

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 2022 or tax year beginning _____, **and ending** _____

Name of foundation
**PROVIDENT HEALTH FOUNDATION
OF MARINETTE/MENOMINEE, INC.**

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
962 1ST STREET

City or town, state or province, country, and ZIP or foreign postal code
MENOMINEE, MI 49858

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 13,032,552.** (Part I, column (d), must be on cash basis.)

J Accounting method: Cash Accrual
 Other (specify) _____

A Employer identification number
83-4140310

B Telephone number
906-424-4028

C If exemption application is pending, check here ...

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

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

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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	294,183.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	72,361.	72,361.		STATEMENT 1
	4 Dividends and interest from securities	211,119.	211,119.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-377,114.			
	b Gross sales price for all assets on line 6a 5,015,236.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	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	818.	0.	0.	STATEMENT 3	
12 Total. Add lines 1 through 11	201,367.	283,480.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	24,219.	12,109.	0.	12,110.
	14 Other employee salaries and wages	17,348.	8,674.	0.	8,674.
	15 Pension plans, employee benefits	2,114.	1,057.	0.	1,057.
	16a Legal fees STMT 4	2.	1.	0.	1.
	b Accounting fees STMT 5	7,302.	3,651.	0.	3,651.
	c Other professional fees STMT 6	96,421.	71,112.	0.	25,309.
	17 Interest				
	18 Taxes STMT 7	43,780.	6,971.	0.	6,971.
	19 Depreciation and depletion				
	20 Occupancy	6,000.	6,000.	0.	0.
	21 Travel, conferences, and meetings	470.	0.	0.	470.
	22 Printing and publications	1,278.	0.	0.	1,278.
	23 Other expenses STMT 8	18,083.	176.	0.	17,908.
	24 Total operating and administrative expenses. Add lines 13 through 23	217,017.	109,751.	0.	77,429.
	25 Contributions, gifts, grants paid	4,008,854.			4,008,854.
26 Total expenses and disbursements. Add lines 24 and 25	4,225,871.	109,751.	0.	4,086,283.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-4,024,504.				
b Net investment income (if negative, enter -0-)		173,729.			
c Adjusted net income (if negative, enter -0-)			0.		

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PROVIDENT HEALTH FOUNDATION OF MARINETTE/MENOMINEE, INC.	Taxpayer identification number (TIN) 83-4140310
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 962 1ST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MENOMINEE, MI 49858	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JOHN HOFER

• The books are in the care of ▶ **962 1ST STREET - MENOMINEE, MI 49858**

Telephone No. ▶ **906-424-4028**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2022 or
 ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	12,569.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	12,569.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 990-PF (2022)

83-4140310

Page 2

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		52,338.	52,338.
	2 Savings and temporary cash investments	6,644,492.	2,941,826.	2,941,826.
	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 9	6,488,110.	6,173,401.	6,269,998.
	c Investments - corporate bonds STMT 10	4,192,425.	4,133,338.	3,768,390.
	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)	17,325,027.	13,300,903.	13,032,552.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe))			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	17,323,155.	13,280,207.	
	25 Net assets with donor restrictions	1,872.	20,696.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	17,325,027.	13,300,903.		
30 Total liabilities and net assets/fund balances	17,325,027.	13,300,903.		

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	17,325,027.
2 Enter amount from Part I, line 27a	2	-4,024,504.
3 Other increases not included in line 2 (itemize) ADJUSTMENT TO COST BASIS	3	380.
4 Add lines 1, 2, and 3	4	13,300,903.
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	13,300,903.

Form 990-PF (2022)

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				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 5,015,236.		5,392,350.	-377,114.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			-377,114.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 -377,114.
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	2,415.
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	2,415.
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	2,415.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a 12,569.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d 11,748.		
7 Total credits and payments. Add lines 6a through 6d		7	24,317.
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	21,902.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 2,800. Refunded		11	19,102.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>WI</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>WWW.PROVIDENTHEALTH.ORG</u>		
14 The books are in care of <u>JOHN HOFER</u> Telephone no. <u>906-424-4028</u> Located at <u>962 1ST STREET, MENOMINEE, MI</u> ZIP+4 <u>49858</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
16 At any time during calendar year 2022, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

PROVIDENT HEALTH FOUNDATION
OF MARINETTE/MENOMINEE, INC.

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)?	1a(5)	X
(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(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 <input type="checkbox"/>		
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 2022?	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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	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 2022 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 2022.)	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 2022?	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 11		24,219.	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.

Form 990-PF (2022)

83-4140310 Page 8

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	11,166,021.
b	Average of monthly cash balances	1b	4,937,320.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	16,103,341.
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	16,103,341.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	241,550.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	15,861,791.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	793,090.

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	793,090.
2a	Tax on investment income for 2022 from Part V, line 5	2a	2,415.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	2,415.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	790,675.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	790,675.
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	790,675.

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	4,086,283.
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	4,086,283.

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(e) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				790,675.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019	2,921,587.			
d From 2020	2,128,303.			
e From 2021	1,360,670.			
f Total of lines 3a through e	6,410,560.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$	4,086,283.			
a Applied to 2021, 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 2022 distributable amount				790,675.
e Remaining amount distributed out of corpus	3,295,608.			
5 Excess distributions carryover applied to 2022 (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:	9,706,168.			
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 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				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 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	9,706,168.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019	2,921,587.			
c Excess from 2020	2,128,303.			
d Excess from 2021	1,360,670.			
e Excess from 2022	3,295,608.			

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 2022, 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		Prior 3 years		(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
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					

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 12**
- 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
OF MARINETTE/MENOMINEE, INC.

Form 990-PF (2022)

83-4140310 Page 11

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				
TWIN COUNTIES FREE CLINIC INC. 825 EDGEWOOD CIR MARINETTE, WI 54143		PC	GENERAL SUPPORT	265.
PESHTIGO SCHOOL DISTRICT 341 N. EMERY AVENUE PESHTIGO, WI 54157		GOV	TO START A HYDROPONICS PROGRAM WHERE STUDENTS GROW LETTUCE IN THE CLASSROOM AND THEN USE THE LETTUCE IN SCHOOL	10,000.
MARINETTE MENOMINEE AREA CHAMBER OF COMMERCE 601 MARINETTE AVENUE MARINETTE, WI 54143		PC	EVENT SPONSORSHIP	600.
MARINETTE MENOMINEE ROTARY CLUB PO BOX 602 MENOMINEE, MI 49858		PC	EVENT SPONSORSHIP	70.
MARINETTE SCHOOL DISTRICT 2139 PIERCE AVENUE MARINETTE, WI 54143		GOV	TO HIRE A PART-TIME SCHOOL NURSE TO CONDUCT HEALTH EDUCATION PROGRAMMING TO STUDENTS AND	20,000.
Total	SEE CONTINUATION SHEET(S)			3a 4,008,854.
b Approved for future payment				
NONE				
Total				
				3b 0.

Form 990-PF (2022)

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 SCHOOL DISTRICT 2139 PIERCE AVENUE MARINETTE, WI 54143		GOV	TO CONTRACT A COUNSELING CLINIC TO CONDUCT GROUP COUNSELING FOR STUDENTS WITH MENTAL	12,000.
MENOMINEE DOWNTOWN BUSINESS ASSOCIATION P.O. BOX 803 MENOMINEE, MI 49858		PC	GENERAL SUPPORT	50.
PESHTIGO FOOD PANTRY 151 FRENCH STREET PESHTIGO, WI 54157		PC	SPONSORSHIP OF COOKBOOK CREATION IN PARTNERSHIP WITH PESHTIGO ELEMENTARY SCHOOL.	500.
PESHTIGO SCHOOL DISTRICT 341 N. EMERY AVENUE PESHTIGO, WI 54157		GOV	EVENT SPONSORSHIP	150.
DAR BOYS AND GIRLS CLUB 901 8TH AVENUE MENOMINEE, MI 49858		PC	EVENT SPONSORSHIP	2,500.
RAINBOW HOUSE DOMESTIC ABUSE SERVICES PO BOX 1172 MARINETTE, WI 54143		PC	TO DEVELOP A PREVENTION HOTLINE FOR CURRENT AND WOULD-BE DOMESTIC ABUSERS TO VOLUNTARILY SEEK HELP	15,000.
SCHOOL DISTRICT OF NIAGARA 700 JEFFERSON AVE. NIAGARA, WI 54151		GOV	EVENT SPONSORSHIP	250.
ST. VINCENT DE PAUL MARINETTE PO BOX 1111 MARINETTE, WI 54143		PC	TO THEIR MATTRESS PROGRAM TO IMPROVE SLEEP QUALITY AND THUS IMPACT MENTAL HEALTH AND PHYSICAL HEALTH	2,500.
STEPHENSON AREA PUBLIC SCHOOLS W526 DIVISION ST STEPHENSON, MI 49887		GOV	TO HAVE TWO STAFF MEMBERS CERTIFIED AT YOUTH MENTAL HEALTH FIRST AID INSTRUCTORS.	4,200.
STEPHENSON AREA PUBLIC SCHOOLS W526 DIVISION ST STEPHENSON, MI 49887		GOV	TO SUPPORT THE HEART AND SOLE SISTERS RUNNING AND MENTAL HEALTH PROGRAM FOR 3RD - 5TH GRADE GIRLS.	7,500.
Total from continuation sheets				3,977,919.

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
STEPHENSON AREA PUBLIC SCHOOLS W526 DIVISION ST STEPHENSON, MI 49887		GOV	TO HAVE ALL SAPS STAFF CERTIFIED IN YOUTH MENTAL HEALTH FIRST AID.	3,675.
MARINETTE COUNTY FACILITIES & PARKS 1926 HALL AVE MARINETTE, WI 54143		GOV	EVENT SPONSORSHIP	250.
HEALTHY YOUTH COALITION 1201 41ST AVENUE MENOMINEE, MI 49858		PC	EVENT SPONSORSHIP	100.
HEALTHY YOUTH COALITION 1201 41ST AVENUE MENOMINEE, MI 49858		PC	TO CONDUCT SUBSTANCE ABUSE PREVENTION EFFORTS TARGETED AT YOUTH IN MARINETTE AND MENOMINEE COUNTIES.	35,000.
CARNEY-NADEAU SCHOOL DISTRICT 151 NORTH U.S. HIGHWAY 41 CARNEY, MI 49812		GOV	TO HAVE ALL CARNEY-NADEAU STAFF CERTIFIED IN YOUTH MENTAL HEALTH FIRST AID.	1,000.
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	10,000.
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	16,000.
CASA OF MENOMINEE COUNTY PO BOX 456 MENOMINEE, MI 49858		PC	EVENT SPONSORSHIP	100.
COMMUNITIES THAT CARE 1201 41ST AVENUE MENOMINEE, MI 49858		PC	TO CONDUCT PARENT EDUCATION EVENTS AND YOUTH SURVEYS ON DRUG/ALCOHOL USE.	15,250.
CREATE WISCONSIN PO BOX 1054 MADISON, WI 53701		PC	EVENT SPONSORSHIP	500.
Total from continuation sheets				

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
THE SALVATION ARMY MARINETTE 80 W RUSSELL ST MARINETTE, WI 54143		PC	TO PROVIDE AND ADMINISTER MOBILE FOOD PANTRIES IN MENOMINEE COUNTY.	4,000.
CRIVITZ AREA 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	12,000.
DAR BOYS AND GIRLS CLUB 901 8TH AVENUE MENOMINEE, MI 49858		PC	TO PURCHASE WOBBLE STOOLS AND SENSORY PATH DECALS FOR THE CLUB.	8,640.
EMERGENCY RESCUE SQUAD 2710 WOLESKE RD. MARINETTE, WI 54143		PC	EVENT SPONSORSHIP	250.
FALLS PREVENTION ALLIANCE OF NE WISCONSIN 3390 DAVIES AVE GREEN BAY, WI 54311		PC	EVENT SPONSORSHIP	500.
GREATER MARINETTE MENOMINEE YMCA 1600 WEST DRIVE MENOMINEE, MI 49858		PC	TO PROVIDE AND ADMINISTER MOBILE FOOD PANTRIES IN MENOMINEE COUNTY.	7,000.
HEALTHY YOUTH COALITION 1201 41ST AVENUE MENOMINEE, MI 49858		PC	TO PROVIDE BOOKS TO THE MARINETTE CHILDREN ENROLLED IN THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM.	12,000.
HEALTHY YOUTH COALITION 1201 41ST AVENUE MENOMINEE, MI 49858		PC	TO SUPPORT THE LOCK IT UP! INITIATIVE, YOUTH-LED MEDIA CAMPAIGNS, PURCHASE AND INSTALL VAPE	22,500.
AURORA MEDICAL CENTER-BAY AREA 3004 UNIVERSITY DRIVE MARINETTE, WI 54143		PC	CAPITAL IMPROVEMENTS	3,784,504.
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 - PESHTIGO SCHOOL DISTRICT

TO START A HYDROPONICS PROGRAM WHERE STUDENTS GROW LETTUCE IN THE CLASSROOM AND THEN USE THE LETTUCE IN SCHOOL LUNCHES.

NAME OF RECIPIENT - MARINETTE SCHOOL DISTRICT

TO HIRE A PART-TIME SCHOOL NURSE TO CONDUCT HEALTH EDUCATION PROGRAMMING TO STUDENTS AND INCREASE HEALTHCARE ACCESS TO CHILDREN IN MARINETTE SCHOOLS.

NAME OF RECIPIENT - MARINETTE SCHOOL DISTRICT

TO CONTRACT A COUNSELING CLINIC TO CONDUCT GROUP COUNSELING FOR STUDENTS WITH MENTAL HEALTH CONDITIONS LIKE ANXIETY AND DEPRESSION.

NAME OF RECIPIENT - RAINBOW HOUSE DOMESTIC ABUSE SERVICES

TO DEVELOP A PREVENTION HOTLINE FOR CURRENT AND WOULD-BE DOMESTIC ABUSERS TO VOLUNTARILY SEEK HELP FROM TRAINED INDIVIDUALS.

NAME OF RECIPIENT - ST. VINCENT DE PAUL MARINETTE

TO THEIR MATTRESS PROGRAM TO IMPROVE SLEEP QUALITY AND THUS IMPACT MENTAL HEALTH AND PHYSICAL HEALTH STATUS.

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

Part XIV Supplementary Information

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

SERVICES TO CHILDREN IN FOSTER CARE AND UNDER THE SUPERVISION OF THE COURT DUE TO NO FAULT OF THEIR OWN IN MENOMINEE COUNTY AND TO INCREASE THE EXECUTIVE DIRECTOR'S POSITION FROM HALF TIME TO FULL TIME.

NAME OF RECIPIENT - CRIVITZ AREA FOOD PANTRY

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

NAME OF RECIPIENT - HEALTHY YOUTH COALITION

TO SUPPORT THE LOCK IT UP! INITIATIVE, YOUTH-LED MEDIA CAMPAIGNS, PURCHASE AND INSTALL VAPE DETECTORS IN SCHOOLS, AND SPONSOR GUEST SPEAKERS ON DRUG AND ALCOHOL ABUSE IN SCHOOLS.

Name of organization PROVIDENT HEALTH FOUNDATION OF MARINETTE/MENOMINEE, INC.	Employer identification number 83-4140310
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization PROVIDENT HEALTH FOUNDATION OF MARINETTE/MENOMINEE, INC.	Employer identification number 83-4140310
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

Employer identification number
83-4140310

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	2,415.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	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	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	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	2,415.
4	Enter the tax shown on the corporation's 2021 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	10,189.
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	2,415.

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	05/15/22	06/15/22	09/15/22	12/15/22
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	604.	604.	603.	604.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	15,506.	2,937.	2,937.	2,937.
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		14,902.	17,235.	19,569.
13 Add lines 11 and 12		17,839.	20,172.	22,506.
14 Add amounts on lines 16 and 17 of the preceding column				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15,506.	17,839.	20,172.	22,506.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		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				
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	14,902.	17,235.	19,569.	

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 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	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 6/30/2023 and before 10/1/2023	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 9/30/2023 and before 1/1/2024	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 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	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	72,361.	72,361.	72,361.
TOTAL TO PART I, LINE 3	72,361.	72,361.	72,361.

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	211,119.	0.	211,119.	211,119.	211,119.
TO PART I, LINE 4	211,119.	0.	211,119.	211,119.	211,119.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER OPERATING INCOME	818.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	818.	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	2.	1.	0.	1.
TO FM 990-PF, PG 1, LN 16A	2.	1.	0.	1.

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	7,302.	3,651.	0.	3,651.
TO FORM 990-PF, PG 1, LN 16B	7,302.	3,651.	0.	3,651.

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	45,804.	45,804.	0.	0.
PROFESSIONAL FEES	50,617.	25,308.	0.	25,309.
TO FORM 990-PF, PG 1, LN 16C	96,421.	71,112.	0.	25,309.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX PAID	18,000.	0.	0.	0.
PAYROLL TAXES	13,942.	6,971.	0.	6,971.
BACKUP WITHHOLDING ERRONEOUSLY WITHHELD	11,748.	0.	0.	0.
WI DEPT OF REVENUE	90.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	43,780.	6,971.	0.	6,971.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING AND SOCIAL MEDIA	378.	0.	0.	378.
FUNDRAISING EVENT EXPENSE	9,256.	0.	0.	9,256.
OFFICE EXPENSES	6,799.	176.	0.	6,624.
STAFF REIMBURSEMENT	1,150.	0.	0.	1,150.
CLEANING	500.	0.	0.	500.
TO FORM 990-PF, PG 1, LN 23	18,083.	176.	0.	17,908.

FORM 990-PF

CORPORATE STOCK

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERICAN BEACON SMALL CAP VALUE	139,315.	185,170.
BLACKROCK MID-CAP GROWTH EQUITY	431,986.	404,304.
BROWN CAPITAL MGMT SMALL CO	266,014.	171,869.
DIAMOND HILL LARGE CAP	1,367,614.	1,479,793.
GOLDMAN SACHS EMERGING MKTS EQUITY INSIGHTS	119,039.	101,268.
INVESCO OPPENHEIMER DEVELOPING MARKETS	114,996.	99,552.
T ROWE PRICE INSTL LARGE CAP CORE GROWTH	1,700,595.	1,336,178.
VANGUARD EMERGING MARKETS INDEX ETF	92,547.	72,776.
VANGUARD FTSE DEVELOPED MARKETS INDEX ETF	160,855.	156,842.
VANGUARD INTL GROWTH FUND ADM	126,051.	108,979.
VANGUARD MID CAP ETF	300,375.	385,201.
VANGUARD MID CAP VALUE INDEX FD	321,688.	448,260.
VANGUARD S&P 500 INDEX ETF	831,854.	1,061,749.
VANGUARD SMALL-CAP ETF	200,472.	258,057.
TOTAL TO FORM 990-PF, PART II, LINE 10B	6,173,401.	6,269,998.

FORM 990-PF

CORPORATE BONDS

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FEDERATED HERMES CONSERVATIVE MICROSHORT FUND	578,954.	579,537.
FEDERATED HERMES INSTL HIGH YIELD BOND	341,265.	310,426.
FEDERATED HERMES TOTAL RETURN BOND	836,056.	713,344.
JPMORGAN MANAGED INCOME FUND	845,047.	847,795.
LORD ABBETT HIGH YIELD	332,275.	303,023.
PGIM HIGH YIELD FUND	355,141.	304,040.
VOYA INTERMEDIATE BOND	844,600.	710,225.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,133,338.	3,768,390.

FORM 990-PF

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

STATEMENT 11

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.
MARC JAMO P.O. BOX 891 MARINETTE, WI 54143	VICE CHAIR; DIRECTOR 0.10	0.	0.	0.
GRETA HODGE P.O. BOX 891 MARINETTE, WI 54143	TREASURER; DIRECTOR 0.20	0.	0.	0.
KIM BROOKS P.O. BOX 891 MARINETTE, WI 54143	SECRETARY; 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.
JENNY SHORT P.O. BOX 891 MARINETTE, WI 54143	DIRECTOR 0.10	0.	0.	0.

PROVIDENT HEALTH FOUNDATION OF MARINETTE

83-4140310

LYNDA RASTALL	DIRECTOR			
P.O. BOX 891	0.10	0.	0.	0.
MARINETTE, WI 54143				

JOHN HOFER	EXECUTIVE DIRECTOR			
P.O. BOX 891	15.00	24,219.	0.	0.
MARINETTE, WI 54143				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>24,219.</u>	<u>0.</u>	<u>0.</u>
---	--	----------------	-----------	-----------

FORM 990-PF

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

STATEMENT 12

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

JWHOFER@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.