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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Form **990** (2008)

benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 6/30/2009 For the 2008 calendar year, or tax year beginning 7/1/2008 and ending Please NEW JERSEY HEALTH FOUNDATION, INC. D Employer identification number C Name of organization В Check if applicable use IRS Address change 03-0430873 Doing Business As label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 120 ALBANY STREET, TOWER II 908-731-6610 Specific Termination City or town, state or country, and ZIP + 4 **NEW BRUNSWICK** NJ 08901-9888 G Gross receipts \$ 3,878,433 Amended return Application pending Yes X Name and address of principal officer H(a) Is this a group return for affiliates? JAMES GOLUBIESKI 120 ALBANY ST., TOWER II, SUITE 850, NEW BR H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status. 501(c) ( 3 ) **◄** (insert no ) 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ X Corporation Trust Other > M State of legal domicile K Type of organization Association L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: NEW JERSEY HEALTH FOUNDATION, INC. PROVIDES GRANTS TO THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ TO SUPPORT FACULTY CHAIRS, RESEARCH, SCHOLARSHIPS AND FELLOWSHIPS AND OTHER DESIGNATED PROGRAMS. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . . . 4 25 5 13 6 Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a Net unrelated business taxable income from Form 990-T, line 34 7b -2,759 **Current Year** 8 Contributions and grants (Part VIII, line 1h). . . 3,856,787 1,772,452 9 Program service revenue (Part VIII, line 2g) . 2,579,784 2,095,585 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 11 20,578 10,396 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,457,149 3,878,433 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 6,329,438 5,436,974 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,203,465 2,251,510 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . . 1,884,256 1,690,113 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 10,417,159 9,378,597 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . -3,960,010 -5,500,164 **Beginning of Year End of Year** 20 Total assets (Part X, line 16) . . 166,951,063 137,911,667 21 Total liabilities (Part X, line 26) . . . . . . . . . . . . . . . . 3,040,801 7,325,644 22 Net assets or fund balances. Subtract line 21 from line 20 163,910,262 130,586,023 Part II 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 Type or print name and title Preparer's Date Check if Preparer's identifying number (see instructions) **≤**Paid signature employed P00650944 Preparer's Firm's name (or yours VEN D. WOLDAR, CPA EIN **Q**Use Only if self-employed), 7 LINCOLN HIGHWAY, SUITE 202, EDISON, NJ 08820 Phone no ▶ 732-452-3300 ☑May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(ATH)

Pa	Tt III ' Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
•	THE ORGANIZATION'S MISSION IS TO SUPPORT HEALTHCARE EDUCATION, RESEARCH AND PATIENT CARE PROGRAM
	AT THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSERY AND FOR OTHER SCIENTIC, CHARITABLE
	LITERARY AND EDUCATIONAL PURPOSES THROUGHOUT THE STATE OF NEW JERSEY.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
42	(Code: ) (Expenses \$ 1,862,828 including grants of \$ 1,862,828 ) (Revenue \$ 0 )
<b>→</b> a	
	THE ORGANIZATION PROVIDED GRANTS TO THE FACULTY OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF
	NEW JERSEY TO HELP FURTHER RESEARCH IN A WIDE VARIETY OF MEDICAL AND SCIENTIFIC AREAS
	<b>,</b>
	<b>/</b>
	······································
	,
	,
4b	(Code: ) (Expenses \$ 3,574,146 including grants of \$ 3,574,146 ) (Revenue \$ 0)
	THE ORGANIZATION PROVIDED GRANTS TO THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ FOR FACULTY
	THE CHOMINE THOUSE IN THE CHARLEST OF MEDICINE AND DESTROY OF TWO CITY TOOLS
	CHAIRS, RESEARCH, SCHOLARSHIPS AND FELLOWSHIPS AND OTHER PROGRAMS.
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	CHAIRS, RESEARCH, SCHOLARSHIPS AND FELLOWSHIPS AND OTHER PROGRAMS.  (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
	CHAIRS, RESEARCH, SCHOLARSHIPS AND FELLOWSHIPS AND OTHER PROGRAMS.

Par	t IV Checklist of Required Schedules			ugu ,
	1		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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	Ť	-	<u> </u>
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	┝╾		<del>  ^</del>
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	۴-		-
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	_		l
7		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	İ		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	i
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		├
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		<del>  ^</del>
		4.5		
16		15	_	X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	Χ	
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? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		¥
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		_ X_
	person from a prior year? If "Yes," complete Schedule L, Part I	25.		V
26		25b		X
40	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	_		
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	ليب	X

#### 'Checklist of Required Schedules (continued) Part IV Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete 35 Х 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 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? If "Yes," complete Schedule R, Part

Form 990 (2008)

37

Par	Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	·	Yes	No
ıu	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1 1	<b>i</b>
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 13			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			İ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4a</u>	X	<u> </u>
b	If "Yes," enter the name of the foreign country: ▶ Cayman Islands			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.		l	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	E.	l	ĺ
6a	Did the organization solicit any contributions that were not tax deductible?	<u>5c</u> 6a	$\vdash$	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua	$\vdash$	
U	gifts were not tax deductible?	6b	ļ l	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
_	\$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f	ļ	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b> </b>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			l
	required?	7h	<b> </b> -	├
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	·	<del> </del>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-0	<del> </del>	<del>                                     </del>
а	Did the organization make any taxable distributions under section 4966?	9a	<b></b>	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:	30	<del> </del>	
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			[
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<u>L</u>	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.	ł		
1a	Enter the number of voting members of the governing body	-		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	L	Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		_ X_
Sect	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	Х	<u> </u>
b	Other officers or key employees of the organization?	1456	Х	<del></del> -
		15b		[
	Describe the process in Schedule O. (see instructions).	150		i
16a	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
16a b	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			X
	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			X
b Sect	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Lion C. Disclosure	16a		X
b Sect 17	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed	16a 16b		X
b Sect 17	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  NJ  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	16a 16b		Х
b	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.	16a 16b		X
b <u>Sect</u> 17 18	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a 16b		X
b Sect 17	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest.	16a 16b		X
Sect 17 18	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  NJ  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	16a 16b only)		X
b <u>Sect</u> 17 18	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed NJ  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the person who possesses the person who possesses the person who possesses the person who possesses the person who possesses the person who possesses the person who possesses the person who possesses the person who person who person who person who person who pe	16a 16b only)		X
Sect 17 18	Describe the process in Schedule O. (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  NJ  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	16a 16b only)		X

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(A) (B) (C)						(D)	(E)	(F)	
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROGER S. FINE CHAIRPERSON	5.	Х						0	0	(
GEORGE F. HEINRICH, MD VICE CHAIR	10.	Х						0	0	(
CECILE FELDMAN	1.	Х						0	0	
SANDRA BROWN-SHERMAN, ESQ. SECRETARY	5.	х						0	0	
SUSAN J. FLYNN-HOLLANDER, ESQ. TREASURER	5.	Х						0	0	
EDWARD P. BAIRD	1.	х						0	0	(
CLIVE S. CUMMIS	1.	Х						0	0	(
ROBERT J. DEL TUFO, ESQ.	1.	Х						0	0	(
ANITA FALLA, MD	<del>::</del> 1.	х						0	0	
KIM FENESY, DMD	<del>''</del> 1.	X						0	0	
BRUCE A. HARRIS, ESQ.	<u>'</u> -	X				-		0	0	(
DEAN JANEWAY	1.	X						0	0	(
MURRAY KUSHNER		×								
CARMINE LOMONACO, DDS		×						0	0	(
CARY MANTELL, DO	1. 1.	×		Н				0		(
IRA P. MONKA, DO		×						0	0	(
JOSEPH L. MUSCARELLE	1. 1.	^X						0	0	(

Name and title	Average hours per week				k all ti	hat ap	ply)	Reportable	Donodobio	1	_	
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cc	Estimat amount other ompens from the organiza and rela iganizat	et of er sation he ation ated
WILLIAM F OWEN, JR., MD		х						o	(	0		0
ROBERT W. PARSONS, JR.	1.							0		0		0
ROBERT M. PIMIENTA	1							0				0
TIMOTHY M. RING	1							0				0
BRIAN PERKINS	1							0				
ANTHONY R. VOLPE, DDS												0
ROBERT W. PIERCE, II	1.							0	(			0
NANCY SIERRA, MD	1						<u> </u>	0				0
JAMES GOLUBIESKI PRESIDENT	20			×				220 542		0		70 297
AGGIE WORTHINGTON V.P. FINANCE	30			<del>  ^</del>	×			320,512				
ELIZABETH KETTERLINUS V.P. DEVELOPMENT	5				x	<del> </del>		180,404	-			35,075
JUNE HAMPSON								0	187,496			59,124
V.P. DEVELOPMENT DENISE GAVALA	5				X			0				57,152
V.P. DEVELOPMENT  1b Total	5				<u>X</u>	<u> </u>	_	756,105				50,364 37,015
2 Total number of individuals (including the	se in 1a) who rec	eived	mor	e tha	an \$	100,0	000 i					<i>71</i> ,0 10
organization ► 7	<del></del>	-	,							$\neg$	Yes	No
3 Did the organization list any former office											168	
employee on line 1a? <i>If "Yes," complete</i> \$  4 For any individual listed on line 1a, is the										3		X
the organization and related organizations	s greater than \$15	50,00	0? //	"Ye	s," c	отр	lete S	Schedule J for s		4	X	
5 Did any person listed on line 1a receive o	r accrue compens	satior	n fror	n an	y un	relat	ed o	rganization for				
services rendered to the organization? <i>If</i> Section B. Independent Contractors	Yes, complete S	cned	iuie .	J for	suci	n per	son		· · · · · · · · · · · · · · · · · · ·	5		Х
Complete this table for your five highest of compensation from the organization.	ompensated inde	pend	lent d	contr	acto	rs th	at re	ceived more tha	n \$100,000 of			
(A) Name and busines	e addrese						Γ	(B) Description of ser	ucos.		(C) ensatio	
NONE							-	Description of ser	nces	Comp	CIISAUO	<u>""                                   </u>
												C
	<del> </del>											0
							<del> </del>					0
2 Total number of independent contractors	(including these :	- 4) .					Ц	<del></del>				0

Part	VIII	Statement of Revenue							
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22 0	1a	Federated campaigns	. 1a	1	0				
ᄪ	b	Membership dues			0				
요 [				<del></del>					
E P	C	Fundraising events			0				
ig ig	đ	Related organizations			0				1
S, E	e	Government grants (contributions) .		<del>\</del>	0				
를 돌	f	All other contributions, gifts, grants,		1					
혈휲		similar amounts not included above			1,772,452				
늘	g	Noncash contributions included in lit	nes 1a-1f:	\$	0				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f				1,772,452			
					Business Code				
Program Service Revenue	2a					0			
9,6	_					0	<del></del>	<del> </del>	
e	b							<del> </del>	<del></del>
울	C					0		<del>                                     </del>	
S	d					0		ļ <u> </u>	
Ę	е					0			
og	f	All other program service revenue.		.		0			
4	g	Total. Add lines 2a-2f			🕨	0			
	3	Investment income (including divide							
	_	other similar amounts)				2,095,585			2,095,585
	4	Income from investment of tax-exem				2,090,383			2,090,000
						0		<del>                                     </del>	
	5	Royalties				<u> </u>		}	<del> </del>
	_	}	(ı) Rea	!!	(ii) Personal				
	6a	Gross Rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)	<u></u>		<u> </u>	. 0			
	7a	Gross amount from sales of	(ı) Securi	ties	(II) Other				
		assets other than inventory		0	0				j
	b	Less: cost or other basis							1
	_	and sales expenses		0	0				
	С	Gain or (loss)		0	0				
		Net gain or (loss)				0			l
	d	- · · · ·		٠		U		<del> </del>	
<u>o</u>	ъа	Gross income from fundraising							
ĭ		events (not including \$							
) Ke		of contributions reported on line 1c).							
æ		See Part IV, line 18							]
ē	b	Less: direct expenses		. b	0				
Other Revenue	С	Net income or (loss) from fundraisin	g events .		•	0			_
•	9a	Gross income from gaming activities	S.						
		See Part IV, line 19		а	n				ļ
	h	Less: direct expenses							1
		Net income or (loss) from gaming a				0	<del> </del>		
			Suvines .			<u>-</u>		<del> </del>	
	iva	Gross sales of inventory, less							
		returns and allowances							Í
		Less: cost of goods sold							
	<u>C</u>	Net income or (loss) from sales of in	ventory.			0			ļ
		Miscellaneous Revenue			Business Code		·····		
	11a	SETTLEMENTS PRIOR CLASS AC	TION SUI	TS.	900099	10,396			10,396
	b					0			]
	С					0			
	d	All other revenue			<del>-</del>	0			
	e	Total. Add lines 11a–11d				10,396			<del> </del>
	_					10,380			<del>                                     </del>
	12	Total Revenue. Add lines 1h, 2g, 3,	-		·			_	
		9c, 10c, and 11e	<u></u>	<u> </u>	<u></u> ▶	3,878,433	(	o  <u> </u>	2,105,981

# 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column	(A) but are not rec	ulred to complete	columns (B), (C), an	u (D).
	not include amounts reported on lines 6b, 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 governments and				
•	organizations in the U.S. See Part IV, line 21	5,436,974	5,436,974		
2	Grants and other assistance to individuals in	0,400,014	5,435,514		
-	the U.S. See Part IV, line 22	ا			
3	Grants and other assistance to governments,				
J	<del>-</del>				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			<del></del> -
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	648,400		648,400	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	1,257,917		1,257,917	
8	Pension plan contributions (include section 401(k)	,,=,,,,,,			
_	and section 403(b) employer contributions)	172,334		172,334	
9	Other employee benefits	108,750		108,750	
10	Payroll taxes	64,109	<del></del>		
11		04,109		64,109	
	Fees for services (non-employees):	_			
a	Management	0			
b	Legal	55,562		55,562	
C	Accounting	59,725		59,725	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	530,115		530,115	
g	Other	182,056		179,039	3,017
12	Advertising and promotion	118,328		118,328	
13	Office expenses	85,352		85,352	
14	Information technology	74,350		74,350	
15	Royalties	0		7 7,000	
16	Occupancy	370,177		370,177	
17	Travel	9,058		9,058	
18	Payments of travel or entertainment expenses	9,030		9,036	
10			1		
40	for any federal, state, or local public officials	0		1= 100	
19	Conferences, conventions, and meetings	15,495		15,495	<del></del>
20	Interest	0			
21	Payments to amiliates	0	0	0	0
22	Depreciation, depletion, and amortization	40,717	0	40,717	0
23	Insurance	90,679		90,679	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			İ	
	5% of total expenses shown on line 25 below.)				
а	SERVICE AND MAINTENANCE EQUIPMENT	45,439		45,439	
b		0		40,400	·
c		0			
d	•••••	0			<del></del>
-		<del></del>			<del> </del>
e	All other expenses MICCELLANGOUS	0			
7 T	All other expenses MISCELLANEOUS	13,060		13,060	
25	Total functional expenses. Add lines 1 through 24f	9,378,597	5,436,974	3,938,606	3,017
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
			<del></del>		

10a

Net Assets or Fund Balances

NEW JERSEY HEALTH FOUNDATION,	INC.			03-0430873 Page <b>1</b>
Balance Sheet		(A)	- 1	(B)
		Beginning of year		End of year
ash-non-interest-bearing		137,534	1	41,12
avings and temporary cash investments			2	
edges and grants receivable, net		8,823,306	3	8,087,92
counts receivable, net		0	4	
eceivables from current and former officers, nployees, or other related parties. Complete		0	5	
eceivables from other disqualified persons (	as defined under section			
958(f)(1)) and persons described in section				· · · · · · · · · · · · · · · · · · ·
art II of Schedule L		0	6	
otes and loans receivable, net		0	7	
ventories for sale or use			_8_	
repaid expenses and deferred charges	1 1	20,991	9	116,97
and, buildings, and equipment: cost basis	10a 178,217		- 1	
ess: accumulated depreciation. Complete	405	54.050	40-	70.44
art VI of Schedule D	10b 99,769	54,053	<del></del>	78,44
vestments–publicly traded securities		116,826,836 36,783,403	11 12	91,027,79 36,375,28
vestments–other securities. See Part IV, lin vestments–program-related. See Part IV, lin		30,763,403	13	30,373,20
tangible assets			14	<del></del>
ther assets. See Part IV, line 11		4,304,940		2,184,11
otal assets. Add lines 1 through 15 (must e		166,951,063	$\overline{}$	137,911,66
counts payable and accrued expenses		461,931	17	803,15
rants payable		2,261,104		6,522,48
eferred revenue			19	
ax-exempt bond liabilities		0	20	
scrow account liability. Complete Part IV of	Schedule D		21	
ayables to current and former officers, direc	tors, trustees, key			
mployees, highest compensated employees	•			
ersons. Complete Part II of Schedule L		0	22	
ecured mortgages and notes payable to unr	•	0	23	
nsecured notes and loans payable		0	<del></del>	
ther liabilities. Complete Part X of Schedule		317,766		7.005.04
otal liabilities. Add lines 17 through 25		3,040,801	26	7,325,64
rganizations that follow SFAS 117, check omplete lines 27 through 29, and lines 33				
nrestricted net assets		50,598,672	27	36,702,02
emporarily restricted net assets			28	
ermanently restricted net assets		113,311,590	29	93,883,99
rganizations that do not follow SFAS 117 nd complete lines 30 through 34.	', check here▶			
apital stock or trust principal, or current fund	ds		30	
aid-in or capital surplus, or land, building, or			31	
etained earnings, endowment, accumulated			32	
otal net assets or fund balances		163,910,262	33	130,586,02
otal liabilities and net assets/fund balances	<u> </u>	166,951,063	34	137,911,66

art	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to lines 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?	2c	Х	
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?	3a		×
b	If "Yes," did the organization undergo the required audit or audits?	3b		

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

		organization				•			Employe	r identificat	ion numb	er	
			H FOUNDATION						03-0430				
Par				narity Status (All or					t.) (see i	nstructio	ns)		
1ne (	orgar			ation because it is: (Pl rches, or association o					6\/4\/ <b>6</b> \/	i <b>x</b>			
2	Ħ			on 170(b)(1)(A)(ii). (At			eu III sec	1011 170(		·)·			
3	Ħ			nospital service organi		-	section	170/h\/1\	(A)(iii) (A	Attach Scl	hedule F	17	
4	Ħ			ation operated in conju								-	
•	_	hospital's na	me, city, and st	ate:							· ·		
5				r the benefit of a collect (Complete Part II.)	ge or univ	ersity ow	ned or ope	erated by	a govern	mental ur	nit descr	ibed	
6	Ш	A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	in sectior	170(b)(ʻ	1)(A)(v).				
7	X	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	y trust described	in section 170(b)(1)	( <b>A)(vi).</b> (C	omplete l	Part II.)						
9	$\Box$			y receives: (1) more th				om contrib	outions, n	nembersh	ip fees.	and q	oss
		receipts from	n activities relate	ed to its exempt function	onssub	ject to cer	tain exce	otions, an	d (2) no r	nore than	33 1/39	% of its	
				after June 30, 1975.						,			
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee <b>sectio</b>	n 509(a)(	<b>4)</b> . (see ii	nstructio	ns)	
11		An organizat	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of,	or to car	ry out th	е	
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
			_	at describes the type o				-	te lines 1				
	$\overline{}$	a Type	<del></del>	Type II c			tionally in	•			ype III-		
е	Ш			y that the organization on managers and othe									<b>~</b>
			section 509(a)(2		ii ulali Oli	e or more	publicly s	supported	organiza	ilions des	cribea ii	1 SECI	וזנ
f			zation received a , check this box	a written determination			it is a Typ	e I, Type	II, or Typ	e III supp	orting		
g		•	t 17, 2006, has	the organization acce			tribution f	rom any	of the				لبا
		• •		or indirectly controls,	either alo	ne or toge	ther with	persons o	described	in (ii)		Yes	No
		and (ii	i) below, the gov	verning body of the su	pported o	rganizatio	n?	·			11g(i)		
				person described in (i							11g(ii)		
h				y of a person describe ation about the organi							11g(iii)		
<u>h</u>	Name		1	(iii) Type of organization		organization	(v) Did y		(vi)	ls the	(vii)	Amount	of
(1)		of supported anization	(ii) EIN	(described on lines 1–9 above or IRC section		sted in your document?	the organ	nization in	organiza	tion in col		support	
				(see instructions))	governing	document		of your oort?		zed in the S?			
					Yes	No	Yes	No	Yes	No	<u> </u>		
													0
													0
						-							0
	-												0
Total	Ì				Ī	1			l	1			Λ

03-0430873 Schedule A (Form 990 or 990-EZ) 2008 NEW JERSEY HEALTH FOUNDATION, INC. Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 7,133,689 11,574,586 2,687,110 3,856,787 1,772,452 27,024,624 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total Add lines 1-3 . . . . . . . . . . . 7,133,689 11.574.586 2.687,110 3.856.787 1.772.452 27.024.624 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 13,819,670 Public support. Subtract line 5 from line 4. 13,204,954 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 . . . . . . . . . 7,133,689 11,574,586 2,687,110 3,856,787 1,772,452 27,024,624 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 2,064,998 1,391,590 2,302,304 2,408,689 2,095,585 10,263,166 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 62,571 98.318 150,517 311,406 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . 20,578 10,396 30,974 11 Total support. Add lines 7 through 10. 37,630,170 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage

16a	33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box
	and stop here. The organization qualifies as a publicly supported organization
b	33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
	box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how

Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . .

14

15

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . > 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%.

14

35.09%

69.77%

Par				ion 509(a)(2)	1		
	<ul> <li>(Complete only if you checked t</li> </ul>	he box on line	9 of Part I.)		·		
	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not		_	_			
	include any "unusual grants.")	0	0	0			0
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	0	0	0			0
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	0	0			0
5	The value of services or facilities	1					
	furnished by a governmental unit to the		ا	0			
6	organization without charge	0	0	<u>0</u>	0	0	0
-	Amounts included on lines 1, 2, and 3		- U		<u> </u>	U	0
, a	received from disqualified persons						0
b	Amounts included on lines 2 and 3			<del></del>			
-	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support						
					(4) 0007		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(a) 2004 0	<b>(b)</b> 2005	(c) 2006 0	(a) 2007 0	(e) 2008 0	(f) Total 0
9	Amounts from line 6						<del></del>
9	Amounts from line 6						<del></del>
9	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						0
9 10a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						<del></del>
9	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less						0
9 10a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses						0
9 10a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	0
9 10a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses			0	0	0	0
9 10a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.	0	0	0	0	0	0
9 10a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business	0	0	0	0	0	0
9 10a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0	0	0	0	0
9 10a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or	0	0	0	0	0	0 0
9 10a b c 11	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0 0
9 10a b c 11	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	0	0	0	0	0	0 0
9 10a b c 11	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0 0
9 10a b c 11	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0 0
9 10a b c 11	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organic payments and include gain or loss from the sale of capital assets (Explain in Part IV.).	0 0 ganization's firs	0 0 t, second, third	O O I, fourth, or fifth	0 0 tax year as a	0 0 section 501(c)	0 0 0 0 0 (3)
9 10a b c 11 12 13 14	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here.	0 0 ganization's firs	0 0 t, second, third	O O I, fourth, or fifth	0 0 tax year as a	0	0 0 0
9 10a b c 11 12 13 14 Sect	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here.	0 0 ganization's firs	O t, second, third	0 0 l, fourth, or fifth	0 tax year as a	0 section 501(c)	0 0 0 0 (3)
9 10a b c 11 12 13 14 Sect	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here. Stion C. Computation of Public Support	0 ganization's firs Percentage	0 t, second, third	O O I, fourth, or fifth	o tax year as a	0 section 501(c)	0 0 0 0 0 (3) • _
9 10a b c 11 12 13 14 Sect 15 16	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here. Lition C. Computation of Public Support Public support percentage from 2007 Scheduler.	ganization's firs	0 t, second, third	O O I, fourth, or fifth	o tax year as a	0 section 501(c)	0 0 0 0 (3)
9 10a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here. Stion C. Computation of Public Support Public support percentage from 2007 Schedution D. Computation of Investment Inc.	ganization's firs  Percentage olumn (f) divide ale A, Part IV-A ome Percent	t, second, third	O I, fourth, or fifth	tax year as a	section 501(c)	0 0 0 0 (3) • [
9 10a b c 11 12 13 14 Sect 15 16 Sect 17	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the orgonization, check this box and stop here. Stion C. Computation of Public Support Public support percentage from 2007 Schedution D. Computation of Investment Income Investment Income percentage for 2008 (line 8, calculation D. Computation of Investment Income percentage for 2008 (line 8).	ganization's firs  Percentage olumn (f) divide ale A, Part IV-A ome Percent 10c, column (f)	t, second, third d by line 13, co, line 27g.	0 I, fourth, or fifth	o tax year as a	section 501(c)  15 16	0 0 0 0 (3) • [
9 10a b c 11 12 13 14 Sect 15 16 Sect 17 18	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here. Sion C. Computation of Public Support Public support percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation	ganization's firs  Percentage olumn (f) divide alle A, Part IV-A ome Percent 10c, column (f)	t, second, third d by line 13, cc, line 27g. age divided by line 1V-A, line 27h	0 I, fourth, or fifth	0 tax year as a	section 501(c)  15 16  17 18	0 0 0 0 0 (3) ▶ □ 0.00% 0.00%
9 10a b c 11 12 13 14 Sect 15 16 Sect 17 18	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here.  Sion C. Computation of Public Support Public support percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation Of Investment Income percentage from 2007 Schedution D. Computation Of Investment Income percentage from 2007 Schedution D. Computation Of Investment Income percentage from 2007 Schedution D. Computation Of Investment Income percentage from 2007 Schedution D. Computation Of Investment Income percentage from 2007 Schedution D. Computation Of Investment Income percentage from 2007 Schedution D. Computation D. Computation D. Computation D. Computation D. Computation D. Computation D. C	ganization's firs  Percentage olumn (f) divide alle A, Part IV-A ome Percent. 10c, column (f) chedule A, Part tition did not che	d by line 13, co, line 27g. age divided by line 1V-A, line 27h eck the box on	O I, fourth, or fifth	on tax year as a	section 501(c)  15 16  17 18  nan 33 1/3% ar	0 0 0 0 0 (3) • [ 0.00% 0.00% 0.00%
9 10a b c 11 12 13 14 Sect 17 18 19a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here. Sion C. Computation of Public Support Public support percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation of Investment Income percentage from 2007 Schedution D. Computation	ganization's firs  Dercentage olumn (f) divide ale A, Part IV-A ome Percent 10c, column (f) chedule A, Part tition did not che top here. The	o t, second, third t, second, third tine 27g dine 27g divided by line IV-A, line 27h eck the box on organization qu	O  I, fourth, or fifth  Olumn (f))	o tax year as a	section 501(c)  15 16  17 18  nan 33 1/3% ard organization	0 0 0 0 0 (3) • [ 0.00% 0.00% 0.00%

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

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047 20**08** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name	of the organization		Employer	Identification number
	JERSEY HEALTH FOUNDATION, INC.		03-0430	
Part		or Advised Funds or Other Similar	Funds or Ac	counts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and o	lonor advisors in writing that the assets he	eld in donor ac	dvised
	funds are the organization's property, subje	ct to the organization's exclusive legal co	ntrol?	L Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	rant funds may	/ be
	used only for charitable purposes and not for	or the benefit of the donor or donor adviso	or or other	
	impermissible private benefit?	. <u> </u>		Yes No
Part	Conservation Easements. Comp	plete if the organization answered "Ye	s" to Form 99	90, 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.			ically important land area
	Protection of natural habitat			historic structure
	<del></del>		on or certified	mistoric structure
_	Preservation of open space			
2	Complete lines 2a–2d if the organization he	eld a qualified conservation contribution in	the form of a	conservation easement
	on the last day of the tax year.			I
_	Total number of companyation and company			Held at the End of the Year
a	Total number of conservation easements .			
b	Total acreage restricted by conservation ea Number of conservation easements on a ce		-	
c d	Number of conservation easements include			
3	Number of conservation easements include			the organization
3	during the taxable year	a, transferred, released, extinguished, or	terminated by	The organization
4	Number of states where property subject to	conceniation assement is located		
5	Does the organization have a written policy		tion violation	s and
3	enforcement of the conservation easements			
6	Staff or volunteer hours devoted to monitori			
7	Amount of expenses incurred in monitoring			
8	Does each conservation easement reported			<b>*</b>
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		Yes No
9	In Part XIV, describe how the organization i			
	balance sheet, and include, if applicable, th	•	•	
	the organization's accounting for conservati	<del>_</del>		
Parl	III Organizations Maintaining Collecti	ons of Art, Historical Treasures, or Oth	ner Similar As	sets.
	Complete if the organization answere	ed "Yes" to Form 990, Part IV, line 8.		
12	If the organization elected, as permitted und	der SEAS 116, not to report in its revenue	statement an	d halance sheet works of
	art, historical treasures, or other similar ass			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und	der SFAS 116, to report in its revenue sta	tement and ba	alance sheet works of art.
_	historical treasures, or other similar assets			
	service, provide the following amounts relat	•	-	•
	(i) Revenues included in Form 990, Part VI	II. line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works or			
_	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, I	ine 1		<b>▶</b> \$
	Assets included in Form 990, Part X			<b>▶</b> \$

Page	2

Part	Organizations Maintainin	g Collections of	Art, His	torical T	reasures, o	r Oth	er Similar A	sets (c	ontinu	ıed)
3	Using the organization's accession	and other records	. check a	ny of the	following that	are a	significant use	of its co	llectio	n
•	items (check all that apply):		,	.,						
а	Public exhibition		d $\square$	Loan	or exchange p	rogra	ıms			
b	Scholarly research		e □	Other		_				
С	Preservation for future genera	ations	_							
4	Provide a description of the organiz Part XIV.	ation's collections	and expla	ain how t	hey further the	e orga	anization's exe	mpt purp	ose in	
5	During the year, did the organizatio	n solicit or receive	donation	s of art. h	nistorical treas	ures.	or other simila	ır		
	assets to be sold to raise funds rath								es 🔲	No
Part	Trust, Escrow and Custo Part IV, line 9, or reported	_		•	•	ans	wered "Yes"	o Form	990,	
1a						or ot	her assets not			
	included on Form 990, Part X?							Y	es 🔲	No
b	If "Yes," explain the arrangement in	Part XIV and con	plete the	following	table:	_				
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance									0
2a	Did the organization include an amo								es X	No
	•		, Fait A, II	HEZIY.		• •		Ш"	; <u>s</u> [^]	NO
	b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.									
Fait	Endownient Funds. Com									hast
4.	Danisaina afarana batanan	(a) Current year	(b) Pro	or year	(c) Two years b	ack	(d) Three years ba	CK (0) FC	ur years	Dack
1a	Beginning of year balance	158,606,697			· · · · · · · · · · · · · · · · · · ·		<del></del>			
b	Contributions	1,644,679								
C	Investment earnings or losses	-23,224,076								
d	Grants or scholarships	-3,574,146					····			
е	Other expenditures for facilities							Ì		1
	and programs	-349,436								
f	Administrative expenses	-4,402,949								
g	End of year balance	145,353,831								
2	Provide the estimated percentage of	of the year end ba	ance held	as:						
а	Board designated or quasi-endowm	ent •	29%							
b	Permanent endowment	71%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in t	he possession of	the organi	ization th	at are held an	d adr	ninistered for t	he		
•	organization by:							I	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related org							3b		<u> </u>
4	Describe in Part XIV the intended u		•			• •		<u> </u>		L
Part						V lin	0.10			
rait										
	Description of investment	(a) Cost or of (investment)	nent)		st or other s (other)	(c) [	Pepreciation	(a) Bo	ok value	
1a	Land	·	0		0					0
þ	Buildings		0		0		0			0
C	Leasehold improvements		0		80,015		56,066		2	3,949
d	Equipment		0		98,202		43,703		5	4,499
e_	Other		0		0		0			0
Total	I. Add lines 1a-1e. (Column (d) shou		O, Part X.	column (	B), line 10(c).	)	•		7	8,448
		<del></del>								

Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products	32,567,172	END OF YEAR MARKET VALU	E
Closely-held equity interests	525,000		
Other PRIVATE EQUITY INVESTMENT	3,283,113	END OF YEAR MARKET VALU	
	0		<del></del>
	0		<del>_</del>
	0		
	0		
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	0		
	0		
	0	<del></del>	
	0		<del> </del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	36,375,285	<del></del>	
Part VIII Investments—Program Relate			······
			ration
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	0	<u> </u>	
	0	·	
	0		<del></del>
	0		
	0		
	0		
	0	<del>                                </del>	
	0		
	0		
	0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13 ) ▶	0		
Part IX Other Assets. See Form 990, P	art X, line 15		
	a) Description		(b) Book value
AMOUNT DUE FROM FOUNDATION OF THE UN	IIVERSITY OF MEDICINE A	AND DENTISTRY OF NJ	2,184,117
			0
		<u> </u>	0
			0
			0
			0
			0
			0
		-	0
•			0
Total. (Column (b) should equal Form 990, Part X	, col. (B) line 15.)		2,184,117
Part X Other Liabilities. See Form 990			<u> </u>
(a) Description of liability	(b) Amount	-	
Federal income taxes		0	
Today weeks to to to to to to to to to to to to to		<del>-  </del>	
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		_0	
	<del></del>	_0	
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		Ol	

In Part XIV, 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.

Sched	ule D (Form 990) 2008		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ents	
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,878,433
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,378,597
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,500,164
4	Net unrealized gains (losses) on investments	4	-25,319,661
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,504,414
9	Total adjustments (net). Add lines 4–8	9	-27,824,075
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-33,324,239
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	
1	Total revenue, gains, and other support per audited financial statements		1 -21,441,228
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	61	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	$\neg$	
d	Other (Describe in Part XIV)	$\neg$	-
e	Add lines 2a through 2d		<b>2e</b> -25,319,661
3	Subtract line 2e from line 1		3 3,878,433
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	0,070,400
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	_	
c	Add lines 4a and 4b	$\dashv$	4c 0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5 3,878,433
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements		1 9,378,597
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	0,070,007
a	Donated services and use of facilities		
b	Prior year adjustments	$\dashv$	
C	Losses reported on Form 990, Part IX, line 25	$\dashv$	
d	Other (Describe in Part XIV)	$\dashv$	
	Add lines 2a through 2d		20
e		_	2e 0 3 9,378,597
3	Subtract line 2e from line 1	⊢	9,376,397
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	$\dashv$	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b		4c 0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<b>5</b> 9,378,597
Par	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. T.V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE INVESTED AND MANAGED TO		
PRC	VIDE SCHOLARSHIPS, FELLOWSHIPS, FACULTY CHAIR SUPPORT, RESEARCH FUNDING A	ND C	OTHER PROGRAM
SUP	PORT AS SPECIFIED IN THE INDIVIDUAL DONOR AGREEMENTS.		
PAR	T XI, LINE 8: \$ (1,103,411) PROVISION FOR UNCOLLECTIBLE PLEDGES.		
PAR	T.X., LINE 8: \$ (1,401,003) OPERATING FUNDS TRANSFERRED TO FOUNDATION UMDNJ NE	T OF	COST RECOVERY
FEE			•••••
			•••••

	NEW JERSEY HEALTH FOUNDATION, INC.	03-0430873	
Schedule D (For	n 990) 2008		Page 5
Part XIV	Supplemental Information (continued)		
		•••••••	
		• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
		••••••	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

NEW JERSEY HEALTH FOUNDATION, INC.

Part I

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

	OMB No 1545-0047
	0000
	Open to Public
	Inspection
Employer Identification number	n number

03-0430873

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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ntain records to s	substantiate the am	nount of the grants or a	ssistance, the grantee	s' eligibility for the grar	nts or assistance, and	[ ] [2
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	anization's proce	dures for monitorir	ig the use of grant func	ds in the United States.			. A res No
Part II Grants and Other	r Assistance to	Governments	and Organizations i	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	. Complete if the org	anization answered	l "Yes" on
Part IV and Schedule I-1 (Form 990) if additional	ule I-1 (Form 99		eceived more than \$5, space is needed	eceived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed.	if no one recipient re	sceived more than	55,000. Use
1 (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
UNIV. OF MEDICINE AND DENTISTRY OF NEW JERSEY	22-1775306		5,436,974	0			RESEARCH, SCHOLARSHIP AND
65 BERGEN ST., NEWARK, NJ	-		0	0			OTHER PROGRAM SUPPORT
			0	0			
	-		0	0			
	-		0	0			
			0	0			
	•		0	0			
			0	0			
	•		0	0			
			0	0			
			0	0			
	-		0	0			
	on 501(c)(3) and	government organ	zations			<b>A</b>	
3 Enter total number of other organizations	organizations.					•	0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part		vide the information r	required in Part I, line	to provide the information required in Part I, line 2, and any other additional information.	onal information.
GRANTS ARE AWARDED TO THE UNIVERSITY OF MEDICINE	F MEDICINE AND [	JENTISTRY OF NEW	JERSEY TO SUPPOF	IT SPECIFIC RESEARCH	AND DENTISTRY OF NEW JERSEY TO SUPPORT SPECIFIC RESEARCH AND TECHNOLOGY SUBJECT TO
GRANT SUBMISSION AND APPROVAL BY THE PROGRAM COMMITTEE. INVESTMENT INCOME FROM PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE USED.	COGRAM COMMIT	EE. INVESTMENT IN	ACOME FROM PERM	ANENTLY RESTRICTED !	ENDOWMENT FUNDS ARE USED!
ACCORDANCE WITH THE DONOR'S INTENT. AWARD LETTERS ARE SENT TO THE UNIVERSITY SPECIFYING THE AMOUNT OF THE GRANT, THE SPECIFIC	ARD LETTERS AR	E SENT TO THE UNIV	VERSITY SPECIFYING	S THE AMOUNT OF THE	GRANT, THE SPECIFIC
DEPARTMENT AND THE PURPOSE OF THE GRANT. FOR PROGRAM COMMITTEE GRANTS, FINAL PROGRAMMATIC REPORTS ARE SUBMITTED DETAILING THE USE	NT. FOR PROGRA	M COMMITTEE GRAN	NTS, FINAL PROGRAI	MMATIC REPORTS ARE	SUBMITTED DETAILING THE USE
OF THE FUNDING AND RESEARCH COMPLETED.					
	1			1	
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3 2 3 3 3 3 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

# **SCHEDULE J** (Form 990) ·

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection Employer identification number

NEW	/ JERSEY HEALTH FOUNDATION, INC.	03-0430873		_	
Pai					·
		· · · · · · · · · · · · · · · · · · ·		Yes	No
1a		provided any of the following to or for a person listed in Form to provide any relevant information regarding these items.		100	
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
ь	If line 1a is checked, did the organization follow a	written policy regarding payment or reimbursement or			
		If "No," complete Part III to explain	1b	<del></del> .	<del></del>
2	Did the organization require substantiation prior to		-12		
_		e Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza	tion uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all t	hat apply.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
	A Form 990 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990	Part VII Section A line 1a:			
·a		I payment?	4a		_x
b		ental nonqualified retirement plan?	4b		X
C		based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III.			
_	Only 501(c)(3) and 501(c)(4) organizations mus				
5	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of.		-		<del></del> -
a b			5a 5b		X
D	If "Yes" to line 5a or 5b, describe in Part III.		30		_^
6	For persons listed in Form 990, Part VII, Section A	line 1a, did the organization pay or accrue any			1
•	compensation contingent on the net earnings of:	, into ta, ala tito organization pay of about any			
а			6a		_X
b			6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes,"	describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII,				
		n Regs. section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	<u></u>	8		X

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			-   (					
(A) Name		(B) Base (II) compensation	(ii) Bonus & incentive	(iii) Other reportable compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)—(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
JAMES GOLUBIESKI	€ €	320,512	0.0	0 0	21,367	58,020	668 668	0
LAURA HARREL-CLEARY		136,417	000	000	9094	36,833	182,344	
DALE HEFFLER	€ €	118,772	00	00	7,918	32,068	158,758	000
AGGIE WORTHINGTON	€ €	180,404	0	0	12,027	23,048	215,479	0 0
ELIZABETH KETTERLINUS	€ €	187,496	00	0	12.500	56 624	256.62	0
JUNE HAMPSON	€€	151.938	0.0	0	10 129	0 47 023	906	0
DENISE GAVALA	€ €	0	0.0	0	0	0		
	€ €	0	0	0 0	0	0	221,841	0
	€	0	5 0	0	0 0	0	0 0	0
	€	0 0	00	0 0	00	0 0	00	00
	€ €	0	0	0	О	0	0	0
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Schedule J (Form 990) 2008 Ž

03-0430873

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part Supplemental Information for any additional information. Part III

# SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization Employer to

Employer Identification number

NEW JERSEY HEALTH FOUNDATION, INC. 03-0430873 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees** (F) (A) (B) (C) (D) (E) Position (check all that apply) Name and Title Average hours Reportable Reportable **Estimated** per week compensation compensation amount of Individual trustee or director Institutional trustee Key employee Highest compensated employee from from related other organizations the compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations LAURA HARREL-CLEARY **V.P. H.R.** 20 136,417 45,927 DALE HEFFLER V.P. COMMUNICATIONS 20. X 0 39,986 118,772 0 0 O 0 0 0 0 0 0 0 0 0 0. 0 0 0 0. 0 0 0 0 0 0 0. 0 0 0 0 0 0 0 0 0 0 0 0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0. 0 0

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### SCHEDULE L (Form 990 or 980-EZ)

# **Transactions With Interested Persons**

20**08** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

NEW JERSEY HEALTH FOLINDATION INC

Employer identification number

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958		<u>RSEY HEALTH FOUNDATION, I</u>								<u>-04308</u>	73			
1 (a) Name of disquisified person (b) Description of transaction (c) Corrected?  Yes No  2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  *** **  *** **  ** **  **  **  **  **	Part I										=7 De-	4 \ / Ii-	0.405	
1 (a) Name of disqualified person (b) Description of transaction Ves No		To be completed by organization	ins that an	swerea "Y	es on Fo	iin 990, Pa	it IV, line 25a	OF 250,	or For	111 990-	LL, Par	ιν, πη		
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  **S**  **To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a  (e) Name of interested person and purpose (b) Loan to or from (c) Ongnat (d) Balance due (e) In default? (g) Approved by board or committee?  **To From 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	(a) Name of disqualified person					(b) Description	n of trans	saction					г —
under section 4958 .													Tes	NO
under section 4958 .														
under section 4958 .		<del></del>							·				ļ	
under section 4958 .								<del></del>					<del>                                     </del>	1
under section 4958 .														ļ
under section 4958 .														
under section 4958 .														
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from 900, Part IV, line 28, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from 900, Part IV, line 28, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Shang of organization (e) Shang of or	2 En	ter the amount of tax imposed o	n the orga	anization	n manage	rs or disq	ualified pers	ons du	ring th	e year				
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from (c) Original the organization?  To From 0 0 0 0   Ves No Yes No Yes No Yes No O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												\$		
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose   (b) Loan to or from   (c) Ongnal principal amount   (d) Balance due   (e) In default?   (f) Approved by board or committee?   (f) Amount of com	3 En	ter the amount of tax, if any, on	line 2, ab	ove, rein	nbursed b	y the orga	anization .				. •	\$		
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose   (b) Loan to or from   (c) Ongnal principal amount   (d) Balance due   (e) In default?   (f) Approved by board or committee?   (f) Amount of com														
(a) Name of interested person and purpose the organization? (b) Loan to or from the organization? (c) Ongmal principal amount (d) Balance due the organization? (e) in default? (f) Approved by board or committee	Part II							_						
the organization?		To be completed by organization	ns that an	swered "Y	es" on Fo	m 990, Pa	rt IV, line 26,	or Form	1 990-E	Z, Part	V, line	38a	,	
Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organizations (b) Relationship between interested person and the organizations (c) Amount of grant or type of assistance organizations (d) Description of transaction (e) Shanning of organization of transaction (b) Relationship between interested person and the organization organization (e) Relationship between interested person and the organization (b) Relationship between interested person and the organization (c) Amount of grant or type of assistance organization (d) Description of transaction (e) Shanning of organization organization (e) Shanning of organization organization (f) Relationship between interested person and the organization organization (h) Relationship between interested person and the organization organization (h) Relationship between interested person and the organization organization (h) Relationship between interested person and the organization organization organization (h) Relationship between interested person and the organization orga	(a) Na	me of interested person and purpose					(d) Balance	due	(e) in (	default?	(f) App	proved		
To From			the orga	nization?	principa	amount			1				agree	ement?
Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization functions that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization functions that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization functions are also functions and the organization functions are also functions and the organization functions and the organization functions are also functions and the organization functions are also functions and the organization functions are also functions and the organization functions are											comm	iittee?	ļ	
Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance  Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (c) Amount of transaction (d) Description of transaction organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ. TRUSTEE IS PARTNER  91,699 LEGAL SERVICE X  IN LAW FIRM.  0  0  0			То	From					Yes	No	Yes	No	Yes	No
Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance  Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization for transaction organization for transaction organization for transaction for transaction organization for transaction organization for transaction organization forganization for transaction organization for transaction for transaction organization for transaction for transaction organization for transaction					0		0					<u> </u>		
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Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organizations  (c) Amount of grant or type of assistance organization  (d) Description of transaction framework organizations or form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested Persons. (c) Amount of transaction framework organization framsaction organization organization organization framsaction organization		_			0		0							
Total						0		0	<u> </u>				<u> </u>	1
Part III   Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.    (a) Name of interested person   (b) Relationship between interested person and the organization   (c) Amount of grant or type of assistance		···				0		0					ļ	
Part IV Business Transactions Involving Interested Persons.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance organization  (d) Description of transaction (e) Sharing of organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance organization  (e) Sharing of organization fransaction  (e) Sharing of organization revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ. TRUSTEE IS PARTNER  91,699 LEGAL SERVICE  X  IN LAW FIRM.  0  0  0						0		0					ļ	L
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance organization  Part IV Business Transactions Involving Interested Persons.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance organization  (d) Description of transaction organizations from 990, Part IV, line 28a, 28b, or 28c.  (e) Sharing of organization organization  (e) Sharing of organization organization  (e) Sharing of organization organization  (e) Sharing of organization organization  (e) Sharing of organization organization  (e) Sharing of organization organization  (e) Sharing of organization organization  (e) Sharing of organization organiza	Total				<u> </u>			0					<u> </u>	
(a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of grant or type of assistance organization  (d) Amount of grant or type of assistance organization  (e) Sassing of interested person.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested Persons.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested persons.  (c) Amount of transaction organization organiza	Part III	•		_										
Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization organization (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ. TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X IN LAW FIRM. 0 0 0		To be completed by organiz	ations the	at answe	red "Yes"	on Form	990, Part IV	/, line 2	27.					
Part IV Business Transactions Involving Interested Persons.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction  (d) Description of transaction organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER  91,699 LEGAL SERVICE  X  IN LAW FIRM.  0		(a) Name of interested person	(b) F	Relationship	between in	terested per	son and the		(c) Amo	ount of gr	ant or ty	pe of as	sistance	•
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0					organiza	ation								
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0		<u>-</u>						<u> </u>						
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0														
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0								<u> </u>						
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0														
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0														
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X  IN LAW FIRM. 0 0 0														
(a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues?  Yes No  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER 91,699 LEGAL SERVICE X IN LAW FIRM. 0 0 0	Part IV	<b>Business Transactions</b>	Involvin	g Inter	ested Pe	ersons.								
Interested person and the organization  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER  91,699 LEGAL SERVICE  X  IN LAW FIRM.  0  0		To be completed by organiz	ations that	at answe	red "Yes"	on Form	990, Part IV	<u>/, line 2</u>	28a, 28	3b, or 2	8c.			
Interested person and the organization  SANDRA BROWN-SHERMAN, ESQ.  TRUSTEE IS PARTNER  91,699 LEGAL SERVICE  X  IN LAW FIRM.  0  0  0		(a) Name of interested person	(b) Re	elationship	between	(c) A	mount of	(d	) Descri	ption of t	ransacti	on	(e) Sh	anna of
Yes   No								1		•				-
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# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NEW JERSEY HEALTH FOUNDATION, INC.	03-0430873
Form 990 Part VI Section SECTION A Line 10 FORM 990 IS COMPILED BY THE CORE SERV	VICES DEPARTMENT WITH
OVERSIGHT FROM THE VICE PRESIDENTS OF FINANCE, HUMAN	
RESOURCES AND ADMINISTRATION AND COMMUNICATIONS. THE INFORMATION IS SE	NT TO AN
OUTSIDE TAX PROFESSIONAL WHO REVIEWS THE INFORMATION AND	
COMPLETES THE RETURN. THE COMPLETED RETURN IS REVIEWED BY	
THE CHIEF EXECUTIVE OFFICER AND THE PRESIDENT MODIFICATIONS TO	
THE RETURN ARE MADE BASED ON THOSE REVIEWS THE AUDIT AND	
COMPLIANCE COMMITTEE REVIEWS THE RETURN AND PROVIDES ANY	
ADDITIONAL COMMENTS AND RECOMMENDATIONS THE 990 IS THEN	
FINALIZED AND SENT TO THE FULL BOARD OF DIRECTORS.	
Form 990 Part VI Section SECTION B Line 12C ALL OFFICERS AND DIRECTORS MUST CO	MPLETE A CONFLICT OF
INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS. IN ADDITION, ALL INDIVIDUALS	
COMPLETING THE QUESTIONNAIRE ACKNOWLEDGE BY SIGNATURE THAT THEY	
AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY AND WILL	
UPDATE THE INFORMATION PROVIDED IN THE EVENT OF ANY CHANGES	
Form 990 Part VI Section SECTION B Line 15 THE COMPENSATION COMMITTEE, CONSIST	ING OF THE VICE CHAIR, CHAIR
OF THE FINANCE COMMITTEE, AND CHAIRMAN OF THE BOARD MEET	
ANNUALLY TO REVIEW AND APPROVE THE COMPENSATION OF THE	
PRESIDENT AND OFFICERS OF THE ORGANIZATION. THE FINANCE	
COMMITTEE APPROVES THE RECOMMENDATION OF THE COMPENSATION	
COMMITTEE THE PROCESS INCLUDES REVIEW AND APPROVAL BY THE	
COMPENSATION AND FINANCE COMMITTEES, THE USE OF COMPARABLE	
COMPENSATION INFORMATION, CONTEMPORANEOUS DOCUMENTATION	

AND RECORDKEEPING

Schedule O (Form 990) 2008	
Name of the organization	Employer identification number
NEW JERSEY HEALTH FOUNDATION, INC	03-0430873
•••••••••••••••••••••••••••••••••••••••	
Form 990 Part VI Section SECTION C Line 19 FINANCIAL STATEMENTS ARE AVAILA	ABLE ON THE ORGANIZATION'S
WEBSITE, WWW.NJHEALTH FOUNDATION.ORG. ADDITIONALLY, THEY ARE	
PROVIDED UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT	
OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE R (Form 990)

**A** 

Department of the Treasury Internal Revenue Service

Name of the organization

NEW JERSEY HEALTH FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

Open to Public OMB No 1545-0047 2008 Inspection

Employer identification number

03-0430873

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

(F) Direct controlling (F) Direct controlling 0 FOUNDATION 625,000 NEW JERSEY entity **OHEALTH** 509(A)(3), TYPE 1/N/A 0 o 0 Public chanty status (if section 501(c)(3)) End-of-year assets Θ ᅙ 0 0 0 0 (D) Exempt Code section (D) Total income 501(C)(3) (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) <u>ပ</u> Z 3 Primary activity Primary activity **NVESTMENTS FUND RAISING** <u>@</u> <u>@</u> Identification of Related Tax-Exempt Organizations 120 ALBANY STREET, TOWER II, NEW BRUNSWICK, NJ 08901 120 ALBANY STREET, TOWER II, NEW BRUNSWICK, NJ 08901 FOUNDATION VENTURE CAPITAL GROUP, LLC 03-0430873 (A) Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Identification of Disregarded Entities FOUNDATION OF UMDNJ 23-7313160 Part II Partl

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 NEW JERSEY HEALTH FOUNDATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(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 1085)	(J) General or managing partner?
								Yes No		Yes No
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						0	0		0	
						0	0		0	
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Part IV Identification	of Related Orga	ınization	s Taxable as a	Identification of Related Organizations Taxable as a Corporation or Trust	Trust					
Name, address, and E	(A) Name, address, and EIN of related organization	و	(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
			:					0	0	%
			••					0	0	%
								0	0	%
								0	0	%
			:					0	0	%
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								0	0	%
									Schedule R (Form 990) 2008	ım 990) 2008

# Part V

# Transactions With Related Organizations

lote	Note Complete line 1 if any entity is listed in Parts II II or IV		>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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?	arts II–IV?	2	-	2
æ	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.		1a	ľ	×
Ω	Gift, grant, or capital contribution to other organization(s)		1b	×	×
ပ	Gift, grant, or capital contribution from other organization(s)		<del>1</del>	×	×
O	Loans or loan guarantees to or for other organization(s)		1d	×	l_
0	Loans or loan guarantees by other organization(s).		1e	×	۷
				_	
•	Sale of assets to other organization(s)	·	14	×	_
0	Purchase of assets from other organization(s)		10	<u>×</u>	Ļ
도	Exchange of assets		#	ľ	Ļ
-	Lease of facilities, equipment, or other assets to other organization(s)		1i	×	Ļ
-	Lease of facilities, equipment, or other assets from other organization(s)		1,	×	
¥	Performance of services or membership or fundraising solicitations for other organization(s).		1k X		
-			11 X		
Ε			1m	×	IJ
_	Sharing of paid employees		1n	<u>×</u>	
0	Reimbursement paid to other organization for expenses.		10	×	
Ω.	Reimbursement paid by other organization for expenses.		1p	$\stackrel{\times}{ }$	
σ			19	×	
-	Other transfer of cash or property from other organization(s)		1-	×	
7	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	onships and transact	ion thresh	olds.	
	(A)	(9)	<u></u>		1
	Name of other organization(s)	Transaction	Amount involved	olved	
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		Schedule	Schedule R (Form 990) 2008	90) 20(	8

Page 4

# Unrelated Organizations Taxable as a Partnership Part VI

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.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	nstructions regarding exc	dusion for certain in	vestmen	t partner	ships.					
(A)  Wante address on FIN 5 and 10	(B) Drawey, actualy	(C)	<u>(</u>		Chare of	(F)		(G)	(H)	, - 0
למונה לי מתתובסטי מונה בוני כו מונה לי		(state or foreign	partners		_	allocations?		amount in box 20	managing	5 60 c
		(6	organizations?	ns?			(Form 1065)	1065)		
			Yes	N <sub>o</sub>		Yes	No		Yes	8
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