

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC % JOHN MILES MBA</td> <td rowspan="2">D Employer identification number 52-1815234</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 50 PARK PLACE Suite 700</td> <td>Room/suite</td> <td rowspan="2">E Telephone number (973) 268-2280</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ILISE ZIMMERMAN 50 PARK PLACE NEWARK, NJ 07102</td> <td>G Gross receipts \$ 9,997,817</td> </tr> </table>	C Name of organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC % JOHN MILES MBA		D Employer identification number 52-1815234	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) 50 PARK PLACE Suite 700	Room/suite	E Telephone number (973) 268-2280	City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102		F Name and address of principal officer: ILISE ZIMMERMAN 50 PARK PLACE NEWARK, NJ 07102		G Gross receipts \$ 9,997,817
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H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527														
J Website: ▶ WWW.PARTNERSHIPMCH.ORG														
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: NJ												

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO PROVIDE QUALITY COST EFFECTIVE OUTREACH AND EDUCATION SERVICES FOR PREGNANT WOMEN, INFANTS, CHILDREN AND FAMILIES IN NEW JERSEY.</p>																									
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>																									
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	41																								
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	41																								
	<p>5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)</p>	167																								
	<p>6 Total number of volunteers (estimate if necessary)</p>	200																								
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	0																								
	<p>7b Net unrelated business taxable income from Form 990-T, line 39</p>	0																								
Revenue		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Prior Year</th> <th style="width: 20%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">9,805,273</td> <td style="text-align: right;">9,704,917</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">39,199</td> <td style="text-align: right;">185,841</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">35,352</td> <td style="text-align: right;">73,289</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">3,980</td> <td style="text-align: right;">2,190</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">9,883,804</td> <td style="text-align: right;">9,966,237</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	9,805,273	9,704,917	9 Program service revenue (Part VIII, line 2g)	39,199	185,841	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,352	73,289	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,980	2,190	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,883,804	9,966,237						
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Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2020-11-16 Date
ILISE ZIMMERMAN PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2020-11-16	Check <input type="checkbox"/> if self-employed	PTIN P00642486	
	Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶		
	Firm's address ▶ 200 Jefferson Park Suite 400 Whippany, NJ 079811070			Phone no. (973) 898-9494		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO PROVIDE QUALITY COST EFFECTIVE OUTREACH AND EDUCATION SERVICES FOR PREGNANT WOMEN, INFANTS, CHILDREN AND FAMILIES IN NEW JERSEY. THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC. IS A NON-PROFIT INTERNAL REVENUE CODE SECTION 501(C)(3) ORGANIZATION OF HEALTHCARE PROFESSIONALS AND CONSUMERS DEDICATED TO PROVIDING EDUCATION AND INCREASING COMMUNITY AWARENESS BY FACILITATING COLLABORATION AMONG THE PRIVATE SECTOR, THE PUBLIC SECTOR, AND MATERNAL AND CHILD HEALTHCARE PROVIDERS FOR THE DELIVERY OF HIGH QUALITY COORDINATED MATERNAL AND CHILD HEALTHCARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,526,021 including grants of \$ 412,976) (Revenue \$ 185,841)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 9,526,021

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (NJ)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN MILES MBA 50 PARK PLACE NEWARK, NJ 07102 (973) 268-2280

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	1,063,105		
	c Fundraising events	1c	117,545		
	d Related organizations	1d			
	e Government grants (contributions)	1e	7,796,204		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	728,063		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		9,704,917		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PROGRAM SERVICE REVENUE		624190	185,841	185,841		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			185,841			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		73,289			73,289	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	6a				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including \$ 117,545 of contributions reported on line 1c). See Part IV, line 18		8a	31,580			
		b Less: direct expenses	8b	31,580			
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a	2,190			
		b Less: direct expenses	9b	0			
		c Net income or (loss) from gaming activities			2,190		2,190
	10a Gross sales of inventory, less returns and allowances		10a	0			
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory				0			
11a Miscellaneous Revenue	Business Code						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			0			
12 Total revenue. See instructions			9,966,237	185,841		75,479	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	412,976	412,976		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	564,467	548,100	9,927	6,440
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,546,312	5,385,555	97,512	63,245
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	985,065	956,500	17,326	11,239
10 Payroll taxes	523,131	507,958	9,203	5,970
11 Fees for services (non-employees):				
a Management	0			
b Legal	3,538	2,970	568	0
c Accounting	52,761	44,287	8,474	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	406,566	352,194	54,372	0
12 Advertising and promotion	152,173	151,058	1,115	
13 Office expenses	284,352	274,597	9,755	
14 Information technology	26,292	25,287	1,005	
15 Royalties	0			
16 Occupancy	306,350	298,393	7,957	
17 Travel	137,308	135,919	1,389	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	163,453	161,932	1,521	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,061		6,061	
23 Insurance	48,781	47,514	1,267	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	154,934	154,934	0	0
b SUBSCRIPTIONS & LICENSES	39,486	39,486	0	0
c REPAIRS & MAINTENANCE	3,607	3,466	141	0
d OTHER EXPENSES	23,144	22,895	249	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,840,757	9,526,021	227,842	86,894
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	367,896	1	354,967
	2 Savings and temporary cash investments	4,412,375	2	5,093,530
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,700,359	4	1,329,656
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	6,759	9	9,895
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 99,847		
	b Less: accumulated depreciation	10b 96,316	9,592	10c 3,531
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	30,318	15	32,416
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,527,299	16	6,823,995	
Liabilities	17 Accounts payable and accrued expenses	430,612	17	623,168
	18 Grants payable	0	18	0
	19 Deferred revenue	122,516	19	101,176
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	553,128	26	724,344
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,936,215	27	6,070,872
	28 Net assets with donor restrictions	37,956	28	28,779
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,974,171	32	6,099,651	
33 Total liabilities and net assets/fund balances	6,527,299	33	6,823,995	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,966,237
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,840,757
3	Revenue less expenses. Subtract line 2 from line 1	3	125,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,974,171
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,099,651

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1815234

Name: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING QUALITY COST EFFECTIVE OUTREACH AND EDUCATION SERVICES FOR PREGNANT WOMEN, INFANTS, CHILDREN AND FAMILIES IN NEW JERSEY. THE ORGANIZATION IS DEDICATED TO PROVIDING EDUCATION AND INCREASING COMMUNITY AWARENESS BY FACILITATING COLLABORATION AMONG THE PRIVATE SECTOR, THE PUBLIC SECTOR, AND MATERNAL AND CHILD HEALTHCARE PROVIDERS FOR THE DELIVERY OF HIGH QUALITY COORDINATED MATERNAL AND CHILD HEALTHCARE. FOR ADDITIONAL INFORMATION PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ILISE ZIMMERMAN PRESIDENT/CEO	40.0 0.0			X				233,650	0	19,371
LILIANA PINETE CHIEF OPERATING OFFICER	40.0 0.0			X				156,991	0	0
JAMES M STOTZ CPA M CFO (TERMED 09/2019)	40.0 0.0			X				116,397	0	13,876
RENEE R WEBSTER DIRECTOR OF HUMAN RESOURCES	40.0 0.0					X		113,959	0	12,434
JOHN MILES MBA CFO (EFFECTIVE 09/2019)	40.0 0.0			X				26,331	0	851
MICHAEL LAMACCHIA MD CHAIRMAN - TRUSTEE	1.0 0.0	X		X				0	0	0
MARY MCTIGUE DNP RNC VICE CHAIR - TRUSTEE	1.0 0.0	X		X				0	0	0
ANDREW RUBENSTEIN MD SECRETARY - TRUSTEE	1.0 0.0	X		X				0	0	0
SUSAN MARCARIO MA TREASURER - TRUSTEE	1.0 0.0	X		X				0	0	0
JEFFREY BIENSTOCK MD TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LILLIAN CAMACHO RN B TRUSTEE	1.0 0.0	X						0	0	0
PHYLLIS CAMILLERI RN TRUSTEE	1.0 0.0	X						0	0	0
CHARLES CASSER MBA TRUSTEE	1.0 0.0	X						0	0	0
CHRISTINE CHANG MPH TRUSTEE	1.0 0.0	X						0	0	0
PATRICIA CICCONE MPA TRUSTEE	1.0 0.0	X						0	0	0
MARILYN CINTRON FACHE TRUSTEE	1.0 0.0	X						0	0	0
MORRIS COHEN MD TRUSTEE	1.0 0.0	X						0	0	0
DIANA CONTRERAS MD TRUSTEE	1.0 0.0	X						0	0	0
TAMARA CUNNINGHAM TRUSTEE	1.0 0.0	X						0	0	0
FRAN DRIGUN MSN RN TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROCHELLE EVANS RN MS TRUSTEE	1.0 0.0	X						0	0	0
VALERIE FRENCH MBA B TRUSTEE	1.0 0.0	X						0	0	0
LISA GITTENS-WILLIAMS TRUSTEE	1.0 0.0	X						0	0	0
JOHN GOLDSMITH ESQ TRUSTEE	1.0 0.0	X						0	0	0
MICHAEL GREENE PHD TRUSTEE	1.0 0.0	X						0	0	0
CHARLENE GUNGIL DHS TRUSTEE	1.0 0.0	X						0	0	0
VIVIAN HOLZER MBA TRUSTEE	1.0 0.0	X						0	0	0
FELICIA KARSOS MBA R TRUSTEE	1.0 0.0	X						0	0	0
HELEN KEST MD MBA TRUSTEE	1.0 0.0	X						0	0	0
ANDREA LOTOSKY MSN R TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL MATTHEWS MD TRUSTEE	1.0 0.0	X						0	0	0
ALEXIS MENKEN PHD TRUSTEE	1.0 0.0	X						0	0	0
DEBORAH MURRAY TRUSTEE	1.0 0.0	X						0	0	0
HAROLD PERL MD TRUSTEE	1.0 0.0	X						0	0	0
MICHELE PREMINGER MD TRUSTEE	1.0 0.0	X						0	0	0
ELAINE RUHL MS ED TRUSTEE	1.0 0.0	X						0	0	0
ERNANI SADURAL MD TRUSTEE	1.0 0.0	X						0	0	0
SYBIL SCHREIBER DSW TRUSTEE	1.0 0.0	X						0	0	0
JOSEPH SCHWAB MD M TRUSTEE	1.0 0.0	X						0	0	0
ESNEY SHARPE THD TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA STEPNOWSKI MSN TRUSTEE	1.0 0.0	X						0	0	0
LINDA TANTAWI TRUSTEE	1.0 0.0	X						0	0	0
JENNIFER VAN VORT BA TRUSTEE	1.0 0.0	X						0	0	0
MARIEKARL VILCEUS-TALT TRUSTEE	1.0 0.0	X						0	0	0
WENDY WARREN MD TRUSTEE	1.0 0.0	X						0	0	0
CATHERINE YAXLEY CPA TRUSTEE	1.0 0.0	X						0	0	0
MAUREEN COCCARO RN M TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0
MARIE DUFFY DNP MSN TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0
ATIF NAZIR DVM MS TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0
JOANNE PENN MA RN-BC TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL QUINN PHD CNM TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0
HEATHER TUSTIN BSW C TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0
JENNIFER WATERS RN M TRUSTEE (TERMED 06/2019)	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC

Employer identification number
52-1815234

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,339,707	9,056,503	9,676,548	9,805,273	9,704,917	47,582,948
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	104,336	86,962	114,998	77,402	219,611	603,309
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	9,444,043	9,143,465	9,791,546	9,882,675	9,924,528	48,186,257
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						48,186,257

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	9,444,043	9,143,465	9,791,546	9,882,675	9,924,528	48,186,257
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,752	13,930	14,420	35,352	73,289	145,743
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	8,752	13,930	14,420	35,352	73,289	145,743
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	104,336					104,336
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,557,131	9,157,395	9,805,966	9,918,027	9,997,817	48,436,336

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.484 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.818 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.301 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.182 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 52-1815234

Name: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC

Employer identification number

52-1815234

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		23,890	21,470	2,420
e Other		75,957	74,846	1,111
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,531

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,997,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	31,580	
e	Add lines 2a through 2d		2e	31,580
3	Subtract line 2e from line 1		3	9,966,237
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,966,237

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,872,337
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	31,580	
e	Add lines 2a through 2d		2e	31,580
3	Subtract line 2e from line 1		3	9,840,757
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,840,757

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1815234

Name: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC. ("THE PARTNERSHIP") FOR THE YEARS ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2019 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740): THE PARTNERSHIP FOLLOWS THE PROVISION OF AUTHORITATIVE GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES . UNDER THIS GUIDANCE, THE PARTNERSHIP EVALUATES TAX POSITIONS REQUIRING RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE PARTNERSHIP HAS EVALUATED THE LIKELIHOOD OF THEIR TAX EXEMPT STATUS BEING CHALLENGED AS REMOTE. ACCORDINGLY, AS OF DECEMBER 31, 2019, THE PARTNERSHIP HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE: - SPECIAL EVENT EXPENSE - \$31,580.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XIII, LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE: - SPECIAL EVENT EXPENSE - \$31,580.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC

Employer identification number 52-1815234

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	149,125			149,125
	2 Less: Contributions	117,545			117,545
	3 Gross income (line 1 minus line 2)	31,580			31,580
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	27,521			27,521
	7 Food and beverages				
	8 Entertainment	1,660			1,660
	9 Other direct expenses	2,399			2,399
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,580
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC

Employer identification number

52-1815234

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 9
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I; QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

Additional Data**Software ID:****Software Version:****EIN:** 52-1815234**Name:** THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN NJ PERINATAL COOPERATIVE 2500 MCCLELLAN AVE 250 PENNSAUKEN, NJ 08109	22-1487611	501(C)(3)	49,531				SUB-GRANTEE PROGRAM SUPPORT
CENTRAL JERSEY FAMILY HEALTH CONSORTIUM 2 KING ARTHUR COURT N BRUNSWICK, NJ 08902	22-3197191	501(C)(3)	51,785				SUB-GRANTEE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERINATAL HEALTH EQUITY FOUNDATION 191 CENTRAL AVE 2ND FLR NEWARK, NJ 07103	22-2371223	501(C)(3)	30,600				SUB-GRANTEE PROGRAM SUPPORT
GREEN & HEALTHY HOMES INITIATIVE INC 2714 HUDSON STREET BALTIMORE, MD 21224	52-1786577	501(C)(3)	40,000				SUB-GRANTEE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DESTINY FAMILY SUCCESS CENTERS 79 ELLISON STREET PATERSON, NJ 07505	20-8485917	501(C)(3)	46,951				SUB-GRANTEE PROGRAM SUPPORT
BERGEN FAMILY CENTER INC 44 ARMORY STREET ENGLEWOOD, NJ 07631	22-1487611	501(C)(3)	22,354				SUB-GRANTEE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING STREET COMMUNITY DEVELOPMENT 65 SPRING STREET MORRISTOWN, NJ 07960	45-0942880	501(C)(3)	18,574				SUB-GRANTEE PROGRAM SUPPORT
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	22-1501370	501(C)(3)	33,414				SUB-GRANTEE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302	22-3117171	501(C)(3)	26,468				SUB-GRANTEE PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC	Employer identification number 52-1815234
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ILISE ZIMMERMAN PRESIDENT/CEO	(i)	208,178	15,000	10,472	0	19,371	253,021	0
	(ii)	0	0	0	0	0	0	0
2 LILIANA PINETE CHIEF OPERATING OFFICER	(i)	151,853	5,000	138	0	0	156,991	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

OMB No. 1545-0047

SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2019**Open to Public
Inspection**

Department of the Treasury

Internal Revenue Service
Name of the organizationTHE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC**Employer identification number**

52-1815234

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS	<p>MISSION ===== THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC. ("THE PARTNERSHIP") IS A NON-PROFIT 501(C)(3) ORGANIZATION OF HEALTHCARE PROFESSIONALS AND CONSUMERS DEDICATED TO PROVIDING EDUCATION AND INCREASING COMMUNITY AWARENESS BY FACILITATING COLLABORATION AMONG THE PRIVATE SECTOR, THE PUBLIC SECTOR, AND MATERNAL AND CHILD HEALTHCARE PROVIDERS FOR THE DELIVERY OF HIGH QUALITY COORDINATED MATERNAL AND CHILD HEALTHCARE. THE MISSION OF THE PARTNERSHIP INCLUDES THE FOLLOWING: - TO GATHER, ANALYZE, INTERPRET AND REPORT DATA AND IDENTIFY NEEDS FOR THE DEVELOPMENT OF A REGIONAL PLAN THAT CONTRIBUTES TO THE IMPROVEMENT OF THE MATERNAL AND CHILD HEALTH NEEDS IN THE REGION; - TO DECREASE THE DISPARITIES IN HEALTHCARE OUTCOMES BETWEEN DIFFERENT SOCIOECONOMIC AND RACIAL GROUPS AND ELIMINATING THE BARRIERS TO HEALTHCARE SERVICES FOR WOMEN AND CHILDREN; - TO FOSTER INTERDISCIPLINARY COMMUNICATION, EDUCATION AND COLLABORATION FOR THE CARE OF WOMEN AND CHILDREN IN THE REGION; - TO INTENSIFY EFFORTS TOWARD THE IMPROVEMENT AND PREVENTION OF ADVERSE MATERNAL AND CHILD HEALTH OUTCOMES BY ADDRESSING COMMUNITY RISK FACTORS; - TO MAINTAIN A TOTAL QUALITY IMPROVEMENT PROGRAM RELATING TO MATERNAL AND CHILD HEALTH SERVICES WITHIN THE REGION; AND - TO SECURE MULTIPLE FUNDING RESOURCES RELATED TO MATERNAL AND CHILD HEALTH. VISION ===== - ALL WOMEN WILL HAVE ACCESS TO SAFE BIRTHS USING BEST CLINICAL PRACTICES. - ALL CHILDREN WILL MAXIMIZE THEIR POTENTIAL TO GROW, LEARN, AND THRIVE THROUGH THE SUPPORT OF A HEALTHY FAMILY AND COMMUNITY. - RACE AND ETHNICITY WILL NO LONGER BE CONTRIBUTING FACTORS TO HEALTH CARE ACCESS AND OUTCOMES. 2019 HIGHLIGHTS ===== IN 2019, THE PARTNERSHIP INVESTED IN COMMUNICATIONS AND TECHNOLOGY UPGRADES. WE NEVER WOULD HAVE ANTICIPATED A PUBLIC HEALTH CRISIS THAT WOULD IMPACT NOT ONLY OUR IMMEDIATE COMMUNITIES, BUT THOSE AROUND THE GLOBE. COVID-19 HAS TESTED OUR ORGANIZATION'S ABILITY TO CONDUCT HEALTH PLANNING, EDUCATION, OUTREACH, AND ADVOCACY REMOTELY. WE ARE PLEASED TO SHARE THAT BECAUSE OF THESE INFRASTRUCTURE INVESTMENTS, THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH HAS TRANSITIONED WELL DURING THIS TIME OF VIRTUAL CONNECTION AND SOCIAL DISTANCING. 2019 WAS AN INCREDIBLE YEAR FOR THE PARTNERSHIP. WE CONTINUE TO EXPAND OUR SERVICES IN THE COMMUNITY AND FOR PROFESSIONALS. WE EDUCATED NEARLY 18,000 PEOPLE ACROSS OUR REGION - AN OUTSTANDING FEAT FOR A STAFF OF 124 PEOPLE. THROUGH A COLLABORATION WITH HACKENSACK MERIDIAN HEALTH, THE 2ND ANNUAL MATERNAL HEALTH AND PERINATAL SAFETY SYMPOSIUM WAS A HUGE SUCCESS. FIRST LADY TAMMY MURPHY WELCOMED THE GROUP OF OVER 300 HEALTHCARE PROFESSIONALS FOR A DAY FEATURING NATIONAL AND GLOBAL LEADERS IN MATERNAL HEALTH AND RACIAL DISPARITIES. WE WERE THRILLED TO HONOR KENNETH MORRIS, JR. FROM ST. JOSEPH'S HEALTH AND VALLEY BANK FOR A NIGHT OF INSPIRATION. BOTH OF THESE INCREDIBLE EVENTS REACHED NEW HEIGHTS. SUPPORTING WOMEN, INFANTS, AND CHILDREN -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS	<p>----- THE PARTNERSHIP LAUNCHED CENTERING PREGNANCY WITH ALLIANCE COMMUNITY HEALTHCARE IN JERSEY CITY. THE INNOVATIVE PROGRAM, FUNDED THROUGH THE HEALTHY WOMEN HEALTHY FAMILIES INITIATIVE, IS DESIGNED TO IMPROVE HEALTH OUTCOMES FOR PREGNANT WOMEN THROUGH CONNECTION WITH OTHER EXPECTANT MOTHERS. CENTRAL INTAKE'S EARLY CHILDHOOD SPECIALIST PROGRAM WAS ESTABLISHED TO PROVIDE EASILY ACCESSIBLE DEVELOPMENT ASSESSMENT TOOLS TO PARENTS AND SUPPORT THEM WITH INFORMATION AND REFERRAL SERVICES. THE PARENTS AS TEACHERS PROGRAM EXPANDED TO WARREN COUNTY TO BETTER SUPPORT MOTHERS IN THE NORTHWEST REGION. EMPOWERING COMMUNITIES -- ----- TEEN SPEAK, AN INITIATIVE OF THE TEEN OUTREACH PROGRAM, HELD THEIR FIRST WORKSHOPS TO SHARE TIPS WITH PARENTS ON HOW TO TALK TO THEIR PRE-TEENS AND TEENS ABOUT SENSITIVE TOPICS. A NEW VIDEO SERIES SUPPORTED BY THE DEPARTMENT OF HEALTH, HIGHLIGHTED THE IMPORTANCE OF THE HPV VACCINE TO PREVENT CANCER. FUNDING FROM THE WHITEHILL FOUNDATION EXPANDED THE HPV EDUCATION PROGRAM FOR PHYSICIANS, PARENTS, AND TEENS. ENGAGING HEALTHCARE PROFESSIONALS ----- THE ANNUAL MEETING FEATURED PERRY N. HALK ITIS, PHD, MS, MPH, DEAN OF RUTGERS UNIVERSITY'S SCHOOL OF PUBLIC HEALTH WITH A ROBUST DISCUSSION OF CULTURALLY COMPETENT LGBT HEALTH CARE. THE 2ND ANNUAL MATERNAL HEALTH AND SAFETY SYMPOSIUM FOCUSED ON HEALTH EQUITY AND IMPLICIT BIAS. THE EVENT ATTRACTED OVER 300 HEALTH CARE PROFESSIONALS AND FEATURED EXPERT SPEAKERS INCLUDING DR. ARTHUR R. JAMES AND DR. HAYWOOD L. BROWN. A NEW TRAVELING PROGRAM - OPIOIDS, ADDICTION, AND ALTERNATIVES - WAS CREATED TO MEET THE NEEDS OF NURSES AND SOCIAL WORKERS WHO NOW REQUIRE SPECIFIC EDUCATION ON OPIOIDS. IDENTIFYING CHALLENGES AND FORGING SOLUTIONS -----</p> <p>----- ILISE ZIMMERMAN, PRESIDENT AND CEO, CO-CHAIR THE HEALTH DISPARITIES WORK GROUP FOR THE NJ PERINATAL QUALITY COLLABORATIVE. THIS GROUP RECOMMENDED THAT WE FOCUS OUR EFFORTS ON IMPLICIT BIAS ASSESSMENT AS A KEY STEP IN ELIMINATING RACIAL DISPARITIES. THE PARTNERSHIP STAFF WORKED TO PROMOTE HEALTH EQUITY AND MATERNAL HEALTH BY MENTORING EMERGING LEADERS IN PUBLIC HEALTH AT THE NEW JERSEY INSTITUTE OF TECHNOLOGY AND NEW JERSEY CITY UNIVERSITY. IMPACT BY THE NUMBERS ----- - WE MONITORED HEALTH DATA FOR 50,530 BABIES IN OUR EIGHT COUNTIES. BIRTHS IN OUR REGION MAKE UP MORE THAN HALF (52%) OF ALL BIRTHS IN THE STATE. - 1,101 FAMILIES PARTICIPATED IN OUR SUPPORTIVE HOME VISITATION PROGRAMS FOR PREGNANT WOMEN AND NEW MOTHERS. - PERINATAL MENTAL HEALTH COORDINATORS REACHED OUT TO 5,242 NEW MOMS WHO WERE HIGH RISK TO ENSURE THAT THEIR EMOTIONAL HEALTH NEEDS WERE BEING ADDRESSSED. THIS IS A 4% INCREASE OVER 2018. - 10% INCREASE IN PEOPLE EDUCATED THROUGH THE PARTNERSHIP'S COMMUNITY AND PROFESSIONAL EDUCATION PROGRAMS. A TOTAL OF 17,771 PEOPLE PARTICIPATED IN THESE SESSIONS. - 6,270 COMMUNITY MEMBERS BENEFITED FROM OUR FREE FARMERS MARKETS THROUGH THE MORRIS COUNTY FAMI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>LY SUCCESS CENTER AND HEALTHY WOMEN HEALTHY FAMILIES. - 192 FREE COMMUNITY PROGRAMS WERE IMPLEMENTED BY THE FAMILY SUCCESS CENTERS IN IRVINGTON AND DOVER. - 1,064 DOCTORS, NURSES, SOCIAL WORKERS, AND OTHER PUBLIC HEALTH PROFESSIONALS PARTICIPATED IN 39 CREDIT-BEARING PROFESSIONAL EDUCATION PROGRAMS. - 107 MEMBERS SERVE ON THE ESSEX METRO IMMUNIZATION COALITION WHICH BRINGS TOGETHER COMMUNITY ORGANIZATIONS AND HEALTHCARE PROVIDERS TO COLLABORATE ON VACCINE EDUCATION PROJECTS. - 2,317 PEOPLE EDUCATED THROUGH THE CHILDHOOD LEAD POISONING PREVENTION PROJECT'S HEALTHY HOMES INITIATIVE. - 8,000 RESIDENTS OF BERGEN, HUDSON, MORRIS, PASSAIC, AND UNION COUNTIES WERE REFERRED THROUGH THE HEALTHY WOMEN HEALTHY FAMILIES CENTRAL INTAKE PROGRAM. MEMBER HOSPITALS AND BIRTHING CENTERS ===== THE PARTNERSHIP COLLABORATES WITH 26 MEMBER HOSPITALS AND BIRTHING CENTERS ACROSS NORTHERN NEW JERSEY TO IMPLEMENT SYSTEMIC CHANGES AND IMPROVE HEALTH OUTCOMES FOR WOMEN AND INFANTS. - ATLANTIC HEALTH SYSTEM (CHILTON MEDICAL CENTER, MORRISTOWN MEDICAL CENTER, NEWTON MEDICAL CENTER & OVERLOOK MEDICAL CENTER) - THE BIRTHING CENTER OF NEW JERSEY - CAREPOINT HEALTH (CHRIST HOSPITAL & HOBOKEN UNIVERSITY MEDICAL CENTER) - ENGLEWOOD HEALTH - HACKENSACK MERIDIAN HEALTH (HACKENSACK UNIVERSITY MEDICAL CENTER, JFK MEDICAL CENTER, MOUNTAINSIDE MEDICAL CENTER, PALISADES MEDICAL CENTER & PASCACK VALLEY MEDICAL CENTER) - HOLY NAME MEDICAL CENTER - HUDSON REGIONAL HOSPITAL - OUR BIRTHING CENTER - RWJBARNABAS HEALTH (CLARA MAASS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER & SAINT BARNABAS MEDICAL CENTER) - SAINT CLARES HEALTH - ST. JOSEPHS HEALTH - ST. MARYS GENERAL HOSPITAL - TRINITAS REGIONAL MEDICAL CENTER - VALLEY HEALTH SYSTEM - UNIVERSITY HOSPITAL</p>

Return Reference	Explanation
<p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>COMMITTEES AND COALITIONS ===== THE FOLLOWING INCLUDES A NETWORK OF COMMUNITY VOLUNTEERS, HEALTH CARE PROFESSIONALS, AND KEY STAKEHOLDERS PROVIDE VITAL INFORMATION AND FEEDBACK THAT HELP SHAPE OUR PROGRAMS AND SERVICES. BOARD OF TRUSTEES ----- AUDIT COMMITTEE, BYLAWS COMMITTEE, DEVELOPMENT COMMITTEE, EDUCATION COMMITTEE, EXECUTIVE COMMITTEE, FINANCE COMMITTEE, HUMAN RESOURCES COMMITTEE, NOMINATING COMMITTEE, QUALITY IMPROVEMENT COMMITTEE & STRATEGIC PLANNING COMMITTEE COALITIONS -----</p> <p>- CONNECTING DOWER - ESSEX COUNTY BLACK INFANT AND MATERNAL MORTALITY (BIMM) TASK FORCE - ESSEX COUNTY IMMUNIZATION COALITION - NORTHERN REGIONAL CHILDHOOD LEAD POISONING PREVENTION - HEALTHY HOMES COALITION ADVISORY BOARDS & COMMITTEES ----- FETAL INFANT MORTALITY REVIEW (CASE REVIEW TEAM METRO, CASE REVIEW TEAM NORTHERN, COMMUNITY ACTION, TEAM/PERINATAL BEREAVEMENT COMMITTEE) - HEALTHY WOMEN HEALTHY FAMILIES (BERGEN COUNTY ADVISORY BOARD, HUDSON COUNTY ADVISORY BOARD, MORRIS COUNTY ADVISORY BOARD, PASSAIC COUNTY ADVISORY BOARD, UNION COUNTY ADVISORY BOARD) - IRVINGTON FAMILY SUCCESS CENTER COMMUNITY ADVISORY BOARD - MORRIS COUNTY FAMILY SUCCESS CENTER ADVISORY BOARD - NJPREP YOUTH ADVISORY BOARD - PASSAIC COUNTY EARLY CHILDHOOD COMPREHENSIVE SYSTEMS ADVISORY BOARD - REGIONAL BREASTFEEDING COMMITTEE - REGIONAL FAMILY EDUCATOR COMMITTEE - SYMPOSIUM PLANNING COMMITTEE - TEEN OUTREACH PROGRAM YOUTH ADVISORY BOARD PROGRAMS ===== THE PARTNERSHIP PROVIDES MANY PROGRAMS FOR INDIVIDUALS WITHIN THE COMMUNITIES THEY SERVE. INCLUDED BELOW ARE CURRENT PROGRAMS AND INITIATIVES OF THE ORGANIZATION AIMED TO EMPOWER COMMUNITIES, ENGAGE HEALTH CARE PROFESSIONALS AND SUPPORT WOMEN AND CHILDREN. POWER TO PROTECT NJ ----- WE ARE HONORED TO COLLABORATE WITH THE NEW JERSEY DEPARTMENT OF HEALTH THIS FLU SEASON TO SEASON TO RAISE AWARENESS OF THE IMPORTANCE OF THE FLU VACCINE. OVER 125 COMMUNITY ORGANIZATIONS, HOSPITALS, HEALTH CARE PROVIDERS, AND PUBLIC HEALTH LEADERS HAVE JOINED THE NEW JERSEY INFLUENZA ACTION GROUP. THESE COMMITTED ORGANIZATIONS WILL SHARE PUBLIC AWARENESS MESSAGES, HOST FLU EDUCATION EVENTS, AND RECEIVE TIMELY UPDATES ON THE PROGRESS OF FLU PREVENTION EFFORTS IN NEW JERSEY. RECURSOS EN ESPAOL ----- ESTAMOS EMOCIONADOS DE OFRECER MUCHAS DE NUESTRAS PRESENTACIONES, SERVICIOS, Y MATERIALES VITALES EN ESPAOL! ON-DEMAND COMMUNITY EDUCATION ----- ON-DEMAND PROGRAMS ARE FOR THE COMMUNITY FREE OF CHARGE ON VARIOUS TOPICS INCLUDING PERINATAL MOOD DISORDERS, MATERNAL HEALTH, PREMATURITY PREVENTION INITIATIVE AND IMMUNIZATIONS. FETAL INFANT MORTALITY REVIEW ----- OUR FETAL INFANT MORTALITY REVIEW PROGRAM (FIMR) WORKS WITH HEALTH CARE PROVIDERS TO SUPPORT GRIEVING FAMILIES WHILE ALSO GATHERING DATA TO BETTER UNDERSTAND THE CAUSE OF THEIR LOSS. FAMILIES WHO AGREE TO ENROLL IN FIMR RECEIVE A HOME VISIT/INTERVIEW WHICH INCLUDES QUESTIONS ABOUT TH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>EIR PREGNANCY, PRENATAL CARE, DELIVERY OF THEIR BABY, AND CARE IN THE HOSPITAL, AS WELL AS SERVICES THEY RECEIVED AND THOSE THEY WISHED HAD BEEN AVAILABLE. MEDICAL RECORDS AND THE FAMILY INTERVIEW ARE THEN ANALYZED BY A CASE REVIEW TEAM TO DETERMINE POTENTIAL CONTRIBUTING FACTORS TO THE LOSS AND IDENTIFY COMMONALITIES ACROSS OTHER CASES. USING THIS INFORMATION, A COMMUNITY ACTION TEAM WORKS TO DEVELOP RECOMMENDATIONS TO IMPROVE CARE FOR PREGNANT WOMEN AND CHILDREN IN ORDER TO REDUCE LOCAL FETAL AND INFANT MORTALITY RATES. IMMUNIZATION PROGRAMS ----- THE PARTNERSHIP IS COMMITTED TO PROTECTING THE HEALTH OF OUR COMMUNITY BY ENSURING THAT EVERY CHILD, ADOLESCENT, AND ADULT HAS ACCESS TO NECESSARY VACCINATIONS. WE PROVIDE IMMUNIZATION EDUCATION AND SUPPORT TO BOTH HEALTH CARE PROFESSIONALS AND THE PUBLIC THROUGH THE FOLLOWING INITIATIVES: - ESSEX METRO IMMUNIZATION COALITION (EMIC) - HPV & CANCER PREVENTION INITIATIVE - PROTECT ME WITH 3+ CAMPAIGN - NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS) - HEPATITIS B BIRTH DOSE PROGRAM. LEAD POISONING PREVENTION ----- THE LEAD POISONING PREVENTION PROGRAM WORKS TO ELIMINATE CHILDHOOD LEAD POISONING AND MAINTAIN HEALTHY AND SAFE HOMES. THE PROGRAMS EDUCATIONAL SERVICES ARE GEARED TOWARD CHILDREN AGES SIX AND YOUNGER, THEIR PARENTS, AND PREGNANT WOMEN. THE PROGRAM COORDINATES FOUR CHILDHOOD LEAD POISONING PREVENTION (CLPP) COALITIONS: THE ELIZABETH COALITION (WHICH INCLUDES PLAINFIELD), THE HUDSON COUNTY COALITION, THE MORRIS/SUSSEX/WARREN COALITION, AND THE PASSAIC/BERGEN/ESSEX COALITION. COALITION MEMBERS INCLUDE HEALTH OFFICERS, HEALTH INSPECTORS, PUBLIC HEALTH NURSES, COMMUNITY-BASED ORGANIZATIONS, CHILD CARE CENTER STAFF, AND HMO REPRESENTATIVES. THE COALITIONS WORK TO DECREASE LEAD EXPOSURE AND ACCESS TO NON-LEAD PAINT SOURCES, TO HELP FAMILIES TAKE STEPS TO PREVENT LEAD POISONING, AND TO HELP FAMILIES AND HOMEOWNERS MAINTAIN HEALTHY AND SAFE HOMES. PERINATAL ADDICTIONS PREVENTION PROJECT -----</p> <p>----- THE PERINATAL ADDICTIONS PREVENTION PROJECT (PAPP) SERVES BERGEN, ESSEX, HUDSON, MORRIS, PASSAIC, SUSSEX, UNION AND WARREN COUNTIES AND FOCUSES ON IMPROVING BIRTH OUTCOMES BY REDUCING THE NUMBER OF INFANTS EXPOSED TO SUBSTANCES IN-UTERO. THE PROJECT INCLUDES: (1) WORKING WITH PRENATAL CARE PROVIDERS TO ENSURE ALL PREGNANT WOMEN ARE SCREENED REGARDING THEIR RISK OF USING ALCOHOL, DRUG AND/OR TOBACCO; (2) PROVIDING PROFESSIONAL AND CONSUMER EDUCATION ON A VARIETY OF TOPICS. IT IS THROUGH EDUCATION THAT PAPP TARGETS THE REDUCTION OF IN-UTERO EXPOSURE TO SUBSTANCES. A DIRECTORY OF SERVICES IS PROVIDED TO ALL HEALTHCARE PROVIDERS SERVICED BY THE PARTNERSHIP; AND (3) SUPPORTING THE COMMUNITY BY ATTENDING COMMUNITY EVENTS AND HEALTH FAIRS, DISTRIBUTING INFORMATION ABOUT ALCOHOL AND DRUG-FREE PREGNANCIES, AND ACTING AS A COMMUNITY RESOURCE FOR PROFESSIONALS AND CONSUMERS IN NEED OF INFORMATION ABOUT TREATMENT OPTIONS. QUALITY IMPROVEMENT -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>----- THE QUALITY ASSURANCE (QA) PROGRAM PROVIDES PARTNERSHIP MEMBER HOSPITALS SUPPORT FOR NEW JERSEYS VITAL INFORMATION PLATFORM (VIP) DATABASE. THE VIP DATABASE PRODUCES BIRTH CERTIFICATES FOR ALL INFANTS BORN IN NEW JERSEY. IN ADDITION, VIP INCLUDES MORE THAN 600 FIELDS OF HEALTH AND DEMOGRAPHIC INFORMATION FOR EACH BIRTH. TOGETHER WITH ITS MEMBER HOSPITALS, THE PARTNERSHIP MONITORS THIS DATA TO IDENTIFY TRENDS IN MATERNAL CHILD HEALTH OUTCOMES. PARTNERSHIP STAFF PROVIDE VIP TRAINING TO MEMBER HOSPITAL STAFF, DEVELOP CUSTOM REPORTS FOR MEMBER HOSPITALS, AND COORDINATE VIP USERS GROUP MEETINGS WITH THE GOAL OF IMPROVING DATA QUALITY. THE PARTNERSHIP ALSO COORDINATES THE TOTAL QUALITY IMPROVEMENT (TQI) COMMITTEE. THE TQI COMMITTEE INCLUDES NEONATOLOGISTS, OBSTETRICIANS, AND NURSES FROM MEMBER HOSPITALS AS WELL AS NJ DOH REPRESENTATIVES. TOPICS OF COMMITTEE INTEREST INCLUDE NON-COMPLIANCE WITH RULES REGARDING BIRTH WEIGHT AND GESTATIONAL AGE, AND TRENDS IN CESAREAN SECTION , BREASTFEEDING, AND DISPARITIES IN BIRTH OUTCOMES. TEEN OUTREACH PROGRAM (TOP) -----</p> <p>----- THE PARTNERSHIP USES WYMAN'S EVIDENCE-BASED TEEN OUTREACH PROGRAM (TOP) CURRICULUM TO EDUCATE YOUTH, AGES 10 - 14, ON ADOLESCENT PREGNANCY PREVENTION USING A SEXUAL RISK AVOIDANCE EDUCATION APPROACH. THE PRIMARY GOAL OF TOP IS TO PROMOTE POSITIVE YOUTH DEVELOPMENT AND TEACH TEENS AND PRE-TEENS HOW TO AVOID RISKY BEHAVIORS THAT MAY HINDER GROWTH AND ACHIEVEMENT. THE TOP CURRICULUM FOCUSES ON: (1) THE IMPORTANCE OF DECISION MAKING, PROBLEM-SOLVING AND GOAL-SETTING; (2) EDUCATION ON PREVENTING PREGNANCY, SEXUALLY TRANSMITTED DISEASES, AND HIV; (3) FORMING HEALTHY RELATIONSHIPS, INCLUDING PEER COMMUNICATION, IDENTITY, AND SELF-AWARENESS; (4) CONNECTING TO COMMUNITIES BY PARTICIPATING IN COMMUNITY SERVICE LEARNING (CSL); AND (5) ESTABLISHING AN INTENTION TO MAKE POSITIVE CHOICES SUCH AS AVOIDING RISKY SEXUAL BEHAVIOR AND SUBSTANCE ABUSE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>EARLY CHILDHOOD LITERACY PROGRAM ----- A NEWBORNS BRAIN DOUBLES IN SIZE IN THE FIRST YEAR OF LIFE AND KEEPS GROWING TO NEARLY 80% OF ADULT SIZE BY AGE THREE. RESEARCH HAS SHOWN THAT A CHILD'S EXPERIENCES IN THESE EARLY YEARS DIRECTLY AFFECTS HOW THE BRAIN DEVELOPS. WITH THESE FACTS IN MIND, THE PARTNERSHIP WORKS TO PROVIDE EDUCATION TO FAMILIES IN ESSEX COUNTY WHO ARE PREGNANT OR HAVE A BABY FROM NEWBORN TO 3 YEARS OLD ON THE IMPORTANCE OF EXPOSING CHILDREN DURING THESE FUNDAMENTAL YEARS TO LANGUAGE AND VOCABULARY. 2020 CENSUS ----- THE CENSUS PLAYS A VITAL ROLE IN CRITICAL FEDERAL FUNDING TO SUPPORT COMMUNITY PROGRAMS, LOCAL RESOURCES, AND BUSINESSES. OUR IRVINGTON FAMILY DEVELOPMENT CENTER IS WORKING WITH THE IRVINGTON COMPLETE COUNT COMMITTEE, THE HEALTHCARE FOUNDATION OF NEW JERSEY, AND THE FUND FOR NEW JERSEY TO ENSURE THAT EVERY IRVINGTON RESIDENT IS COUNTED. TRUSTED LINKS ----- TRUSTED LINKS IS A NORTHERN NEW JERSEY-BASED PROGRAM THAT ENGAGES COMMUNITY ADVOCATES TO LEAD DISCUSSION GROUPS ABOUT REPRODUCTIVE HEALTH AND EMPOWER OTHER WOMEN. THE PROGRAMS GOAL IS TO EDUCATE WOMEN OF COLOR AS PEER EDUCATORS ON TOPICS RELATED TO REPRODUCTIVE HEALTH. BY EDUCATING OUR COMMUNITY, WE HOPE TO LOWER THE DEATH RATES OF BLACK WOMEN AS IT RELATES TO PREGNANCY AND CHILDBIRTH. SMART CHOICES FOR A HEALTHY LIFE ----- SMART CHOICES FOR A HEALTHY LIFE IS A FREE AGE -APPROPRIATE PRESENTATION FOR STUDENTS GRADE K-12 WHICH TEACHES CHILDREN ABOUT THE DANGERS OF DRINKING ALCOHOL AND FULFILLS NEW JERSEYS CURRICULUM REQUIREMENT FOR ALCOHOL AND PREGNANCY EDUCATION. THE PRESENTATION UTILIZES A NATIONALLY RECOGNIZED CURRICULUM CREATED BY THE NATIONAL ORGANIZATION ON FETAL ALCOHOL SYNDROME (NOFAS) TO ADDRESS MANY IMPORTANT HEALTH TOPICS, INCLUDING: (1) THE OVERALL EFFECTS THAT ALCOHOL CAN HAVE ON THE BODY; (2) WHY SOME PEOPLE WHO DRINK ALCOHOL BECOME ADDICTED WHILE OTHERS DO NOT; (3) WHAT CAN HAPPEN TO HUMAN DEVELOPMENT WHEN A PREGNANT WOMAN DRINKS ALCOHOL; (4) AN AGE-APPROPRIATE OVERVIEW OF FETAL ALCOHOL SPECTRUM DISORDER; AND (5) THE IMPORTANCE OF TREATING ALL PEOPLE WITH RESPECT REGARDLESS OF INDIVIDUAL CAPABILITIES OR DISABILITIES. EARLY CHILDHOOD SPECIALIST INITIATIVE ----- THE FIRST FIVE YEARS OF LIFE ARE THE BUILDING BLOCKS FOR A HEALTHY FUTURE. THE PARTNERSHIP FOR MATERNAL & CHILD HEALTH IS EXCITED TO EXPAND AWARENESS OF DEVELOPMENTAL HEALTH FOR THE 0-5 POPULATION. GAUGING A CHILD'S DEVELOPMENT CAN BE DIFFICULT AND STRESSFUL, ESPECIALLY FOR FIRST-TIME PARENTS. THE AGES AND STAGES QUESTIONNAIRE CAN HELP PARENTS ASSESS THEIR CHILD'S DEVELOPMENT IN THE PRIVACY AND COMFORT OF THEIR OWN HOME. OUR ECS TEAM MEMBERS WILL CONNECT PARENTS WITH COMMUNITY RESOURCES, INFORMATION AND ACTIVITIES TO HELP ENHANCE DEVELOPMENT AND ENSURE THAT EVERY CHILD THRIVES. VIRTUAL SUPPORT GROUPS ----- BREASTFEEDING EDUCATION AND SUPPORT - SISTAHS WHO BREASTFEED JERSEY CITY AND PAT</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>PERSON IS A PARENTING GROUP THAT FOCUSES ON HEALTHY PRACTICES FOR FEEDING BABIES. THE GROUP IS FOR WOMEN WHO IDENTIFY AS BLACK AND LIVE IN JERSEY CITY OR PATERSON. WE INVITE ANY PRE GNANT OR POSTPARTUM WOMEN TO JOIN. THE GROUPS MISSION IS TO SUPPORT THE FEEDING CHOICES WO MEN MAKE SURROUNDING FEEDING THEIR BABIES AND NAVIGATING THE UPS AND DOWNS WHILE DOING SO. PREGNANCY AND INFANT LOSS PEER SUPPORT GROUP - VU-AN FOSTER, FOUNDER OF LIFE AFTER 2 LOSS ES, AND ANDREA BOOKER, RN, FETAL INFANT MORTALITY REVIEW PROGRAM MANAGER AT THE PARTNERSHIP PROVIDES INFORMATION AND RESOURCES FOR PARENTS IN NORTHERN NEW JERSEY (RESIDING IN BERGE N, ESSEX, HUDSON, MORRIS, PASSAIC, SUSSEX, UNION AND WARREN COUNTIES), WHO HAVE EXPERIENCE D A LOSS DUE TO MISCARRIAGE, STILLBIRTH, OR SUDDEN UNEXPLAINED INFANT LOSS HOPE FOR NEW MO THERS: A VIRTUAL SUPPORT GROUP FOR PREGNANT AND NEW MOMS WITH BABIES UP TO ONE YEAR OLD - THESE SUPPORT GROUPS ARE FOR PREGNANT WOMEN AND NEW MOTHERS WITH A CHILD UP TO 1 YEAR OF A GE, WHO RESIDE IN THE FOLLOWING NORTHERN NJ COUNTIES: BERGEN, ESSEX, HUDSON, MORRIS, PASSA IC, SUSSEX, UNION AND WARREN. HEALTHY WOMEN HEALTHY FAMILIES ----- - THE PARTNERSHIP IMPLEMENTS THE NEW JERSEY DEPARTMENT OF HEALTHS HEALTHY WOMEN HEALTHY FA MILIES INITIATIVE IN BERGEN, HUDSON, MORRIS, PASSAIC, AND UNION COUNTIES. THE GOAL OF THE PROGRAM IS TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES FOR WOMEN OF CHILDBEARING AGE AN D THEIR FAMILIES, WHILE REDUCING RACIAL, ETHNIC AND ECONOMIC DISPARITIES IN THOSE OUTCOMES . HEALTHY WOMEN HEALTHY FAMILIES IS COMPRISED OF SEVERAL KEY COMPONENTS: (1) CENTRAL INTAK E - THIS COUNTY-BASED SINGLE POINT OF ENTRY SYSTEM CONNECTS WOMEN WITH THE ASSISTANCE THEY NEED FOR A HEALTHY PREGNANCY AND DELIVERY. CENTRAL INTAKE PROVIDES REFERRALS TO COMMUNITY RESOURCES, MEDICAL CARE, HOME VISITING PROGRAMS, HEALTHY WOMEN HEALTHY FAMILIES, DOULA PR OGRAMS, AND SOCIAL SUPPORT AGENCIES. CENTRAL INTAKE SIMPLIFIES AND STREAMLINES THE REFERRA L PROCESS FOR OBSTETRICAL/PRENATAL CARE PROVIDERS, OTHER COMMUNITY AGENCIES, AND FAMILIES. (2) COMMUNITY HEALTH WORKERS - THROUGH COMMUNITY OUTREACH EFFORTS AND VAST RESOURCE NETWO RK, COMMUNITY OUTREACH WORKERS IDENTIFY AND ENROLL WOMEN AND THEIR FAMILIES IN APPROPRIATE CARE AND PROVIDE PERSONALIZED SUPPORT. THESE TRUSTED COMMUNITY MEMBERS OFFER VITAL INFORM ATION ABOUT REPRODUCTIVE HEALTH, PRENATAL SERVICES, AND POSTPARTUM SERVICES THROUGH RESOUR CE REFERRAL, INDIVIDUAL SUPPORT PLANS, AND INFORMATIONAL WORKSHOPS. THE PARTNERSHIP COLLAB ORATES WITH SEVERAL COMMUNITY PARTNERS TO REACH DIVERSE NEIGHBORHOODS. (3) CENTERINGPREGNA NCY - A PROGRAM CREATED BY THE CENTERING HEALTHCARE INSTITUTE, IS DESIGNED TO IMPROVE HEAL TH OUTCOMES FOR PREGNANT WOMEN THROUGH CONNECTION WITH OTHER EXPECTANT MOTHERS. EXPECTANT MOTHERS WITH SIMILAR DUE DATES RECEIVE PRENATAL CARE IN A GROUP SETTING LEADING UP TO CHIL DBIRTH. THESE GROUP APPOINTMENTS FEATURE FACILITATED DISCUSSIONS ON RELEVANT TOPICS, INCLU DING NUTRITION, PREGNANCY HEAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>TH, INFANT CARE, AND RELATIONSHIPS. THE PHYSICIAN ACTIVELY PARTICIPATES IN THE DISCUSSION GROUP AND SPENDS TIME WITH EACH WOMAN INDIVIDUALLY DURING THE VISIT, WHICH RESULTS IN A STRONGER PHYSICIAN/PATIENT RELATIONSHIP. CENTERINGPREGNANCY FOSTERS A SENSE OF COMMUNITY AMONG THE MOTHERS, PROVIDES PRACTICAL RESOURCES, AND REDUCES PREGNANCY COMPLICATIONS. CURRENTLY, THE PARTNERSHIP COLLABORATES WITH ALLIANCE COMMUNITY HEALTHCARE IN JERSEY CITY TO OFFER CENTERINGPREGNANCY. THE INITIATIVE WILL BE AVAILABLE IN PATERSON SOON. (4) BREASTFEEDING SUPPORT - IN NORTHERN NEW JERSEY, BLACK, NON-HISPANIC INFANTS ARE THREE TIMES AS LIKELY TO DIE FROM SUDDEN INFANT DEATH SYNDROME (SIDS) AS WHITE, NON-HISPANIC BABIES. IN A WIDELY-CITED 2017 STUDY PUBLISHED BY THE AMERICAN ACADEMY OF PEDIATRICS, EXCLUSIVE BREASTFEEDING FOR AT LEAST THE FIRST TWO MONTHS OF LIFE WAS FOUND TO HELP REDUCE THE RISK OF SIDS BY 50 PERCENT. THE PARTNERSHIP WORKS WITH THE PERINATAL HEALTH EQUITY FOUNDATION TO IMPLEMENT SISTAHS WHO BREASTFEED (SWB), A BREASTFEEDING SUPPORT GROUP FOR WOMEN IN JERSEY CITY AND PATERSON. THE GOAL OF SISTAHS WHO BREASTFEED IS TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES FOR WOMEN OF CHILDBEARING AGE AND THEIR FAMILIES WHILE REDUCING RACIAL, ETHNIC, AND ECONOMIC DISPARITIES IN THOSE OUTCOMES. WEEKLY ONLINE VIDEO CHATS, MONTHLY IN-PERSON MEETINGS, AN ACTIVE FACEBOOK GROUP, AND SOCIAL ACTIVITIES HELD THROUGHOUT THE YEAR PROVIDE MEMBERS WITH BOTH PRENATAL EDUCATION AND POSTPARTUM SUPPORT. PREMATURITY PREVENTION INITIATIVE ----- THE PREMATURITY PREVENTION INITIATIVES (PPI) GOAL IS TO REDUCE THE NUMBER OF BABIES BORN TOO SOON AND ELIMINATE RACIAL DISPARITIES IN NEW JERSEY THROUGH COMMUNITY AND PROFESSIONAL EDUCATION PROGRAMS. EDUCATIONAL PRESENTATIONS AND RESOURCES ARE AVAILABLE FOR YOUR AGENCY, SORORITY/FRATERNITY, MEDICAL FACILITY, AND FAITH-BASED ORGANIZATION. THESE DYNAMIC SESSIONS HIGHLIGHT FREE PREVENTATIVE CARE OPTIONS AVAILABLE TO EXPECTANT PARENTS, DISCUSS THE CLINICAL NEEDS OF PARENTS WITH A HISTORY OF PRETERM BIRTH, AND ADDRESS HOW TO NAVIGATE HEALTHCARE BARRIERS IN ESSEX COUNTY. CONTINUING EDUCATION PROGRAMS ----- WE PROVIDE A VARIETY OF HIGH QUALITY, EVIDENCE-BASED, AFFORDABLE CONTINUING EDUCATION PROGRAMS FOR NURSES, SOCIAL WORKERS AND OTHER MATERNAL CHILD HEALTH PROFESSIONALS WHO WORK AT THE PARTNERSHIPS MEMBER HOSPITALS AND AFFILIATED AGENCIES. WITH GUIDANCE FROM THE PARTNERSHIPS REGIONAL PROFESSIONAL EDUCATION COMMITTEE, EDUCATIONAL NEEDS OF THE TARGET AUDIENCE ARE ASSESSED, PROGRAMS DEVELOPED AND IMPLEMENTED, AND OUTCOMES REVIEWED. PROGRAMS RANGE FROM REGIONAL CONFERENCES, ONSITE SEMINARS AND CERTIFICATION EXAMINATION PREPARATION COURSES TO ONLINE TRAINING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI; QUESTIONS 6 & 7	THE ORGANIZATION HAS THE RIGHT TO ELECT THE MEMBERS OF ITS BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION'S AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS. AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER ORGANIZATION INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CEO, CHIEF FINANCIAL OFFICER AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. A MEETING WITH THE ORGANIZATION'S AUDIT COMMITTEE WAS HELD TO REVIEW THE FINAL DRAFT OF THE FEDERAL FORM 990. AT THIS MEETING, THE CPA FIRM GAVE A FORM 990 PRESENTATION TO THE COMMITTEE. THEREAFTER, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. THIS CONFLICT OF INTEREST POLICY REQUIRES THAT THE SIGNED CONFLICT OF INTEREST FORMS BE REVIEWED BY THE PRESIDENT/CEO. IN A SITUATION IN WHICH A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REPORTED TO THE FULL BOARD OF TRUSTEES WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES WHICH MAY COME BEFORE THE BOARD. AS APPROPRIATE, THE BOARD WILL TAKE ACTION TO ADDRESS THE CONFLICT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION HAS ADOPTED A COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATIONS SENIOR MANAGEMENT, INCLUDING BUT NOT LIMITED TO, THE PRESIDENT/CEO, CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER. THE COMPENSATION OF THESE INDIVIDUALS IS REVIEWED BY THE COMPENSATION COMMITTEE AND THE HUMAN RESOURCES COMMITTEE TO ENSURE FAIR MARKET VALUE COMPENSATION IS PAID. THE COMPENSATION AND HUMAN RESOURCE COMMITTEES REVIEW THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT WHICH IS INTENDED TO INCLUDE BOTH COMPENSATION AND EMPLOYEE BENEFITS. IN ADDITION, THE HUMAN RESOURCE COMMITTEE REVIEWS EXTERNAL COMPARABLE DATA AND SEEKS ADVICE FROM EXTERNAL CONSULTANTS TO ENSURE TOTAL COMPENSATION OF THESE INDIVIDUALS IS REASONABLE. IN ADDITION, THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE HUMAN RESOURCE, COMPENSATION, FINANCE AND EXECUTIVE COMMITTEES AND DOCUMENTED IN WRITTEN MEETING MINUTES. ACCORDINGLY, THE ORGANIZATION HAS SATISFIED THE THREE PART TEST IN ORDER TO BE ENTITLED TO THE REBUTTABLE PRESUMPTION OF REASONABLENESS AS IT RELATES TO SENIOR MANAGEMENT'S TOTAL COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC. FOR THE YEAR ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 3	THE ORGANIZATION ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE AN AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

Employer identification number
52-1815234

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)HEALTHY MOTHERSHEALTHY BABIES 50 PARK PLACE SUITE 700 NEWARK, NJ 07102 22-3230210	INACTIVE	NJ	501(C)3	509(A)(1)	PMCHNNJ	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation