

Return of Private Foundation

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

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

For calendar year 2021 or tax year beginning , and ending

Name of foundation PROVIDENT HEALTH FOUNDATION OF MARINETTE/MENOMINEE, INC.		A Employer identification number 83-4140310
Number and street (or P.O. box number if mail is not delivered to street address) 962 1ST STREET	Room/suite	B Telephone number 906-424-4028
City or town, state or province, country, and ZIP or foreign postal code MENOMINEE, MI 49858		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 19,470,742.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	15,299.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	17,430.	17,430.		STATEMENT 1
	4 Dividends and interest from securities	294,179.	294,179.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	552,670.			
	b Gross sales price for all assets on line 6a	1,251,204.			
	7 Capital gain net income (from Part IV, line 2)		552,670.		
	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)					
11 Other income	2,029.	0.	0.	STATEMENT 3	
12 Total. Add lines 1 through 11	881,607.	864,279.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	44,172.	22,086.	0.	22,086.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 4	150.	75.	0.	75.
	b Accounting fees STMT 5	3,000.	1,500.	0.	1,500.
	c Other professional fees STMT 6	54,975.	51,066.	0.	3,909.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy	9,677.	9,677.	0.	0.
	21 Travel, conferences, and meetings	332.	0.	0.	332.
	22 Printing and publications				
	23 Other expenses STMT 7	19,035.	144.	0.	17,299.
	24 Total operating and administrative expenses. Add lines 13 through 23	131,341.	84,548.	0.	45,201.
	25 Contributions, gifts, grants paid	2,260,540.			2,260,540.
26 Total expenses and disbursements. Add lines 24 and 25	2,391,881.	84,548.	0.	2,305,741.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,510,274.				
b Net investment income (if negative, enter -0-)		779,731.			
c Adjusted net income (if negative, enter -0-)			0.		

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OF MARINETTE/MENOMINEE, INC.**

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		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	10,418,537.	6,644,492.	6,644,492.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	5,029,035.	6,488,110.	8,644,352.
	c Investments - corporate bonds STMT 9	3,387,729.	4,192,425.	4,181,898.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	18,835,301.	17,325,027.	19,470,742.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
28 Retained earnings, accumulated income, endowment, or other funds ...	18,835,301.	17,325,027.		
29 Total net assets or fund balances	18,835,301.	17,325,027.		
30 Total liabilities and net assets/fund balances	18,835,301.	17,325,027.		

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	18,835,301.
2 Enter amount from Part I, line 27a	2	-1,510,274.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	17,325,027.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	17,325,027.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		P		
b CAPITAL GAINS DIVIDENDS				
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 813,365.		698,534.	114,831.	
b 437,839.			437,839.	
c				
d				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			114,831.	
b			437,839.	
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		2 552,670.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8				3 N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	10,838.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	10,838.
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	10,838.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a 4,758.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 18,000.		
d Backup withholding erroneously withheld	6d 649.		
7 Total credits and payments. Add lines 6a through 6d		7	23,407.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	12,569.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 12,569. Refunded		11	0.

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? 1c Did the foundation file Form 1120-POL for this year? 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 7 Did the foundation have at least \$5,000 in assets at any time during the year? 8a Enter the states to which the foundation reports or with which it is registered. 8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? 10 Did any persons become substantial contributors during the tax year? 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of JOHN HOFER Telephone no. 906-424-4028 Located at 962 1ST STREET, MENOMINEE, MI ZIP+4 49858 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 N/A 16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X

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

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

	Yes	No
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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(5)	X
	1a(6)	X
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	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d 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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	N/A
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 had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

Part VI-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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
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(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		44,172.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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

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
NONE		

Total number of others receiving over \$50,000 for professional services **0**

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 **0.**

PROVIDENT HEALTH FOUNDATION
OF MARINETTE/MENOMINEE, INC.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	12,172,840.
b	Average of monthly cash balances	1b	7,236,477.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	19,409,317.
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	19,409,317.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	291,140.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	19,118,177.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	955,909.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	955,909.
2a	Tax on investment income for 2021 from Part V, line 5	2a	10,838.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	10,838.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	945,071.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	945,071.
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 XII, line 1	7	945,071.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,305,741.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,305,741.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				945,071.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019		2,921,587.		
e From 2020		2,128,303.		
f Total of lines 3a through e	5,049,890.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 2,305,741.				
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				945,071.
e Remaining amount distributed out of corpus	1,360,670.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	6,410,560.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	6,410,560.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019		2,921,587.		
d Excess from 2020		2,128,303.		
e Excess from 2021		1,360,670.		

PROVIDENT HEALTH FOUNDATION
OF MARINETTE/MENOMINEE, INC.

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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					

DRAFT

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

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

NONE

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

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

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

SEE STATEMENT 11

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

c Any submission deadlines:

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

PROVIDENT HEALTH FOUNDATION
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Part XIV 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				
AURORA MEDICAL CENTER-BAY AREA 3003 UNIVERSITY DR MARINETTE, WI 54143		PC	HOSPITAL OPERATIONS	2,047,602.
AURORA BAY AREA EMERGENCY DEPT 3003 UNIVERSITY DRIVE MARINETTE, WI 54143		PC	EVENT SPONSORSHIP	80.
AURORA HEALTH FOUNDATION 3003 UNIVERSITY DRIVE MARINETTE, WI 54143		PC	JIM HODGE MEMORIAL RUN DONATIONS	8,384.
CASA BROWN COUNTY/MARINETTE COUNTY 414 E WALNUT SUITE 170 GREEN BAY, WI 54301		PC	TO TRAIN ADDITIONAL COURT APPOINTED SPECIAL ADVOCATES THAT PROVIDE FREE SERVICES TO CHILDREN IN FOSTER	21,000.
CASA OF MENOMINEE COUNTY PO BOX 456 MENOMINEE, MI 49858		PC	TO TRAIN ADDITIONAL COURT APPOINTED SPECIAL ADVOCATES THAT PROVIDE FREE SERVICES TO CHILDREN IN FOSTER	19,250.
Total SEE CONTINUATION SHEET(S) ▶ 3a				2,260,540.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

DRAFT

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 17,430), 4 Dividends and interest from securities (14, 294,179), 5 Net rental income or (loss) from real estate (a-b), 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, 552,670), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e, including IRS REFUND with 14, 2,029), 12 Subtotal (0, 866,308), 13 Total (13, 866,308).

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

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

**PROVIDENT HEALTH FOUNDATION
OF MARINETTE/MENOMINEE, INC.**

Part XVI 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		X
(2)	Other assets		X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
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
		N/A	

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
N/A		

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.

Signature of officer or trustee: **CHAIRPERSON**
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 TERRI REXRODE CPA, MST	Preparer's signature TERRI REXRODE CPA	Date 09/29/22	Check <input type="checkbox"/> if self-employed	PTIN P00096513
	Firm's name WIPFLI LLP			Firm's EIN 39-0758449	
	Firm's address PO BOX 12237 GREEN BAY, WI 54307-2237			Phone no. 920.662.0016	

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
CRIVITZ FOOD PANTRY PO BOX 398 CRIVITZ, WI 54114		PC	TO PROVIDE WEEKLY, HEALTHY SNACKS AS WELL AS NUTRITION EDUCATION TO THE STUDENTS OF CRIVITZ ELEMENTARY	15,000.
DAR BOYS AND GIRLS CLUB 901 8TH AVENUE MENOMINEE, MI 49858		PC	TO PROVIDE A SOCIAL EMOTIONAL BEHAVIORAL LEARNING STAFF MEMBER ON STAFF AT THE DAR TO HELP MEET THE	35,000.
FEEDING AMERICA 864 WEST RIVER CENTER DRIVE NE COMSTOCK PARK, MI 49321		PC	TO PROVIDE MOBILE FOOD PANTRIES IN MENOMINEE COUNTY MONTHLY DURING 2022.	9,600.
GREATER MARINETTE MENOMINEE YMCA 1600 WEST DRIVE MENOMINEE, MI 49858		PC	TO ESTABLISH A HEART AND SOLE SISTERS PROGRAM FOR GIRLS IN THE COMMUNITY GRADES 6-8 TO DECREASE	9,500.
HEALTHY YOUTH COALITION 1201 41ST AVENUE MENOMINEE, MI 49858		PC	TO CONTINUE SUBSTANCE ABUSE PREVENTION PROGRAMMING IN MARINETTE AND MENOMINEE SCHOOLS.	15,000.
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION PO BOX 11756 GREEN BAY, WI 54307		PC	TO PROVIDE SUBSTANCE ABUSE COUNSELING TO MENOMINEE COUNTY RESIDENTS WHOSE MEDICARE/MEDICAID WILL	11,000.
JIM HODGE RUN PO 891 MARINETTE, WI 54143		PC	TO PROVIDE SPONSORSHIP OF THE JIM HODGE MEMORIAL RUN IN AN EFFORT TO DECREASE CHILDHOOD OBESITY AND	80.
M&M CHAMBER OF COMMERCE 601 MARINETTE AVENUE MARINETTE, WI 54143		PC	EVENT SPONSORSHIP	105.
MARINETTE COUNTY ADRC 2500 HALL AVENUE MARINETTE, WI 54143		PC	EVENT SPONSORSHIP	80.
MARINETTE COUNTY GROUP HOME ASSOCIATION 900 WELLS AVENUE MARINETTE, WI 54143		PC	TO MATCH A FEDERAL GRANT IN PROVIDING TECHNOLOGY TO THE ESTABLISHMENT OF THE BRIDGES TO RECOVERY	15,000.
Total from continuation sheets				164,224.

PROVIDENT HEALTH FOUNDATION
OF MARINETTE/MENOMINEE, INC.

83-4140310

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MARINETTE COUNTY HEALTH AND HUMAN SERVICES 2500 HALL AVENUE MARINETTE, WI 54143		GOV	TO EXPAND THE MENTAL HEALTH COURT SERVICES IN MARINETTE COUNTY TO INCLUDE RANDOM DRUG TESTING AS WELL AS	15,000.
MARINETTE RECREATION DEPARTMENT 2501 PIERCE AVENUE MARINETTE, WI 54143		GOV	TO PROVIDE PROGRAM SUPPLIES TO THE REC CENTER'S DAY CAMPS FOR CHILDREN IN AN EFFORT TO COMBAT CHILDHOOD	5,000.
MENOMINEE COUNTY SHERIFF VICTIM SERVICES 839 10TH AVENUE MENOMINEE, MI 49858		PC	TO PROVIDE TRAINING AND PROGRAM SUPPLIES TO THOSE THAT CARE FOR MENOMINEE RESIDENTS ON-SITE OF A	774.
MENOMINEE HIGH SCHOOL 2101 18TH STREET MENOMINEE, MI 49858		GOV	EVENT SPONSORSHIP	80.
MENOMINEE KIWANIS N4420 M-35 MENOMINEE, MI 49858		PC	FUNDRAISING EVENT SPONSORSHIP	80.
PESHTIGO PLAYGROUND PO BOX 10772 GREEN BAY, WI 54307		PC	TO PROVIDE SPONSORSHIP TO THE NEW PLAYGROUND BEING BUILT IN MARINETTE COUNTY THAT WILL WORK TO DECREASE	175.
RAINBOW HOUSE DOMESTIC ABUSE SERVICES PO BOX 1172 MARINETTE, WI 54143		PC	TO ESTABLISH AN IN-HOUSE COUNSELING PROGRAM FOR WOMEN AND CHILDREN WHO ARE RESIDING IN THE	11,000.
RIVER CITIES COMMUNITY POOL 1125 UNIVERSITY AVENUE MARINETTE, WI 54143		PC	TO PROVIDE CHILDREN'S SWIM PROGRAMMING AT THE RIVER CITIES COMMUNITY POOL IN AN EFFORT TO INCREASE	10,000.
ST VINCENT DEPAUL PO BOX 1111 MARINETTE, WI 54143		PC	TO PROVIDE CAPACITY BUILDING SUPPORT TO THE THRIFT STORE, FOOD PANTRY, AND OTHER PROGRAMS DUE TO COVID	11,000.
SUPERIOR HEALTH FOUNDATION 121 NORTH FRONT STREET MARQUETTE, MI 49855		PC	GRANT MATCH	750.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CASA BROWN COUNTY/MARINETTE COUNTY

TO TRAIN ADDITIONAL COURT APPOINTED SPECIAL ADVOCATES THAT PROVIDE FREE SERVICES TO CHILDREN IN FOSTER CARE AND UNDER THE SUPERVISION OF THE COURT DUE TO NO FAULT OF THEIR OWN IN MARINETTE COUNTY.

NAME OF RECIPIENT - CASA OF MENOMINEE COUNTY

TO TRAIN ADDITIONAL COURT APPOINTED SPECIAL ADVOCATES THAT PROVIDE FREE SERVICES TO CHILDREN IN FOSTER CARE AND UNDER THE SUPERVISION OF THE COURT DUE TO NO FAULT OF THEIR OWN IN MENOMINEE COUNTY.

NAME OF RECIPIENT - CRIVITZ FOOD PANTRY

TO PROVIDE WEEKLY, HEALTHY SNACKS AS WELL AS NUTRITION EDUCATION TO THE STUDENTS OF CRIVITZ ELEMENTARY SCHOOL.

NAME OF RECIPIENT - DAR BOYS AND GIRLS CLUB

TO PROVIDE A SOCIAL EMOTIONAL BEHAVIORAL LEARNING STAFF MEMBER ON STAFF AT THE DAR TO HELP MEET THE SOCIAL/EMOTIONAL AND BEHAVIORAL NEEDS OF THE CHILDREN IN DAR PROGRAMMING AND TO PROVIDE THE DAR WITH THE OPPORTUNITY TO CONTRACT NORTH POINTE BEHAVIORAL CENTER'S SOCIAL BEHAVIORAL COUNSELING FOR THE CHILDREN IN DAR PROGRAMMING.

NAME OF RECIPIENT - GREATER MARINETTE MENOMINEE YMCA

TO ESTABLISH A HEART AND SOLE SISTERS PROGRAM FOR GIRLS IN THE COMMUNITY GRADES 6-8 TO DECREASE CHILDHOOD OBESITY AND INCREASE SELF-ESTEEM, SELF-REGULATION, AND RESILIENCY AND TO PROVIDE CAPACITY BUILDING SUPPORT TO THE YMCA'S CHILDREN'S ORIENTED ACTIVITY PROGRAMMING IN AN EFFORT TO DECREASE CHILDHOOD OBESITY.

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - HOSPITAL SISTERS OF ST FRANCIS FOUNDATION
TO PROVIDE SUBSTANCE ABUSE COUNSELING TO MENOMINEE COUNTY RESIDENTS
WHOSE MEDICARE/MEDICAID WILL NOT PAY FOR MARINETTE TREATMENT SERVICES
AT HSHS LIBERTAS.

NAME OF RECIPIENT - JIM HODGE RUN
TO PROVIDE SPONSORSHIP OF THE JIM HODGE MEMORIAL RUN IN AN EFFORT TO
DECREASE CHILDHOOD OBESITY AND INCREASE COMMUNITY HEALTH AND
WELL-BEING.

NAME OF RECIPIENT - MARINETTE COUNTY GROUP HOME ASSOCIATION
TO MATCH A FEDERAL GRANT IN PROVIDING TECHNOLOGY TO THE ESTABLISHMENT
OF THE BRIDGES TO RECOVERY IN-PATIENT SUBSTANCE ABUSE RECOVERY PROGRAM.

NAME OF RECIPIENT - MARINETTE COUNTY HEALTH AND HUMAN SERVICES
TO EXPAND THE MENTAL HEALTH COURT SERVICES IN MARINETTE COUNTY TO
INCLUDE RANDOM DRUG TESTING AS WELL AS HOUSING AID TO PROGRAM
PARTICIPANTS.

NAME OF RECIPIENT - MARINETTE RECREATION DEPARTMENT
TO PROVIDE PROGRAM SUPPLIES TO THE REC CENTER'S DAY CAMPS FOR CHILDREN
IN AN EFFORT TO COMBAT CHILDHOOD OBESITY.

NAME OF RECIPIENT - MENOMINEE COUNTY SHERIFF VICTIM SERVICES
TO PROVIDE TRAINING AND PROGRAM SUPPLIES TO THOSE THAT CARE FOR
MENOMINEE RESIDENTS ON-SITE OF A CATASTROPHIC EVENT SUCH AS FIRE,
DROWNING, CRIME, ETC.

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - PESHTIGO PLAYGROUND

TO PROVIDE SPONSORSHIP TO THE NEW PLAYGROUND BEING BUILT IN MARINETTE
COUNTY THAT WILL WORK TO DECREASE CHILDHOOD OBESITY.

NAME OF RECIPIENT - RAINBOW HOUSE DOMESTIC ABUSE SERVICES

TO ESTABLISH AN IN-HOUSE COUNSELING PROGRAM FOR WOMEN AND CHILDREN WHO
ARE RESIDING IN THE RAINBOW HOUSE SHELTER FOR DOMESTIC ABUSE.

NAME OF RECIPIENT - RIVER CITIES COMMUNITY POOL

TO PROVIDE CHILDREN'S SWIM PROGRAMMING AT THE RIVER CITIES COMMUNITY
POOL IN AN EFFORT TO INCREASE WATER SAFETY AND DECREASE CHILDHOOD
OBESITY.

NAME OF RECIPIENT - ST VINCENT DEPAUL

TO PROVIDE CAPACITY BUILDING SUPPORT TO THE THRIFT STORE, FOOD PANTRY,
AND OTHER PROGRAMS DUE TO COVID LOSS OF INCOME FOR THE ORGANIZATION.

Underpayment of Estimated Tax by Corporations

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

2021

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

Name PROVIDENT HEALTH FOUNDATION OF MARINETTE/MENOMINEE, INC.	Employer identification number 83-4140310
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	10,838.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	10,838.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	2,242.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,242.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

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	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	561.	560.	561.	560.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	4,920.	162.	162.	163.
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		4,359.	3,961.	3,562.
13 Add lines 11 and 12	13		4,521.	4,123.	3,725.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	4,920.	4,521.	4,123.	3,725.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	4,359.	3,961.	3,562.	

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 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			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			0.

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

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET FUNDS	17,430.	17,430.	17,430.
TOTAL TO PART I, LINE 3	17,430.	17,430.	17,430.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER DIVIDENDS AND INTEREST	732,018.	437,839.	294,179.	294,179.	294,179.
TO PART I, LINE 4	732,018.	437,839.	294,179.	294,179.	294,179.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
IRS REFUND	2,029.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	2,029.	0.	0.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	150.	75.	0.	75.
TO FM 990-PF, PG 1, LN 16A	150.	75.	0.	75.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,000.	1,500.	0.	1,500.
TO FORM 990-PF, PG 1, LN 16B	3,000.	1,500.	0.	1,500.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY FEES	47,156.	47,156.	0.	0.
PROFESSIONAL FEES	7,819.	3,910.	0.	3,909.
TO FORM 990-PF, PG 1, LN 16C	54,975.	51,066.	0.	3,909.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES AND SUBSCRIPTIONS	295.	0.	0.	295.
ENTERTAINMENT	465.	0.	0.	465.
HODGE RUN	5,769.	0.	0.	5,769.
MISCELLANEOUS	394.	0.	0.	394.
POSTAGE	287.	144.	0.	143.
SOFTWARE	9,165.	0.	0.	9,165.
SUPPLIES	468.	0.	0.	468.
WEBSITE DEVELOPMENT	600.	0.	0.	600.
FEDERAL EXCISE TAX PAID FOR MERGED ORGANIZATION BACKUP WITHHOLDING ERRONEOUSLY WITHHELD	943.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	19,035.	144.	0.	17,299.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERICAN BEACON SMALL CAP VALUE	193,219.	294,917.
ARTISAN INTERNATIONAL	138,734.	129,324.
BLACKROCK MID-CAP GROWTH EQUITY	380,937.	585,815.
BROWN CAPITAL MGMT SMALL CO	257,152.	295,298.
DIAMOND HILL LARGE CAP	1,305,140.	1,750,983.
GOLDMAN SACHS EMERGING MKTS EQUITY INISGHTS	497,934.	426,719.
INVESCO OPPENHEIMER DEVELOPING MARKETS	503,782.	461,565.
T ROWE PRICE INSTL LARGE CAP CORE GROWTH	1,235,093.	1,678,948.
VANGUARD EMERGING MARKETS INDEX ETF	77,655.	74,190.
VANGUARD FTSE DEVELOPED MARKETS INDEX ETF	130,418.	153,180.
VANGUARD INTL GROWTH FUND ADM	101,271.	134,250.
VANGUARD MID CAP ETF	277,998.	458,586.
VANGUARD MID CAP VALUE INDEX FD	421,597.	629,410.
VANGUARD S&P 500 INDEX ETF	779,252.	1,266,053.
VANGUARD SMALL-CAP ETF	187,928.	305,114.
TOTAL TO FORM 990-PF, PART II, LINE 10B	6,488,110.	8,644,352.

FORM 990-PF

CORPORATE BONDS

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FEDERATED HERMES INSTL HIGH YIELD BOND	427,787.	447,255.
FEDERATED HERMES TOTAL RETURN BOND	1,349,595.	1,319,845.
FEDERATED HERMES ULTRASHORT BOND	94,590.	94,218.
PIMCO SHORT TERM FUND INSTL	82,885.	82,512.
VANGUARD SHORT-TERM INVST-GRADE ADM	33,254.	33,191.
LORD ABBETT HIGH YIELD	420,743.	447,747.
PGIM HIGH YIELD FUND	445,233.	443,727.
VOYA INTERMEDIATE BOND	1,338,338.	1,313,403.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,192,425.	4,181,898.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EDWARD HARDING P.O. BOX 891 MARINETTE, WI 54143	CHAIRPERSON; DIRECTOR 1.00	0.	0.	0.
TERRI DERUSHA P.O. BOX 891 MARINETTE, WI 54143	VICE-CHAIR; DIRECTOR (THROUGH AUGUST) 0.20	0.	0.	0.
GRETA HODGE P.O. BOX 891 MARINETTE, WI 54143	TREASURER; DIRECTOR 0.20	0.	0.	0.
MARC JAMO P.O. BOX 891 MARINETTE, WI 54143	SECRETARY; DIRECTOR 0.10	0.	0.	0.
KIM BROOKS P.O. BOX 891 MARINETTE, WI 54143	DIRECTOR 0.10	0.	0.	0.
DAN COOK P.O. BOX 891 MARINETTE, WI 54144	DIRECTOR 0.10	0.	0.	0.
JIM KORONKIEWICZ P.O. BOX 891 MARINETTE, WI 54146	DIRECTOR 0.10	0.	0.	0.
DEB KROLL P.O. BOX 891 MARINETTE, WI 54147	DIRECTOR 0.10	0.	0.	0.
DARREL LANCOUR P.O. BOX 891 MARINETTE, WI 54148	DIRECTOR 0.10	0.	0.	0.
PENNY MULLINS P.O. BOX 891 MARINETTE, WI 54149	DIRECTOR 0.10	0.	0.	0.

PROVIDENT HEALTH FOUNDATION OF MARINETTE

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JENNY SHORT
P.O. BOX 891
MARINETTE, WI 54143

DIRECTOR
0.10

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LYNDA RASTALL
P.O. BOX 891
MARINETTE, WI 54143

DIRECTOR
0.10

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JOHN HOFER
P.O. BOX 891
MARINETTE, WI 54143

EXECUTIVE DIRECTOR
15.00

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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

44,172.

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DRAFT

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN W HOFER
962 1ST STREET
MENOMINEE, MI 49858

TELEPHONE NUMBER

906-429-4028

EMAIL ADDRESS

JWHOFE@PROVIDENTHEALTH.ORG

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS ARE TAKEN THROUGH A CLOUD BASED PORTAL, GRANTMAKER BY FOUNDANT TECHNOLOGY. THE MULTIPART APPLICATION, AVAILABLE FOR REVIEW ON THE FOUNDATION WEBSITE INCLUDES INFORMATION ABOUT THE ORGANIZATION'S MISSION, EVIDENCE OF 501C3 STATUS AND GEOGRAPHY SERVED, PROGRAM OF WORK, FINANCIAL PERFORMANCE AND FIDUCIARY PRACTICES, GOVERNING STRUCTURE, COLLABORATION PARTNERSHIP RELATIONSHIPS, SPECIFIC POPULATIONS THE GRANT SUPPORTED ACTIVITY WILL TARGET, A DESCRIPTION OF THE PROGRAM/PROJECT THE GRANT WILL SUPPORT, MEASURES OF SUCCESS AND SUSTAINABILITY PLANS FOR AFTER THE GRANT IS SPENT.

ANY SUBMISSION DEADLINES

SUBMISSION DEADLINES ARE DETAILED ON THE GRANT APPLICATION. EMAILS ARE SENT TO REGISTERED APPLICANTS

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE CONSIDERED FOR 501C3 ORGANIZATIONS, CITY AND COUNTY GOVERNMENTAL UNITS AND SCHOOL SYSTEMS. THEIR SERVICES MUST BE TARGETED TOWARDS RESIDENTS OF MARINETTE COUNTY WI AND MENOMINEE COUNTY, MI. THE IMPACT OF FUND USE IS MEANT TO IMPROVE THE LOCAL HEALTH CARE AVAILABLE TO RESIDENTS AND TO IMPROVE THEIR HEALTH.