

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC
% JOHN MILES MBA
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
50 PARK PLACE Suite 700
City or town, state or province, country, and ZIP or foreign postal code
NEWARK, NJ 07102

D Employer identification number
52-1815234

E Telephone number
(973) 268-2280

G Gross receipts \$ 14,465,925

F Name and address of principal officer:
MARIEKARL VILCEUS-TALTY MA
50 PARK PLACE
NEWARK, NJ 07102

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.PARTNERSHIPMCH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1992

M State of legal domicile: NJ

Part I Summary

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.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|-----------|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 35 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 35 |
| 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 189 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 62 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 11,344,478 | 14,412,966 |
| 9 Program service revenue (Part VIII, line 2g) | 2,505 | 18,849 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 32,417 | 13,415 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,379,400 | 14,445,230 |

| | | |
|---|------------|------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 473,770 | 2,279,406 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 8,450,795 | 8,856,655 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶134,737 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,241,792 | 3,261,110 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,166,357 | 14,397,171 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 213,043 | 48,059 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 7,436,978 | 7,769,799 |
| 21 Total liabilities (Part X, line 26) | 1,061,955 | 1,346,717 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 6,375,023 | 6,423,082 |

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.

Sign Here
Signature of officer: *****
Date: 2022-11-15
MARIEKARL VILCEUS-TALTY PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: WithumSmithBrown PC
Preparer's signature: _____
Date: _____
Check if self-employed
PTIN: P00642486
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

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 \$ 14,001,479 including grants of \$ 2,279,406) (Revenue \$ 18,849)
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 ▶ 14,001,479

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | Yes | |

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question/Section, Sub-question, Answer field, and Yes/No field. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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 3 columns: Question, Yes, No. Rows include: 1a (35), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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 | 2,279,406 | 2,279,406 | | |
| 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 | 928,432 | 899,260 | 18,712 | 10,460 |
| 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 | 6,343,949 | 6,142,499 | 128,674 | 72,776 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 969,899 | 947,310 | 16,522 | 6,067 |
| 10 Payroll taxes | 614,375 | 600,066 | 10,466 | 3,843 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 3,080 | 2,916 | 145 | 19 |
| c Accounting | 73,760 | 69,839 | 3,466 | 455 |
| 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) | 1,452,074 | 1,375,403 | 67,678 | 8,993 |
| 12 Advertising and promotion | 184,765 | 180,279 | 72 | 4,414 |
| 13 Office expenses | 281,179 | 276,155 | 2,288 | 2,736 |
| 14 Information technology | 67,196 | 65,509 | 827 | 860 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 348,266 | 338,143 | 6,676 | 3,447 |
| 17 Travel | 38,413 | 36,475 | 917 | 1,021 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 114,413 | 108,435 | 2,775 | 3,203 |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 83,000 | 80,588 | 1,591 | 821 |
| 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 | 542,095 | 528,243 | 0 | 13,852 |
| b SUBSCRIPTIONS & LICENSES | 44,582 | 43,443 | 0 | 1,139 |
| c REPAIRS & MAINTENANCE | 1,913 | 1,888 | 7 | 18 |
| d OTHER EXPENSES | 26,374 | 25,622 | 139 | 613 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 14,397,171 | 14,001,479 | 260,955 | 134,737 |
| 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 | 349,677 | 1 | 260,409 |
| | 2 Savings and temporary cash investments | 3,845,364 | 2 | 4,383,231 |
| | 3 Pledges and grants receivable, net | 2,608,772 | 3 | 2,588,998 |
| | 4 Accounts receivable, net | 586,253 | 4 | 280,173 |
| | 5 Loans and other receivables from 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 | 14,496 | 9 | 224,572 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 99,847 | | |
| | b Less: accumulated depreciation | 99,847 | 10c | |
| | 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 | 32,416 | 15 | 32,416 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 7,436,978 | 16 | 7,769,799 | |
| Liabilities | 17 Accounts payable and accrued expenses | 723,776 | 17 | 1,346,717 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 338,179 | 19 | 0 |
| | 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 | 1,061,955 | 26 | 1,346,717 |
| 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 | 6,367,176 | 27 | 6,399,409 |
| | 28 Net assets with donor restrictions | 7,847 | 28 | 23,673 |
| | 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 | 6,375,023 | 32 | 6,423,082 | |
| 33 Total liabilities and net assets/fund balances | 7,436,978 | 33 | 7,769,799 | |

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 | 14,445,230 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,397,171 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 48,059 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,375,023 |
| 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 32, column (B)) | 10 | 6,423,082 |

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 on 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 (2021)

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(RETIRED 03/2021) | 40.0 0.0 | | | X | | | | 257,841 | 0 | 4,127 |
| MARIEKARL VILCEUS-TALTY PRESIDENT/CEO (EFF 02/2021) | 40.0 0.0 | | | X | | | | 204,805 | 0 | 21,108 |
| LILIANA PINETE CHIEF OPERATING OFFICER | 40.0 0.0 | | | X | | | | 182,629 | 0 | 0 |
| JOHN MILES MBA CHIEF FINANCIAL OFFICER | 40.0 0.0 | | | X | | | | 133,779 | 0 | 5,167 |
| RENEE R WEBSTER CHIEF HUMAN RESOURCE OFFICER | 40.0 0.0 | | | | | X | | 113,857 | 0 | 9,405 |
| MONICA SMITH CHIEF DEV & COMMUNICATIONS OFF | 40.0 0.0 | | | X | | | | 112,754 | 0 | 6,222 |
| CAROLYN DEBOER CHIEF STRATEGY OFFICER | 40.0 0.0 | | | | | X | | 111,325 | 0 | 5,167 |
| MARIELLE NATERA DIRECTOR OF COMMUNITY PROGRAMS | 40.0 0.0 | | | | | X | | 101,132 | 0 | 666 |
| JOSEPH V SCHWABJRMDMPH CHAIRMAN - TRUSTEE | 1.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| MARY MCTIGUE DNP RNC CENP VICE CHAIR - TRUSTEE | 1.0 0.0 | X | | 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 | | | |
| MICHELE PREMINGER 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 |
| MICHELE ACITO DNP RN NP-C TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JEFFREY BIENSTOCK MD TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LILLIAN CAMACHO RN BSN TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PHYLLIS CAMILLERI RN BSN 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 |
| MARILYN CINTRON FACHE TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MORRIS COHEN 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 | | | |
| DIANA CONTRERAS MD MPH TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ROCHELLE EVANS RN MS TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| VALERIE FRENCH MBA BSN RNC TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LISA GITTENS-WILLIAMS MD TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JOHN GOLDSMITH ESQ 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 RN TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| HELEN KEST MD MBAMPHCPH TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL LAMACCHIA MD TRUSTEE - EX OFFICIO | 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 | | | |
| ANDREA LOTOSKY MSN RN 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 |
| MARGARET POGORETECDNPRNCEN TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| EBONY RILEY ESQ 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 |
| 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 RN TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JENNIFER VAN VORT BA TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| WENDY WARREN MD TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| TAMARA CUNNINGHAM TRUSTEE (TERMED 05/2021) | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LINDA TANTAWI TRUSTEE (TERMED 07/2021) | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage for 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021. 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; 16b 33 1/3% support test—2020. 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; 17a 10%-facts-and-circumstances test—2021. 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; 17b 10%-facts-and-circumstances test—2020. 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; 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.

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|-----------|-----------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,676,548 | 9,805,273 | 9,704,917 | 11,344,478 | 14,412,966 | 54,944,182 |
| 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 | 114,998 | 77,402 | 219,611 | 9,887 | 18,849 | 440,747 |
| 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 | 9,791,546 | 9,882,675 | 9,924,528 | 11,354,365 | 14,431,815 | 55,384,929 |
| 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.) | | | | | | 55,384,929 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|-----------|-----------|------------|------------|------------|
| 9 Amounts from line 6. | 9,791,546 | 9,882,675 | 9,924,528 | 11,354,365 | 14,431,815 | 55,384,929 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14,420 | 35,352 | 73,289 | 32,417 | 13,415 | 168,893 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0 |
| c Add lines 10a and 10b. | 14,420 | 35,352 | 73,289 | 32,417 | 13,415 | 168,893 |
| 11 Net income from unrelated business activities not included on 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.) | | | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 9,805,966 | 9,918,027 | 9,997,817 | 11,386,782 | 14,445,230 | 55,553,822 |

14 First 5 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 2021 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.696 % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 99.663 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---------|
| 17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.304 % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | 0.337 % |

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described on 11a above? | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the officers, 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 line 2 above, 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 lines 2a and 2b 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> | | |
| b | Did the activities described on line 2a, above 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 lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035 | 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 | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | |
| a From 2016. | | | |
| b From 2017. | | | |
| c From 2018. | | | |
| d From 2019. | | | |
| e From 2020. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017. | | | |
| b Excess from 2018. | | | |
| c Excess from 2019. | | | |
| d Excess from 2020. | | | |
| e Excess from 2021. | | | |

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
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.**

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

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

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 FASB 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 FASB 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 FASB 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** Term 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 | 23,890 | 0 |
| e Other | | 75,957 | 75,957 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 0 |

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) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (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) | | |
| (10) | | |
| 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) | |
| (10) | |
| 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 | 14,465,925 |
| 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 | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 14,465,925 |
| 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 | -20,695 | |
| c | Add lines 4a and 4b | | 4c | -20,695 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 14,445,230 |

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 | 14,417,866 |
| 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 | 20,695 | |
| e | Add lines 2a through 2d | | 2e | 20,695 |
| 3 | Subtract line 2e from line 1 | | 3 | 14,397,171 |
| 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 | 14,397,171 |

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 |
|------------------|-------------|
| | |
| | |
| | |
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| | |

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, 2021 AND DECEMBER 31, 2020; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2021 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, 2021, 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 XI, LINE 4B | OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12M BUT NOT ON LINE 1 INCLUDE: - SPECIAL EVENT EXPENSE - (\$20,695). |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| SCHEDULE D, PART XII, LINE 2D | OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE: - SPECIAL EVENT EXPENSE - \$20,695. |

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**
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.

OMB No. 1545-0047
2021
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 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (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 |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

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 |
|------------------------|--|----------------------------------|--|----------------------------|---------------------------------|
| | | SYMPOSIUM (event type) | COOKING & CONVO (event type) | 0 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 51,012 | 23,915 | | 74,927 |
| | 2 Less: Contributions | 37,012 | 17,220 | | 54,232 |
| | 3 Gross income (line 1 minus line 2) | 14,000 | 6,695 | | 20,695 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | 4,195 | | 4,195 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | 14,000 | 2,500 | | 16,500 |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 20,695 |
| | 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

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.

OMB No. 1545-0047

2021

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PERINATAL HEALTH EQUITY FOUNDATION 485 PARK AVENUE ORANGE, NJ 07050 | 82-4815853 | 501(C)(3) | 35,125 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| NEW DESTINY FAMILY SUCCESS CENTERS 79 ELLISON STREET PATERSON, NJ 07505 | 20-8485917 | 501(C)(3) | 229,755 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BERGEN FAMILY CENTER INC 44 ARMORY STREET ENGLEWOOD, NJ 07631 | 22-1487611 | 501(C)(3) | 23,408 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| SPRING STREET COMMUNITY DEVELOPMENT 65 SPRING STREET MORRISTOWN, NJ 07960 | 45-0942880 | 501(C)(3) | 75,649 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOMEN RISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306 | 22-1501370 | 501(C)(3) | 60,240 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302 | 22-3117171 | 501(C)(3) | 53,775 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOSEPH'S HEALTH FOUNDATION 703 MAIN STREET PATERSON, NJ 07503 | 27-1344467 | 501(C)(3) | 32,089 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| ALLIANCE COMMUNITY HEALTH CENTER 3000 JFK BOULEVARD JERSEY CITY, NJ 07306 | 22-1831695 | 501(C)(3) | 41,741 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHURCH WORLD SERVICE 28606 PHILLIPS STREET PO BOX 968 ELKHART, IN 46515 | 13-4080201 | 501(C)(3) | 70,432 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| COMITE EN UNION PARA SALVADORE PO BOX 577 WEST NEW YORK, NJ 07093 | 22-3376087 | 501(C)(3) | 79,745 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ELIZABETH PRESBYTERIAN CENTER 184 FIRST STREET ELIZABETH, NJ 07206 | 22-1807800 | 501(C)(3) | 76,913 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| HEALTH COALITION OF PASSAIC COUNTY 810 MAIN STREET PATERSON, NJ 07503 | 82-4011477 | 501(C)(3) | 20,749 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INTERNATIONAL RESCUE COMMITTEE 263 WEST 38TH STREET NEW YORK, NY 10018 | 13-5660870 | 501(C)(3) | 95,841 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| JEFFERSON PARK MINISTRIES 70 WEST GRAND STREET ELIZABETH, NJ 07202 | 01-0659307 | 501(C)(3) | 215,675 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MONTCLAIR FUND FOR EDUCATION EXCELLENCE 22 VALLEY ROAD MONTCLAIR, NJ 07042 | 06-1320335 | 501(C)(3) | 14,812 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| NEW COMMUNITY CORPORATION 274 SOUTH ORANGE AVENUE NEWARK, NJ 07103 | 22-1911104 | 501(C)(3) | 92,492 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NJ 211 PARTNERSHIP 16 WING DRIVE CEDAR KNOLLS, NJ 09727 | 22-3338917 | 501(C)(3) | 51,318 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| SOUTH WARD PROMISE NEIGHBORHOOD 534 CLINTON AVENUE NEWARK, NJ 07108 | 47-1202863 | 501(C)(3) | 199,456 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URBAN LEAGUE OF ESSEX COUNTY 508 CENTRAL AVENUE NEWARK, NJ 07107 | 22-1554540 | 501(C)(3) | 20,225 | | | | SUB-GRANTEE PROGRAM SUPPORT |
| WILLING HEART COMMUNITY CENTER 555 DR MARTIN LUTHER KING BOULEVAR NEWARK, NJ 07103 | 27-0331295 | 501(C)(3) | 121,126 | | | | SUB-GRANTEE PROGRAM SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

OMB No. 1545-0047

2021

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 Questions Regarding Compensation

| | | Yes | No | | |
|---|--|--|----|--|--|
| <p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table> | <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) | | | |
| <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) | | | | |
| <p>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</p> | 1b | | | | |
| <p>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?</p> | 2 | | | | |
| <p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table> | <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 | | | |
| <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 | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | | No | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 5b | | No | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>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</p> | 7 | | No | | |
| <p>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</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 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, 1099-MISC compensation, and/or 1099-NEC | | | (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(RETIRED 03/2021) | (i) | 99,191 | 0 | 158,650 | 0 | 4,127 | 261,968 | 0 |
| | (ii) | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 |
| 2 MARIEKARL VILCEUS-TALTY PRESIDENT/CEO (EFF 02/2021) | (i) | 204,679 | 0 | 126 | 0 | 21,108 | 225,913 | 0 |
| | (ii) | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 |
| 3 LILIANA PINETE CHIEF OPERATING OFFICER | (i) | 182,491 | 0 | 138 | 0 | 0 | 182,629 | 0 |
| | (ii) | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 | ----- 0 |
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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 O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

2021

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.**

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS | <p>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 COMMUNITY MEMBERS DEDICATED TO PROVIDE EDUCATION AND INCREASE COMMUNITY AWARENESS BY FACILITATING COLLABORATION AMONG THE PRIVATE AND THE PUBLIC SECTORS AND MATERNAL AND CHILD HEALTHCARE PROVIDERS FOR THE DELIVERY OF HIGH QUALITY COORDINATED MATERNAL AND CHILD HEALTHCARE. MISSION ===== THE PARTNERSHIP IS COMMITTED TO IMPROVING THE HEALTH OF WOMEN, CHILDREN, AND FAMILIES. FOR THREE DECADES, THE PARTNERSHIP HAS BEEN THE LEADING VOICE FOR MATERNAL AND CHILD HEALTH IN NEW JERSEY. THE PARTNERSHIP PROVIDES THE RESOURCES TO SUPPORT FAMILIES AND IMPROVE THE QUALITY OF CARE THROUGH COLLABORATION WITH OUR MEMBER HOSPITALS AND BIRTHING CENTERS. OUR ORGANIZATION EDUCATION, SUPPORT, COMMUNITY ENGAGEMENT, AND ADVOCACY INITIATIVES REACH THOUSANDS OF COMMUNITY MEMBERS AND HEALTH CARE PROFESSIONALS EACH YEAR. 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. DIVERSITY, EQUITY, AND INCLUSION: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY IS UNWAVERING IN ITS COMMITMENT TO EQUITY AND INCLUSION. WE BELIEVE THAT ALL PEOPLE SHOULD BE TREATED WITH RESPECT, DIGNITY, AND OPENNESS. WE REPRESENT DIVERSE COMMUNITIES AND AMPLIFY UNDERREPRESENTED VOICES. WE WORK WITH OTHER ORGANIZATIONS, HOSPITALS, AND COMMUNITY PARTNERS WHO SHARE THESE COMMON VALUES AS WE STRIVE TO FULFILL OUR VISION. 2021 HIGHLIGHTS ===== IN 2021, THE PARTNERSHIP CONTINUED TO INVEST IN COMMUNICATIONS AND TECHNOLOGY UPGRADES. OUR ORGANIZATION WAS VERY SUCCESSFUL CONDUCTING EDUCATION, OUTREACH, AND ADVOCACY REMOTELY. THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH HAS ALSO TRANSITIONED SUCCESSFULLY TO A HYBRID WORK ENVIRONMENT IN THE LAST QUARTER OF 2021 AND CONTINUED TO PROVIDE SERVICES BOTH IN-PERSON AND VIRTUALLY. 2021 WAS A VERY SUCCESSFUL YEAR FOR THE PARTNERSHIP. WE CONTINUED TO EXPAND OUR SERVICES IN THE COMMUNITY AND PROVIDED MANY EDUCATIONAL OPPORTUNITIES FOR PROFESSIONALS. WE PROVIDED OVER 700 EVENTS (115 IN-PERSON AND 579 VIRTUAL) FOR 27,858 ATTENDEES FROM ACROSS NEW JERSEY AND NATIONALLY. IN 2021 WE CONDUCTED A SUCCESSFUL VIRTUAL 3RD ANNUAL MATERNAL HEALTH AND PERINATAL SYMPOSIUM AND THE 1ST COOKING AND CONVERSATION FUNDRAISING (IN PERSON EVENT). IMPACT BY THE NUMBERS ===== - WE MONITORED HEALTH DATA FOR 47,984 BABIES IN OUR EIGHT COUNTIES. BIRTHS IN OUR REGION MAKE NEARLY HALF OF ALL BIRTHS IN THE STATE. - 800 FAMILIES PARTICIPATED IN THE HOME VISITATION PROGRAMS FOR PREGNANT WOMEN AND NEW MOTHERS. - PERINATAL MOOD DISORDERS PROGRAM PROVIDED EDUCATION TO 683 PROFESSIONALS AND COMMUNITY MEMBERS. - 44% INCREASE IN PEOPLE EDUCATED THROUGH</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS</p> | <p>THE PARTNERSHIP'S COMMUNITY AND PROFESSIONAL EDUCATION PROGRAMS. A TOTAL OF 27,858 PEOPLE PARTICIPATED IN THESE SESSIONS. - 2,408 DOCTORS, NURSES, SOCIAL WORKERS, AND OTHER PUBLIC HEALTH PROFESSIONALS PARTICIPATED IN 80 CREDIT-BEARING PROFESSIONAL EDUCATION PROGRAMS AND A FULL DAY SYMPOSIUM. - 1,302 PARTICIPANTS ATTENDED THE EDUCATIONAL PROGRAMS OFFERED BY THE ESSEX METRO IMMUNIZATION COALITION WHICH BRINGS TOGETHER COMMUNITY ORGANIZATIONS AND HEALTHCARE PROVIDERS TO COLLABORATE ON VACCINE EDUCATION PROJECTS. - 2,746 PEOPLE EDUCATED THROUGH THE CHILDHOOD LEAD POISONING PREVENTION PROJECTS AND HEALTHY HOMES INITIATIVE. - 5,171 CHILDREN AND YOUTH WERE EDUCATED BY THE SMART CHOICES FOR A HEALTHY LIFE PROGRAM ABOUT ALCOHOL USE AND FASD PREVENTION. - 565 COMMUNITY MEMBERS RECEIVED EDUCATION, RESOURCES, AND SUPPORT FROM THE UNITY AND EXCELLENCE FAMILY SUCCESS CENTERS. - 265 FATHERS WERE EDUCATED BY THE FELLAS FATHERHOOD PROGRAM IN ESSEX COUNTY. - 4,787 PROFESSIONALS AND COMMUNITY MEMBERS WERE EDUCATED BY THE PERINATAL ADDICTION PREVENTION PROGRAM. - 1,032 WOMEN OF CHILD BEARING AGE WERE EDUCATED BY THE PREMATURITY PREVENTION INITIATIVE. - 1,336 YOUTH WERE PROVIDED EDUCATION BY THE NJ PERSONAL RESPONSIBILITY EDUCATION PROGRAM (NJ-PREP) AND THE TEEN OUTREACH PROGRAM (TOP). MEMBER HOSPITALS AND BIRTHING CENTERS ===== THE PARTNERSHIP COLLABORATES WITH SEVERAL MEMBER HOSPITALS AND BIRTHING CENTERS ACROSS NORTHERN NEW JERSEY TO IMPLEMENT SYSTEMIC CHANGES AND IMPROVE HEALTH OUTCOMES FOR WOMEN AND INFANTS. - THE BIRTH CENTER OF NEW JERSEY - CAREPOINT HEALTH - HOBOKEN UNIVERSITY MEDICAL CENTER - CHILTON MEDICAL CENTER - CLARA MAASS MEDICAL CENTER - ENGLEWOOD HOSPITAL AND MEDICAL CENTER - HACKENSACK MERIDIAN HEALTH - HACKENSACK UNIVERSITY MEDICAL CENTER - HACKENSACK MERIDIAN HEALTH - JFK MEDICAL CENTER - HACKENSACK MERIDIAN HEALTH - MOUNTAIN STATE MEDICAL CENTER - HACKENSACK MERIDIAN HEALTH - PALISADES - HACKENSACK MERIDIAN HEALTH - PASCACK VALLEY - HOLY NAME MEDICAL CENTER - HUDSON REGIONAL HOSPITAL - JERSEY CITY MEDICAL CENTER - MORRISTOWN MEDICAL CENTER - NEWARK BETH ISRAEL MEDICAL CENTER - NEWTON MEDICAL CENTER - OUR BIRTHING CENTER - OVERLOOK MEDICAL CENTER - SAINT BARNABAS MEDICAL CENTER - SAINT CLARE'S HOSPITAL - DENVERVILLE - ST. JOSEPH'S UNIVERSITY MEDICAL CENTER - ST. MARY'S GENERAL HOSPITAL - TRINITAS REGIONAL MEDICAL CENTER - UNIVERSITY HOSPITAL - THE VALLEY HOSPITAL 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 ----- - CONNECTING DOVER - ESSEX METRO IMMUNIZA</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS</p> | <p>TION COALITION - REGIONAL CHILDHOOD LEAD POISONING PREVENTION AND HEALTHY HOMES COALITIONS ADVISORY BOARDS & COMMITTEES ----- - FETAL INFANT MORTALITY REVIEW (CASE REVIEW TEAM METRO, CASE REVIEW TEAM NORTHERN, COMMUNITY ACTION, TEAM/PERINATAL BERE AVEMENT 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 - TEEN OUTREACH PROGRAM YOUTH ADVISORY BOARD - NJ INF LUENZA ACTION GROUP SUPPORTING WOMEN, INFANTS, AND CHILDREN ===== THE PARTNERSHIP HAS BEEN SUCCESSFULLY IMPLEMENTING CENTERING PREGNANCY IN COLLABORATION WITH ST. JOSEPH MEDICAL CENTER IN PATERSON AND 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. CONNECTING NJ'S EARLY CHILDHOOD SPECIALIST(ECS) PROGRAM WAS ESTABLISHED TO PROVIDE EASILY ACCESSIBLE DEVELOPMENT ASSESSMENT TOOLS TO PARENTS AND SUPPORT THEM WITH INFORMATION AND REFERRAL SERVICES. THE ECS IS IMPLEMENTED IN 5 COUNTIES AND PROVIDES SUPPORT TO DCP&P FAMILIES THROUGH THE PLANS OF SAFE CARE MONTHLY MEETINGS. THE PARENTS AS TEACHERS PROGRAM EXPANDED TO WARREN COUNTY TO BETTER SUPPORT MOTHERS IN THE NORTHWEST REGION. COMMUNITY OF CARING: THE PATERSON DOULA COOPERATIVE IS A NEW PROGRAM THAT WAS INITIATED IN 2021 AND SUCCESSFULLY COMPLETED TRAINING FOR THE FIRST COHORT OF 13 DOULAS USING THE HEALTHCONNECT ONE MODEL. THE PATERSON DOULA COOPERATIVE IS A JOINT EFFORT OF THE PARTNERSHIP IN COLLABORATION WITH ST. JOSEPH'S HEALTH AND THE NEW DESTINY FAMILY SUCCESS CENTER. EMPOWERING COMMUNITIES ===== TEEN SPEAK, AN INITIATIVE OF THE TEEN OUTREACH PROGRAM (TOP), PROVIDES MULTIPLE WORKSHOPS TO SHARE TIPS WITH PARENTS ON HOW TO TALK TO THEIR PRE-TEENS AND TEENS ABOUT SENSITIVE TOPICS. THE ADOLESCENT IMMUNIZATION PROGRAM PROVIDED EDUCATION ABOUT THE HPV VACCINE AND CANCER PREVENTION. FUNDING FROM THE WHITEHILL FOUNDATION CONTINUED TO SUPPORT THE EXPANSION OF THE HPV EDUCATION PROGRAM FOR PHYSICIANS, PARENTS, AND TEENS. 2 PROTECTS 2 CAMPAIGN CREATED A SERIES OF VIDEOS TO EDUCATE FAMILIES ABOUT MATERNAL IMMUNIZATIONS. FREE MATERIALS FOR HEALTHCARE PROVIDERS WERE DISTRIBUTED TO OBGYN OFFICES, CLINICS, HOSPITALS AND COMMUNITY ORGANIZATIONS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p> | <p>ENGAGING HEALTHCARE PROFESSIONALS ===== THE ANNUAL MEETING FE ATURED Dr. DR. JOSHUA SPARROW, EXECUTIVE DIRECTOR OF THE BRAZELTON TOUCHPOINTS CENTER WHO PRESENTED "UNDERSTANDING TRAUMA AND WAYS OF HEALING". THE PARTNERSHIP'S EDUCATION DEPARTME NT WAS VERY SUCCESSFUL PROVIDING THE EDUCATIONAL PROGRAMS ON VIRTUAL PLATFORMS SUCH AS ZOO M AND GO TO WEBINARS INCLUDING THE 3RD ANNUAL MATERNAL HEALTH AND PERINATAL SYMPOSIUM TO A TOTAL OF 2,253 ATTENDEES. THE PARTNERSHIP PROVIDES MANY PROGRAMS FOR INDIVIDUALS WITHIN T HE COMMUNITIES THEY SERVE. INCLUDED BELOW ARE CURRENT PROGRAMS AND INITIATIVES OF THE ORGA NIZATION AIMED TO EMPOWER COMMUNITIES, ENGAGE HEALTH CARE PROFESSIONALS AND SUPPORT WOMEN AND CHILDREN. PROGRAMS ===== COMMUNITY OF CARING: THE PATERSON DOULA COOPERATIVE ----- COMMUNITY OF CARRING: THE PATERSON DOULA COO PERATIVE IS A COLLABORATION BETWEEN THE PARTNERSHIP, ST. JOSEPH'S HEALTH AND NEW DESTINY F AMILY SUCCESS CENTER THAT PLANS TO EXPAND ACCESS TO DOULA CARE AND PROVIDES FREE COMMUNITY DOULA TRAINING FOLLOWING THE HEALTHCONNECT ONE MODEL. COMMUNITY OF CARING: THE GREATER NE WARK DOULA COOPERATIVE ----- ---- COMMUNITY OF CARING: THE GREATER NEWARK DOULA COOPERATIVE IS A COLLABORATION BETWEEN THE PARTNERSHI P AND THE GREATER NEWARK HEALTH CARE COALITION TO EXPAND ACCESS TO DOULAS AND PROVIDE FREE COMMUNITY DOULA TRAINING FOLLOWING THE HEALTHCONNECT ONE MODEL. COVID-19 COMMUNITY EDUCAT ION INITIATIVE ----- THE COVID-19 PANDEMIC ILLUSTRATES T HE NEED FOR TRUSTED RESOURCES OF HEALTH INFORMATION, ESPECIALLY DURING A HEALTH CRISIS. TH E PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY IS A REGIONAL GRANTEE O F THE NJ DEPARTMENT OF HEALTH'S EXPANSION EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) GRANT . THIS INITIATIVE FUNDS COMMUNITY-BASED ORGANIZATIONS TO DEVELOP AND IMPLEMENT EFFECTIVE H EALTH COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGIES TO RESPOND TO THE COVID-19 INFECTI OUS DISEASE NEEDS OF THE MOST VULNERABLE POPULATIONS THROUGHOUT BERGEN, ESSEX, HUDSON, MOR RIS, PASSAIC, SUSSEX, UNION, AND WARREN COUNTIES. THE FUNDING SUPPORTS COMMUNITY-BASED ORG ANIZATIONS' STRATEGIES TO PROVIDE COVID-19 HEALTH EDUCATION AND COMMUNITY ENGAGEMENT USING COMMUNITY HEALTH WORKERS. THE COLETTE LAMOTHE-GALETTE COMMUNITY HEALTH WORKER INSTITUTE W AS ESTABLISHED BY NEW JERSEY DEPARTMENT OF HEALTH (NJDOH), DIVISION OF FAMILY HEALTH SERVI CES IN MAY 2020 TO HONOR THE MEMORY OF COLETTE LAMOTHE-GALETTE WHO WAS A PUBLIC HEALTH CHA MPION AND HERO, AND ONE OF NJ'S FINEST PUBLIC HEALTH LEADERS, KNOWN TO ALL IN THE PUBLIC H EALTH COMMUNITY FOR DEDICATING HER LIFE'S WORK TO ELIMINATING HEALTH DISPARITIES AND ADDRE SSING HEALTH EQUITY. SADLY, NEW JERSEY LOST COLETTE TO COMPLICATIONS OF COVID-19 IN APRIL 2020. THE INSTITUTE HAS ESTABLISHED AN APPRENTICESHIP TRAINING PROGRAM FOR COMMUNITY HEALT H WORKERS, CRITICAL PERSONNEL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p> | <p>AND ALLIES NEEDED ON THE FRONT LINES OF COVID-19 RESPONSE. THESE COMMUNITY HEALTH WORKERS ARE WELL POISED TO SUPPORT THE ELC CARES ENHANCEMENT ACTIVITIES AS PART OF THE COVID-19 RESPONSE, IN THE WAYS LISTED BELOW. KEY PRIORITIES: - SUPPORT COMMUNITIES BY DEVELOPING AND ENGAGING COMMUNITY HEALTH WORKERS, WHO WILL IDENTIFY VULNERABLE POPULATIONS AND CONNECT THEM TO NEEDED RESOURCES. - IDENTIFY RESOURCES USING TECHNOLOGY AND STRATEGIC PARTNERSHIPS. - ENGAGE AND PROTECT FAMILIES BY EXPANDING AVAILABLE RESOURCES TO INCLUDE DIAGNOSTIC TESTING SITES AND VACCINATION SITES IN VULNERABLE COMMUNITIES. ACTIVITIES: - TRAIN COMMUNITY HEALTH WORKERS TO ASSIST IN INCREASING CONTACT TRACING EFFORTS - ASSIST WITH COVID-19 SURVEILLANCE AMONG VULNERABLE POPULATIONS - IMPLEMENT PREVENTION STRATEGIES WITHIN VULNERABLE, DIVERSE POPULATIONS - IDENTIFY AND SECURE ALTERNATIVE TESTING SITES AND VACCINATION SITES FOR COVID-19 - DEVELOP COVID-19 COMMUNITY HEALTH WORKERS, PROMOTERS, SPONSORS AND CHAMPIONS IN SUPPORT OF VACCINATION EFFORTS - PROVIDE SUBGRANTS TO SUPPORT COMMUNITY HEALTH WORKERS AT COMMUNITY ORGANIZATIONS THROUGHOUT THE REGION POWER TO PROTECT NJ ----- WE ARE HONORED TO COLLABORATE WITH THE NEW JERSEY DEPARTMENT OF HEALTH DURING THE 2021 FLU 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. FELLAS FATHERHOOD PROGRAM ----- THE FELLAS FATHERHOOD PROGRAM ENGAGES FATHERS THROUGHOUT ESSEX COUNTY TO PROMOTE HEALTHY RELATIONSHIPS, STRENGTHEN PARENTING SKILLS, AND INCREASE ECONOMIC STABILITY THROUGH EMPLOYMENT TRAINING AND SUPPORT. FELLAS - FATHERS EMPOWERED TO LEARN, LEAD, AND ACHIEVE SUCCESS - HELPS FATHERS AND FAMILIES THRIVE. FELLAS OFFERS: - ENHANCING FATHERHOOD - EVERY FELLAS PARTICIPANT IS PAIRED WITH A FATHERHOOD PROGRAM SPECIALIST WHO PROVIDES ONE-TO-ONE SUPPORT AND PRACTICAL RESOURCES TO HELP DADS SUCCEED. - FATHER-TO-FATHER BONDING AND BUILDING - THE BEST ROLE MODEL FOR A FATHER IS A FATHER. FELLAS IS A PLACE FOR DADS TO SHARE EXPERIENCES AND LEARN FROM THEIR PEERS. - ELEVATING FATHERHOOD - FATHERHOOD IS MORE THAN PROVIDING FOR A CHILD. THROUGH GOAL PLANNING, FELLAS LEARN LIFE SKILLS TO FOSTER GOOD COMMUNICATION AND STRONG RELATIONSHIPS WITH THEIR CHILDREN, SIGNIFICANT OTHER, AND/OR CO-PARENT. - FATHERS AT WORK - ECONOMIC STABILITY REDUCES FAMILY STRESS. FELLAS OFFERS COMPUTER TRAINING, RESUME BUILDING, AND OTHER JOB RESOURCES TO PROMOTE STEADY EMPLOYMENT AND CAREER ADVANCEMENT. THIS FREE PROGRAM IS FOR FATHERS OF CHILDREN AGES 0 - 24 WHO RESIDE IN ESSEX COUNTY. FELLAS IS FUNDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES FROM OCTOBER 2020 THRO</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED | <p>UGH SEPTEMBER 2025. TEEN OUTREACH PROGRAM (TOP) AND NJ PERSONAL RESPONSIBILITY EDUCATION PROGRAM (NJ PREP) ----- THE TOP AND NJ PREP PROGRAMS AIM TO REDUCE THE RATES OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS. THE PARTNERSHIP USES 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. EARLY CHILDHOOD LITERACY PROGRAM (ELC) ----- THE PARTNERSHIP'S ELC PROGRAM 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 INTRODUCING CHILDREN DURING THESE FUNDAMENTAL YEARS TO LANGUAGE AND VOCABULARY THROUGH READING. SMART CHOICES FOR A HEALTHY LIFE ----- SMART CHOICES FOR A HEALTHY LIFE IS A FREE AGE-APPROPRIATE PROGRAM FOR STUDENTS GRADE K-12 WHICH TEACHES CHILDREN ABOUT THE DANGERS OF DRINKING ALCOHOL AND FULFILLS NEW JERSEY'S 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. 2 PROTECTS 2 CAMPAIGN ----- THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY AND FAMILIES FIGHTING FLU CONTINUED THEIR COLLABORATION ON THIS EDUCATIONAL CAMPAIGN. THE 2 PROTECTS 2 CAMPAIGN AIMS TO RAISE AWARENESS ABOUT THE IMPORTANCE OF THE FLU AND WHOOPING COUGH VACCINATIONS DURING PREGNANCY.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p> | <p>THROUGH A SERIES OF DIVERSE FOCUS GROUPS WITH NURSES, PREGNANT WOMEN, AND NEW MOTHERS, THE PARTNERSHIP AND FAMILIES FIGHTING FLU CREATED A SERIES OF EDUCATIONAL VIDEOS AND HANDOUTS THAT PROVIDE FACTS AND EMPHASIZE VACCINE SAFETY DURING PREGNANCY. VIRTUAL SUPPORT GROUPS ----- BREASTFEEDING EDUCATION AND SUPPORT IS A GROUP FOR WOMEN WHO IDENTIFY AS BLACK AND LIVE IN JERSEY CITY OR PATERSON. WE INVITE ANY PREGNANT OR POSTPARTUM WOMEN TO JOIN. THE GROUP'S MISSION IS TO SUPPORT THE FEEDING CHOICES WOMEN 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 LOSSES, 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 BERGEN, ESSEX, HUDSON, MORRIS, PASSAIC, SUSSEX, UNION AND WARREN COUNTIES), WHO HAVE EXPERIENCED A MISCARRIAGE, STILLBIRTH, OR INFANT LOSS. HOPE FOR NEW MOTHERS: THESE SUPPORT GROUPS ARE FOR PREGNANT WOMEN AND NEW MOTHERS WITH A CHILD UP TO 1 YEAR OF AGE, WHO RESIDE IN THE FOLLOWING NORTHERN NJ COUNTIES: BERGEN, ESSEX, HUDSON, MORRIS, PASSAIC, SUSSEX, UNION AND WARREN. HEALTHY WOMEN HEALTHY FAMILIES ----- THE PARTNERSHIP IMPLEMENTS THE NEW JERSEY DEPARTMENT OF HEALTH'S HEALTHY WOMEN HEALTHY FAMILIES' 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 AND THEIR FAMILIES, WHILE REDUCING RACIAL, ETHNIC AND ECONOMIC DISPARITIES IN THOSE OUTCOMES. HEALTHY WOMEN HEALTHY FAMILIES IS COMPOSED OF SEVERAL KEY COMPONENTS: (1) CONNECTING NEW JERSEY - 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 PROGRAMS, AND SOCIAL SUPPORT AGENCIES. CENTRAL INTAKE SIMPLIFIES AND STREAMLINES THE REFERRAL PROCESS FOR OBSTETRICAL/PRENATAL CARE PROVIDERS, OTHER COMMUNITY AGENCIES, AND FAMILIES. (2) COMMUNITY HEALTH WORKERS - THROUGH COMMUNITY OUTREACH EFFORTS AND VAST RESOURCE NETWORK, COMMUNITY OUTREACH WORKERS IDENTIFY AND ENROLL WOMEN AND THEIR FAMILIES IN APPROPRIATE CARE AND PROVIDE PERSONALIZED SUPPORT. THESE TRUSTED COMMUNITY MEMBERS OFFER VITAL INFORMATION ABOUT REPRODUCTIVE HEALTH, PRENATAL SERVICES, AND POSTPARTUM SERVICES THROUGH RESOURCE REFERRAL, INDIVIDUAL SUPPORT PLANS, AND INFORMATIONAL WORKSHOPS. THE PARTNERSHIP COLLABORATES WITH SEVERAL COMMUNITY PARTNERS TO REACH DIVERSE NEIGHBORHOODS. (3) CENTERING PREGNANCY - A PROGRAM CREATED BY THE CENTRE FOR HEALTHCARE INSTITUTE, IS DESIGNED TO IMPROVE HEALTH OUTCOMES FOR PREGNANT WOMEN THROUGH CONNECTION WITH OTHER EXPECTANT MOTHERS. EXPECTANT MOTHERS WITH SIMILAR DUE DATES RECEIVE PRENATAL CARE IN A GROUP SETTING.</p> |

990 Schedule O, Open Information

| Return Reference | Explanation |
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| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p> | <p>TTING LEADING UP TO CHILDBIRTH. THESE GROUP APPOINTMENTS FEATURE FACILITATED DISCUSSIONS ON RELEVANT TOPICS, INCLUDING NUTRITION, PREGNANCY HEALTH, 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 SISTAH'S WHO BREASTFEED (SWB), A BREASTFEEDING SUPPORT GROUP FOR WOMEN IN JERSEY CITY AND PATERSON. THE GOAL OF SISTAH'S 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. HOME VISITATION PROGRAMS ----- THE PARTNERSHIP IMPLEMENTS A LARGE HOME VISITATION PROGRAM USING THREE NATIONAL EVIDENCE-BASED MODELS: NURSE-FAMILY PARTNERSHIP, HEALTHY FAMILIES AMERICA, AND PARENTS AS TEACHERS. NURSE-FAMILY PARTNERSHIP (NFP) IS AN EVIDENCE-BASED PROGRAM THAT PARTNERS FIRST-TIME MOTHERS WITH NURSE HOME VISITORS. THE NFP PROGRAM GOALS ARE TO SUPPORT WOMEN TO HAVE A HEALTHY PREGNANCY AND A HEALTHY BABY AND TO IMPROVE THE ECONOMIC SELF-SUFFICIENCY OF THE FAMILY. THE NFP PROGRAM SERVES FIRST TIME MOTHERS STARTING DURING PREGNANCY AND UP TO THE SECOND BIRTHDAY OF THE BABY. HEALTHY FAMILIES IS AN EVIDENCE-BASED PROGRAM THAT PAIRS TRAINED FAMILY SUPPORT WORKERS WITH PREGNANT WOMEN AND YOUNG FAMILIES TO HELP THEM LEARN ABOUT CHILD DEVELOPMENT, AND PARENTING, AS WELL AS SUPPORT THEM TO IDENTIFY THEIR UNIQUE STRENGTHS AND DEVELOP RESILIENCY. PARENTS AS TEACHERS IS AN EVIDENCE-BASED PROGRAM THAT PROVIDES HOME VISITATION BY PARENT EDUCATORS TO PREGNANT WOMEN AND NEW MOTHERS AND THEIR FAMILIES. THE PROGRAM PROVIDES FAMILY SUPPORT, PARENT EDUCATION AND HELPS FAMILIES IDENTIFY AND STRENGTHEN THEIR CAPABILITIES AND SKILLS. FAMILY SUCCESS CENTERS ----- THE PARTNERSHIP OPERATES TWO FAMILY SUCCESS CENTERS: UNITY FAMILY SUCCESS CENTER PROVIDING SERVICES TO THE RESIDENTS OF IRVINGTON AND SURROUNDING COMMUNITIES</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| <p>CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p> | <p>, AND EXCELLENCE FAMILY SUCCESS CENTER LOCATED IN DOVER AND SERVING RESIDENTS OF MORRIS COUNTY THE FAMILY SUCCESS CENTERS ARE ONE STOP FAMILY FRIENDLY CENTERS PROVIDING EDUCATION, RESOURCES, REFERRALS, JOB READINESS SUPPORT, AND ACTIVITIES FOR FAMILIES. THE SERVICES ARE FREE FOR EVERYONE AND THERE ARE NO ELIGIBILITY REQUIREMENTS. PREMATURE PREVENTION INITIATIVE ----- THE PREMATURE PREVENTION INITIATIVE (PPI) IS A COLLABORATIVE, CROSS-SECTIONAL EFFORT AIMED AT FOCUSING COMMUNITY ENGAGEMENT ON AVAILABLE EVIDENCE-BASED INTERVENTIONS TO REDUCE PREMATURE BIRTH RATES IN NEW JERSEY. FETAL INFANT MORTALITY REVIEW ----- THE 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 THEIR PREGNANCY, PRENATAL CARE, DELIVERY OF THEIR BABY, AND CARE IN THE HOSPITAL, AS WELL AS SERVICES THEY RECEIVED. 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 - ADOLESCENT IMMUNIZATION INITIATIVE - COLLEGE HEALTH INITIATIVE - NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS) - HEPATITIS B BIRTH DOSE PROGRAM</p> |

990 Schedule O, Open Information

| Return Reference | Explanation |
|--|--|
| CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED | <p>LEAD POISONING PREVENTION ----- THE LEAD POISONING PREVENTION PROGRAM WORKS TO ELIMINATE CHILDHOOD LEAD POISONING AND MAINTAIN HEALTHY AND SAFE HOMES. THE PROGRAM'S 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, CHILDCARE 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. EMOTIONAL WELL-BEING PROGRAM ----- THE PERINATAL MOOD DISORDERS PROGRAM OFFERS EMOTIONAL SUPPORT TO PREGNANT WOMEN AND NEW MOTHERS INCLUDING PHONE SUPPORT, VIRTUAL SUPPORT GROUPS, COMMUNITY EDUCATION PROGRAM AND REFERRALS AND RESOURCES. THE PROGRAM ALSO PROVIDE PROFESSIONAL EDUCATION TO DOCTORS, NURSES, SOCIAL WORKERS AND OTHER MEN TAL HEALTH SPECIALISTS. PERINATAL ADDICTIONS PREVENTION PROJECT ----- 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 ----- THE QUALITY IMPROVEMENT (QI) PROGRAM PROVIDES PARTNERSHIP MEMBER HOSPITALS SUPPORT FOR NEW JERSEY'S VITAL EVENTS REGISTRATION & INFORMATION (VERI) PLATFORM. VERI PRODUCES BIRTH CERTIFICATES FOR ALL INFANTS BORN IN NEW JERSEY. IN ADDITION, VERI INCLUDES MORE THAN 500 FIELDS OF HEALTH AND DEMOGRAPHIC INFORMATION FOR EACH BIRTH. TOGETHER WITH ITS MEMBER BIRTHING FACILITIES, THE PARTNERSHIP MONITORS THIS DATA TO IDENTIFY TRENDS IN MATERNAL CHILD HEALTH OUTCOMES. PARTNERSHIP STAFF PROVIDE VERI TRAINING TO MEMBER HOSPITAL STAFF, DEVELOP CUSTOM REPORTS FOR MEMBER HOSPITALS, AND COORDINATE VERI USER'S GROUP MEETINGS WITH THE GOAL OF IMPROVING DATA QUALITY. THE PARTNERSHIP</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| CORE FORM, PART III; PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED | <p>P 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, IMMUNIZATION, BREASTFEEDING, AND DISPARITIES IN BIRTH OUTCOMES. CONTINUING EDUCATION PROGRAMS -----</p> <p>----- 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 PARTNERSHIP'S MEMBER HOSPITALS AND AFFILIATED AGENCIES. WITH GUIDANCE FROM THE PARTNERSHIP'S REGIONAL PROFESSIONAL EDUCATION COMMITTEE, EDUCATIONAL NEEDS OF THE TARGET AUD IENCE ARE ASSESSED, PROGRAMS DEVELOPED AND IMPLEMENTED, AND OUTCOMES REVIEWED. PROGRAMS RA NGE FROM REGIONAL CONFERENCES, ONSITE SEMINARS AND CERTIFICATION EXAMINATION PREPARATION C OURSES TO ONLINE TRAINING. 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.</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 | 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. UPON APPROVAL, THE ORGANIZATION'S FORM 990 WAS FILED 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 ORGANIZATION'S 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, 2021 AND DECEMBER 31, 2020; 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION:PROFESSIONAL SERVICES TOTAL FEES:1439160 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION:OTHER FEES TOTAL FEES:12914 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 | |
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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 | |
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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 |
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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 | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | 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 |
|-------------------------------------|-------------------------------|------------------------|--|
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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 | |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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