIONSHIPS: ADDRESSING TRAUMA WITHIN THE NJ CHILD WELFARE SYSTEM NONE PC MODEL OF EXCELLENCE NONE PC THE SIERRA HOUSE TRANSITIONAL PROGRAM NONE PC 2019 FREDDY AWARDS CEREMONY NONE PC EXPANDING THE RECRUITMENT, TRAINING, & PLACEMENT OF

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 SPECIAL 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	PC	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.
Total from continuation sheets				

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
UNION CITY MUSIC PROJECT 340B MOUNTAIN ROAD UNION CITY, NJ 07087	NONE	PC	TEACHING MORE AT-RISK HUDSON COUNTY CHILDREN AND YOUTH THROUGH UCMP'S 2020 AFTER SCHOOL ORCHESTRAL MUSIC EDUCATION PROGRAM	3,000.
UNION COUNTY COLLEGE FOUNDATION 1033 SPRINGFIELD AVENUE CRANFORD, NJ 07016-1528	NONE	PC	UNION COUNTY COLLEGE ACADEMIC LEARNING CENTER (ALC) TUTORING AND ONLINE INSTRUCTIONAL OFFERINGS; PURCHASE OF LECTURE CAPTURE DEVICE.	3,500.
UNITED CEREBRAL PALSY OF HUDSON COUNTY, INC. 721 BROADWAY BAYONNE, NJ 07002-4786	NONE	PC	PEDIATRIC MEDICAL DAY CARE	5,000.
UNITED WAY OF CENTRAL JERSEY 32 FORD AVE MILLTOWN, NJ 08850-1532	NONE	PC	VITA - PERTH AMBOY	10,000.
UNITED WAY OF ESSEX AND WEST HUDSON 60 PARK PLACE STE 1400 NEWARK, NJ 07102	NONE	PC	NEWARK WATER FUND	1,000.
VISION LOSS ALLIANCE OF NEW JERSEY INC 150 MORRIS AVENUE DENVILLE, NJ 07834-2204	NONE	PC	THE LEARNING LAB: SUPPORTING INDEPENDENCE, COMMUNICATION, & WELL-BEING FOR PEOPLE WITH VISION LOSS THROUGH TECHNOLOGY	15,000.
VOLUNTEER CENTER OF THE LEHIGH VALLEY 2158 AVENUE C SUITE 201 BETHLEHEM, PA 18017-2148	NONE	PC	10TH ANNIVERSARY VOLUNTEER CHALLENGE	2,500.
Total from continuation sheets				

Form 990-PF THE PROVIDENT BANK FO

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
VOLUNTEERS OF AMERICA PENNSYLVANIA INC. 730 WEST UNION STREET ALLENTOWN, PA 18101	NONE	PC	CHILDRENS CENTER	7,500.
YMCA OF METUCHEN, EDISON, WOODBRIDGE & SOUTH AMBOY 483 MIDDLESEX AVENUE METUCHEN, NJ 08840-1419	NONE	PC	FULL S.T.E.A.M. AHEAD	10,000.
YMCA OF MONTCLAIR 25 PARK STREET MONTCLAIR, NJ 07042-3407	NONE	PC	CREATION OF A UNIVERSAL PLAYGROUND	10,000.
YOGI BERRA MUSEUM & LEARNING CENTER 8 YOGI BERRA DR. LITTLE FALLS, NJ 07424	NONE	PC	DISCOVER GREATNESS: AN ILLUSTRATED HISTORY OF NEGRO LEAGUES BASEBALL	10,000.
YOUTH CONSULTATION SERVICE, INC. 25 EAST SALEM STREET 3RD FLOOR HACKENSACK, NJ 07601	NONE	PC	YCS INSTITUTE FOR INFANT & PRESCHOOL MENTAL HEALTH OUTPATIENT CLINIC	20,000.
YWCA BETHLEHEM 3895 ADLER PLACE BUILDING A SUITE 180 BETHLEHEM, PA 18017	NONE	PC	YES! YWCA EMPOWERMENT SERIES	10,000.
YWCA UNION COUNTY 1131 E. JERSEY STREET ELIZABETH, NJ 07201	NONE	PC	COMMUNITY SUPPORT SERVICES	5,000.
Total from continuation sheets				

Part XV	Supplementary Information
	and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RE	CIPIENT - 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	

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

2019

Name THE PROVIDENT BANK FOUNDATION

Employer identification number 04-3739441

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

_	timated tax penalty line of the corporation's income tax	return,	but do not attach Fo	orm 2220.			
	Part I Required Annual Payment						
1	Total tax (see instructions)					1	17,126.
_	D	00):		2a			
	a Personal holding company tax (Schedule PH (Form 1120), lir						
	b Look-back interest included on line 1 under section 460(b)(2)						
	contracts or section 167(g) for depreciation under the income	e forecas	st method	2b			
	c Credit for federal tax paid on fuels (see instructions)			2c			
	d Total. Add lines 2a through 2c					2d	
	Subtract line 2d from line 1. If the result is less than \$500, do						
	does not owe the penalty		•	-		3	17,126.
4				A			
	or the tax year was for less than 12 months, skip this line and					4	18,875.
5	Required annual payment. Enter the smaller of line 3 or line	4. If th	e corporation is required	d to skip line 4,			
	enter the amount from line 3					5	17,126.
	Part II Reasons for Filing - Check the boxes below	ow that	apply. If any boxes are c	hecked, the corpo	ration	must file Form 2220	
	even if it does not owe a penalty. See instructions.						
6	The corporation is using the adjusted seasonal install	ment m	ethod.				
7	X The corporation is using the annualized income instal	lment m	nethod.				
8	The corporation is a "large corporation" figuring its fir	st requi	red installment based or	n the prior year's ta	ax.		
	Part III Figuring the Underpayment						
	_		(a)	(b)		(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/19	06/15/19		09/15/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7		10,00,00	,,		,,	
	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	Ш					
	for the amounts to enter. If none of these boxes are checked,						
	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	"	, 1				,
••	column (a) only, enter the amount from line 11 on line 15.						
	See instructions	11	7,000.	2.	000.	8,000.	
	Complete lines 12 through 18 of one column		, .			, -	
	before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12		2.	718.	4,718.	11,853.
13		13			718.	12,718.	11,853.
14		14				,	,
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	7,000.	4 . '	718.	12,718.	11,853.
	If the amount on line 15 is zero, subtract line 13 from line		, ,	,	$\neg \uparrow$, -	
. •	14. Otherwise, enter -0-	16				0.	
17	Underpayment. If line 15 is less than or equal to line 10,				$\neg \uparrow$		
••	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						
	from line 15. Then go to line 12 of the next column	18	2,718.	4	718.	11,853.	
_		1.0	= , : = = •	-,		,	

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2019)

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)	22	\$	\$	\$	\$
3	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	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)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27				
8	Underpayment on line 17 x Number of days on line 27 x 5% (0.05)	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 *% 366	30	\$	\$	\$	\$
1	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 *% 366	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	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
3	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, lin	e 34; or the comparable	38	\$

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2019)

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.

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.				1	211111 0 9 0411
a Tax year beginning in 2016	3a				
L. Tarracca has been been been been been been been bee	۵.				
b Tax year beginning in 2017	3b				
• Tay year haginning in 2019	3c				
c Tax year beginning in 2018 4 Divide the amount in each column on line 1a by the	100				
	4				
amount in column (d) on line 3a 5 Divide the amount in each column on line 1b by the	-				
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the	۰				
amount in column (d) on line 3c	6				
uniount in column (u) on the co	_ <u> </u>				
7 Add lines 4 through 6	7				
, , , , , , , , , , , , , , , , , , , ,					
8 Divide line 7 by 3.0	8				
9a 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				
11a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
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	11c				
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					
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
40 5					
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	4.				
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If	10				
zero or less, enter -0-	19			<u> </u>	

Form **2220** (2019)

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Part II Annualized Income Installment Method

	П	(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		months	monus		monune
instructions for the treatment of extraordinary items	21	375,954.	215,556.	400,289.	918,825.
22 Annualization amounts (see instructions)	22	6.000000	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				<u> </u>	
Note: Complete lines 32 through 38 of one column		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					
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.				2.5	
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		4 000	4 001	4 000	4 001
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.
and proceeding containing	30				
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.			_	2.5	
See instructions	38	4,282.	0.	865.	5,879.

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^{**} ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1