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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC
% JAMES M STOTZ CPA MBA

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

50 PARK PLACE Suite 700

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

NEWARK, NJ 07102

F Name and address of principal officer

ILISE ZIMMERMAN
50 PARK PLACE
NEWARK, NJ 07102

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

52-1815234

E Telephone number

(973) 268-2280

G Gross receipts \$

9,157,395

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.PARTNERSHIPMCH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1992

M State of legal domicile

NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE ORGANIZATION'S MISSION IS TO PROVIDE QUALITY COST EFFECTIVE OUTREACH AND EDUCATION SERVICES FOR PREGNANT WOMEN, INFANTS, CHILDREN AND FAMILIES IN NORTHERN NEW JERSEY

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

38

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

38

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

154

6 Total number of volunteers (estimate if necessary)

6

7

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

b Net unrelated business taxable income from Form 990-T, line 34

7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

9,339,707

61,501

8,752

6,914

9,416,874

Current Year

9,056,503

52,376

13,930

2,270

9,125,079

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,204

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

36,271

0

7,382,737

0

1,719,102

9,138,110

278,764

Current Year

35,450

0

7,450,866

0

1,591,475

9,077,791

47,288

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

6,593,355

1,090,629

5,502,726

End of Year

6,227,729

677,715

5,550,014

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2017-10-09

Date

ILISE ZIMMERMAN EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Scott J Mariani

Scott J Mariani

Firm's name ▶ WithumSmithBrown PC

Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400

Phone no (973) 898-9494

Whippany, NJ 079811070

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$	770,139	including grants of \$	(Revenue \$	0)
See Additional Data					

4b	(Code) (Expenses \$	707,754	including grants of \$	(Revenue \$	0)
See Additional Data					



















4c	(Code) (Expenses \$	688,090	including grants of \$	(Revenue \$	0)
See Additional Data					

	(Code) (Expenses \$	6,673,106	including grants of \$	(Revenue \$	52,376)
OTHER PROGRAM EXPENSES					

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	6,673,106	including grants of \$	0) (Revenue \$	52,376)

4e	Total program service expenses	8,839,089			
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	10
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	154
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)?	4a	No
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	38	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	38	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, 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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NJ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► JAMES M STOTZ CPA MBA 50 PARK PLACE NEWARK, NJ 07102 (973) 268-2280

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, or 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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								511,761	0	57,348

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SPRINGBOARD PUBLIC RELATIONS, 4 HOBART STREET MARLBORO, NJ 07746	MEDIA CAMPAIGN	110,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b	1,072,649			
	c Fundraising events . . .	1c	22,045			
	d Related organizations	1d				
	e Government grants (contributions)	1e	7,909,004			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	52,805			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		9,056,503			
Program Service Revenue		Business Code				
	2a CONFERENCE INCOME	611710	5,784	5,784		
	b PROGRAM RELATED REVENUE	624190	46,592	46,592		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		52,376			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,930			13,930
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ 22,045 of contributions reported on line 1c) See Part IV, line 18	a 32,316				
	b Less direct expenses	b 32,316				
	c Net income or (loss) from fundraising events		0			0
	9a Gross income from gaming activities See Part IV, line 19	a 2,270				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities		2,270			2,270
	10a Gross sales of inventory, less returns and allowances	a 0				
	b Less cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		9,125,079	52,376			16,200

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	35,450	35,450		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	567,486	554,287	13,199	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	5,454,969	5,350,682	104,287	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	838,323	818,720	19,603	
10 Payroll taxes.	590,088	574,879	15,209	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	2,196	1,897	299	
c Accounting.	48,608	41,988	6,620	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	200,012	177,169	22,843	0
12 Advertising and promotion.	140,422	135,906	4,516	
13 Office expenses.	254,264	245,302	8,962	
14 Information technology.	18,711	18,087	624	
15 Royalties.	0			
16 Occupancy.	319,065	305,906	13,159	
17 Travel.	159,395	152,714	6,681	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	126,607	121,296	5,311	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	5,570		5,570	
23 Insurance.	49,510	47,468	2,042	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PROGRAM EXPENSES	188,002	182,016	5,986	0
b SUBSCRIPTIONS & LICENSES	37,797	36,594	1,203	0
c REPAIRS & MAINTENANCE	24,944	24,112	832	0
d OTHER EXPENSES	16,372	14,616	552	1,204
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	9,077,791	8,839,089	237,498	1,204
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,130	1	3,894
	2	Savings and temporary cash investments		5,441,199	2	4,875,101
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,012,410	4	1,303,411
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		96,761	9	7,538
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 83,957			
	b	Less: accumulated depreciation	10b 79,526	4,501	10c	4,431
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		33,354	15	33,354
16	Total assets. Add lines 1 through 15 (must equal line 34)		6,593,355	16	6,227,729	
Liabilities	17	Accounts payable and accrued expenses		513,505	17	291,239
	18	Grants payable		0	18	0
	19	Deferred revenue		577,124	19	386,476
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		0	25	0
	26	Total liabilities. Add lines 17 through 25		1,090,629	26	677,715
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		5,381,710	27	5,526,128
	28	Temporarily restricted net assets		121,016	28	23,886
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		5,502,726	33	5,550,014	
34	Total liabilities and net assets/fund balances		6,593,355	34	6,227,729	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,125,079
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,077,791
3	Revenue less expenses Subtract line 2 from line 1	3	47,288
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,502,726
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,550,014

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 52-1815234
Name: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

Form 990 (2016)

Form 990, Part III, Line 4a:

Expenses incurred in facilitating the organization's Healthy Start Program The goal of this program is to reduce disparities in infant mortality and adverse outcomes and to provide women, children and families with a healthy start in life by minimizing the barriers to obtaining prenatal care and a healthy birth outcome For additional information please refer to Schedule O for the organization's community benefit statement

Form 990, Part III, Line 4b:

Expenses incurred in facilitating the organization's Nurse Family Partnership ("NFP") Program THE NFP is an evidenced-based program based on the National NFP model. Registered nurses provide home visitation to first time mothers from Passaic County who are before their 28th week of pregnancy. Home visitation continues until the child's second birthday. Like the Healthy Families program, the NFP Program is designed to promote the health and well-being of pregnant women, their infants and young children through education and referrals to needed services. For additional information please refer to Schedule O for the organization's community benefit statement.

Form 990, Part III, Line 4c:

Expenses incurred in facilitating the organization's Passaic County Healthy Families/TIP Program This program is an evidence-based program based on the National Healthy Families model The program is designed to promote the health and well-being of pregnant women, parents/families and their infants and young children For additional information please refer to Schedule O for the organization's community benefit statement

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN GOLDSMITH ESQ CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
MARY MCTIGUE RNC MA CENP VICE CHAIR - TRUSTEE	1 0 0 0	X		X				0	0	0
ROCHELLE EVANS RN MS SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
SUSAN MARCARIO MA TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
NDIDI AMUTAH PHD MPH CHES TRUSTEE	1 0 0 0	X						0	0	0
JEFFREY BIENSTOCK MD TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL BIMONTE MD TRUSTEE	1 0 0 0	X						0	0	0
LILLIAN CAMACHO RN BSN TRUSTEE	1 0 0 0	X						0	0	0
CHARLES CASSER MBA TRUSTEE	1 0 0 0	X						0	0	0
PATRICIA CICCONE MPA TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAUREEN COCCARO RN MS TRUSTEE	1 0 0 0	X						0	0	0
MORRIS COHEN MD TRUSTEE	1 0 0 0	X						0	0	0
TAMARA CUNNINGHAM TRUSTEE	1 0 0 0	X						0	0	0
FRAN DRIGUN TRUSTEE	1 0 0 0	X						0	0	0
VALERIE FRENCH MBA BSN RNC TRUSTEE	1 0 0 0	X						0	0	0
LISA GITTENS-WILLIAMS MD TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL GREENE PHD TRUSTEE	1 0 0 0	X						0	0	0
VIVIAN HOLZER MBA TRUSTEE	1 0 0 0	X						0	0	0
FELICIA KARSOS TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL LAMACCHIA MD TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN MENDELOWITZ MPA RN TRUSTEE	1 0 0 0	X						0	0	0
DEBORAH MURRAY TRUSTEE	1 0 0 0	X						0	0	0
ATIF NAZIR DVM MS TRUSTEE	1 0 0 0	X						0	0	0
JOANNE PENN MA RN-C TRUSTEE	1 0 0 0	X						0	0	0
HAROLD PERL MD TRUSTEE	1 0 0 0	X						0	0	0
MICHELE PREMINGER MD TRUSTEE	1 0 0 0	X						0	0	0
PAUL QUINN PHD CNM RN-BC TRUSTEE	1 0 0 0	X						0	0	0
LEA RODRIGUEZ RN BSN MAS TRUSTEE	1 0 0 0	X						0	0	0
BEVERLY ROLSTON-BLENMANRNMA TRUSTEE	1 0 0 0	X						0	0	0
ELAINE RUHL MS ED TRUSTEE	1 0 0 0	X						0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SYBIL SCHREIBER DSW TRUSTEE	1 0 0 0	X						0	0	0
ARLENE STEINBACHER MSW TRUSTEE	1 0 0 0	X						0	0	0
LINDA TANTAWI TRUSTEE	1 0 0 0	X						0	0	0
HEATHER TUSTIN BSW CSW TRUSTEE	1 0 0 0	X						0	0	0
JENNIFER VAN VORT BA TRUSTEE	1 0 0 0	X						0	0	0
WENDY WARREN MD TRUSTEE	1 0 0 0	X						0	0	0
JENNIFER WATERS RN MSN TRUSTEE	1 0 0 0	X						0	0	0
CATHERINE YAXLEY CPA MBA RN TRUSTEE	1 0 0 0	X						0	0	0
DONNA AHEARN-DOWLING RN TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
CATHERINE AINORA FACHE TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA CASTELLANO BA TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
FRANK CUOCO MPA TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
EILEEN D'ALESSIO RN MSN TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
EMILIO FANDINO ESQ TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
CLAIRE GRANDE RN MS TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
YVE LAUTURE-JEROMERNCCEMAS TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
MARY ANNE MARRADNPRNNEA-BC TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
DEBRA PASCALI-BONARO BED CD TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
NANCY SANCHEZ TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
PAUL STUMPF MD FACOG TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS WARD RN BSN TRUSTEE (1/1/16 - 6/15/16)	1 0 0 0	X						0	0	0
ILISE ZIMMERMAN EXECUTIVE DIRECTOR	40 0 0 0			X				196,711	0	18,386
KATHERINE A COTSONAS CFO (1/1/16 - 2/15/16)	40 0 0 0			X				71,190	0	14,348
JAMES M STOTZ CPA MBA CFO (EFFECTIVE 2/16/16)	40 0 0 0			X				102,987	0	6,972
LILIANA PINETE CHIEF OPERATING OFFICER	40 0 0 0			X				140,873	0	17,642

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

52-1815234

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,439,413	8,754,958	9,693,674	9,339,707	9,056,503	42,284,255
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
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	5,439,413	8,754,958	9,693,674	9,339,707	9,056,503	42,284,255
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6.)						42,284,255

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	5,439,413	8,754,958	9,693,674	9,339,707	9,056,503	42,284,255
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,321	9,247	15,036	8,752	13,930	80,286
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	33,321	9,247	15,036	8,752	13,930	80,286
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,178	52,517	23,359	104,336	86,962	324,352
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,529,912	8,816,722	9,732,069	9,452,795	9,157,395	42,688,893
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.052 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	98.994 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.188 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.225 %
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493286009417									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>								
<div>Name of the organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC</div>				<div>Employer identification number 52-1815234</div>									
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>													
		(a) Donor advised funds		(b) Funds and other accounts									
1	Total number at end of year												
2	Aggregate value of contributions to (during year)												
3	Aggregate value of grants from (during year)												
4	Aggregate value at end of year												
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>								
<div>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>													
1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div><div><input type="checkbox"/> Preservation of an historically important land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>												
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year												
a	Total number of conservation easements	<table><tr><td>2a</td><td>Held at the End of the Year</td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a	Held at the End of the Year	2b		2c		2d	
2a	Held at the End of the Year												
2b													
2c													
2d													
b	Total acreage restricted by conservation easements												
c	Number of conservation easements on a certified historic structure included in (a)												
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register												
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►												
4	Number of states where property subject to conservation easement is located ►												
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►												
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$												
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements												
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>													
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items												
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items												
(i) Revenue included on Form 990, Part VIII, line 1		► \$											
(ii) Assets included in Form 990, Part X		► \$											
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items												
a	Revenue included on Form 990, Part VIII, line 1	► \$											
b	Assets included in Form 990, Part X	► \$											
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2016									

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,000	8,569	4,431
e Other		70,957	70,957	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,431

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

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

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

Part IX

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

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

Part X

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

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

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,179,937
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	22,542
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	32,316
e	Add lines 2a through 2d	2e	54,858
3	Subtract line 2e from line 1	3	9,125,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,125,079

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

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

1	Total expenses and losses per audited financial statements	1	9,132,649
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	22,542
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	32,316
e	Add lines 2a through 2d	2e	54,858
3	Subtract line 2e from line 1	3	9,077,791
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,077,791

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1815234
Name: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC ("THE PARTNERSHIP") FOR THE YEARS ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015, RESPECTIVELY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2016 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) THE PARTNERSHIP FOLLOWS THE PROVISION OF AUTHORITATIVE GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THIS GUIDANCE, THE PARTNERSHIP EVALUATES TAX POSITIONS REQUIRING RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE PARTNERSHIP HAS EVALUATED THE LIKELIHOOD OF THEIR TAX EXEMPT STATUS BEING CHALLENGED AS REMOTE ACCORDINGLY, AS OF DECEMBER 31, 2016, THE PARTNERSHIP HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE ORGANIZATION'S FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - SPECIAL EVENT EXPENSE - \$32,316

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XIII, LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - SPECIAL EVENT EXPENSE - \$32,316

<div>SCHEDULE G (Form 990 or 990-EZ)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC		Employer identification number 52-1815234

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	(event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	54,361			54,361
	2 Less Contributions	22,045			22,045
	3 Gross income (line 1 minus line 2)	32,316			32,316
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,831			1,831
	7 Food and beverages	6,337			6,337
	8 Entertainment	275			275
	9 Other direct expenses	23,873			23,873
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,316
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
52-1815234

Part I

General Information on Grants and Assistance

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations listed in the line 1 table

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

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 52-1815234
Name: THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH
OF NORTHERN NEW JERSEY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGEN FAMILY CENTER 44 ARMORY STREET ENGLEWOOD, NJ 07631	22-1487611	501(C)(3)	5,450				PROGRAM SUPPORT
CENTRAL JERSEY FAMILY HEALTH CONSORTIUM INC 2 KING ARTHUR COURT N BRUNSWICK, NJ 08902	22-3197191	501(C)(3)	15,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN NEW JERSEY PERINATAL COOPERATIVE 2500 MCCLELLAN BLVD PENNSAUKEN, NJ 08109	22-2371223	501(C)(3)	15,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
52-1815234

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ILISE ZIMMERMAN EXECUTIVE DIRECTOR	(i)	188,066 -----	0 -----	8,645 -----	0 -----	18,386 -----	215,097 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 LILIANA PINETE CHIEF OPERATING OFFICER	(i)	135,783 -----	5,000 -----	90 -----	0 -----	17,642 -----	158,515 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	AN INDIVIDUAL INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2016 WHICH WAS INCLUDED IN COLUMN B(II) HEREIN AND IN THE INDIVIDUALS 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493286009417
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY INC		Employer identification number 52-1815234	

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS	<p>Mission Statement ===== The Partnership for Maternal and Child Health of North ern New Jersey, Inc ("THE PARTNERSHIP") is a non-profit 501(c)(3) organization of healthc are professionals and consumers dedicated to providing education and increasing community awareness by facilitating collaboration among the private sector, the public sector, and m aternal and child healthcare providers for the delivery of high quality coordinated matern al and child healthcare The mission of the Partnership includes the following - To gathe r, analyze, interpret and report data AND identify needs for the development of a regional plan that contributes to the improvement of the maternal and child health needs in the re gion, - To decrease the disparities in healthcare outcomes between different socioeconomic and racial groups and eliminating the barriers to healthcare services for women and child ren, - To foster interdisciplinary communication, education and collaboration for the care of woman and children in the region, - To intensify efforts toward the improvement and pr evention of adverse maternal and child health outcomes by addressing community risk factor s, - To maintain a total quality improvement program relating to maternal and child health serviceS within the region, and - To secure multiple funding resources related to materna l and child health Programs ===== The Partnership provides many programs for individua ls within the communities they serve The information below includes current programs and initiatives of the organization for families, healthcare professionals and pregnant women (1) Programs for Families Shaping Dover ----- The Partnership received a two-year grant from the New Jersey Partnership for Healthy Kids/NJ YMCA through the New Jersey Hea lthy Communities Network The funds were used to create a new program called Shaping Dover Shaping Dover is a community health initiative that supports environmental and policy ch ange to improve the health of the people of Dover, New Jersey, by developing action plans that focus on increasing physical activity and promoting healthy food choices These plans include, but are not limited to, adding healthy foods to the menus of local restaurants a nd supermarkets and by educating the people of Dover about a healthy diet through communit y health and nutrition classes The plans also include encouraging exercise in the parks a nd community agencies Community partners from local government, education, social service s organizations and the broader community collaborate on the grant implementation THESE C OMMUNITY PARTNERS INCLUDE the Town of Dover, NORWESCAP Early Head Start, Head Start Commu nity Program of Morris County, Little Peoples Academy, El Primer Paso Day Care, Connect to Walk, Morris Parks Commission, SPAN, Prevention is Key, Salvation Army, Zufall Health Cen ter, Atlantic Health System, SNAP, Rutgers Cooperative Extension of Morris County, First P resbyterian Church, Proceed, S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS	<p>abor Latino Restaurant, Als Westside Restaurant, Reebook Restaurant, Dover Lions Club and Dover Rotary Club</p> <p>Community Health Worker ----- The Community Health Worker ("CHW") is a program of Improving Pregnancy Outcomes ("IPO") Initiative funded by New Jersey Department of Health The Partnership operates CHW programs in Hudson, Union and Passaic Counties The Community Health Worker program goals include - To conduct daily outreach educating the community about the services of the IPO program and assist community members to access health and social services by offering resources and case management, - The CHW will focus on supporting the preconception, prenatal/postpartum, and inter-conception women and their families with a strong focus on high-need women who are not currently engaged in healthcare or other supportive community services, - The CHWs offer frequent community education in the form of workshops, lectures and by maintaining a regular presence at community events and weekly outreach sites, - Community Health Workers will use a variety of methods, activities or strategies to increase knowledge and awareness, aim at facilitating health behavior change, improve perinatal outcomes and reduce infant mortality, and - Through their outreach efforts, CHWs refer consumers to the Central Intake program Central Intakes role is to increase screening, referral and linkage of pregnant women and women of child bearing age and other family members to needed services such as home visitation programs or to CHW case management Project Launch -----</p> <p>- Through a grant from the New Jersey Department of Children and Families to support the Project LAUNCH initiative in Essex County, the Partnership will offer parenting education classes to Irvington parents of children ages 5-8 using an evidence-based curriculum called Active Parenting 4th Edition This will be a 6 week (2 hours per day, one day per week) series for 10-15 parents per cycle which utilizes various video scenes as an effective learning tool for demonstrating solutions for common parenting challenges Central Intake ----- As part of the Partnership for Maternal and Child Health of Northern New Jersey, and funded by the New Jersey Department of Health and Senior Services, the Improving Pregnancy Outcomes initiative addresses the medical, social, and mental health of the community through the use of Community Health Workers ("CHW") and a Central Intake system Together, they are designed to have a significant and positive impact on the overall well-being of the county's residents The purpose of Central Intake is to increase screening, referrals and/or linkage of pregnant women and women of child bearing age to needed services within the county Central Intake will aid in accessing the most appropriate services in an efficient manner through referrals and follow-up It will also coordinate with outreach to locate women/families with out telephones to achieve contact</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS	<p>act for an initial assessment and medical care preconception Family Success Centers ----- Family Success Centers are neighborhood gathering places that work to em power families to succeed In partnership with families, Family Success Center staff provi de information, referrals, workshops, job readiness support and activities for families F amily Success Center services are free to everyone, and there are no eligibility requireme nts - all are welcome! The Partnership operates two Family Success Centers - The Irvingto n Family Development Center ("IFDC"), A Family Success Center serving residents of Irvingt on and surrounding communities, and - The Morris County Family Success Center, serving res idents of Dover and surrounding Morris County Healthy Families/TANF Initiative For Parent s -----</p> <p>----- Healthy Families/TANF Initiative for Parent s is a home visitation program that pairs trained Family Support Workers with pregnant wom en and young families During regular home visits, families learn about child development and parenting, identify their unique strengths and skills, and develop resiliency The Par tnerships Healthy Families/TANF Initiative for Parents programs serve Passaic, Essex, and Morris Counties Lead Poisoning Prevention ----</p> <p>----- The Lead Poisoning Pr evention Program works to eliminate childhood lead poisoning and maintain healthy and safe homes The programs educational services are geared toward children ages six and younger, their parents, and pregnant women The program coordinates four Childhood Lead Poisoning Prevention ("CLPP") Coalitions the Elizabeth Coalition (which includes Plainfield), the H udson County Coalition, the Morris/Sussex/Warren Coalition, and the Passaic/Bergen/Essex C oalition Coalition members include health officers, health inspectors, public health nurs es, community-based organizations, child care center staff and HMO representatives The Co alitions work to decrease lead exposure and access to non-lead paint sources, to help fami lies take steps to prevent lead poisoning, and to help families and homeowners maintain he althy and safe homes Childhood Lead Poisoning Prevention staff members are public health experts who can to provide the following services at community agencies - Free and exciti ng presentations to children 6 years and younger using the Elmo Lead Away video, - Free le ad prevention and healthy homes presentations/workshops to programs that serve children an d pregnant women, and - Free lead prevention and healthy homes presentations/workshops to tenants and property owners (owner-occupied and tenant-occupied units)</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>NJ Prep ----- The Partnerships New Jersey Personal Responsibility Education Program ("NJ PREP") aims to reduce the rates of teenage pregnancy and sexually transmitted infection ("STI") within the state The program educates young people between the ages of 10 and 19 o n abstinence and contraceptive methods to prevent teen pregnancy and/or STIs The primary goal of NJ PREP is teen empowerment AND training adolescents to reduce their risk of unplanned pregnancy and prevent HIV and other STIs NJ PREP helps communities with ongoing health education efforts by enabling teens to make safer and healthier decisions about their f utures NJ PREP benefits families and the community by instilling these qualities - A stronger sense of pride and responsibility in making a difference in their lives, - The need for healthy relationships throughout their lives, - A stronger intention to use safer sex practices should they choose to have sex, - Increased confidence in their ability to negot iate safer sex, - The ability to reduce incidences of HIV/STI risk-associated sexual behavior, and - Increased knowledge about prevention of pregnancy, STIs and HIV Parents As Teachers ----- Parents as Teachers is a home visitation program that pairs trained Parent Educators with pregnant women and young families During regular home visits, t he program provides family support, parent education and helps families build protective f actors Parents as Teachers uses a strengths-based approach to help families identify their own unique capabilities and skills Focus is placed on development-centered parenting and parent-child interactions The Partnerships Parents as Teachers programs serve families in Bergen and Morris Counties (2) Programs for Healthcare Professionals Zika Initiatives ----- The Partnership is proud to have joined the New Jersey Department of Health to implement Centers for Disease Control and Prevention grants related to the Zika virus This state wide initiative has two distinct aspects (A) The Infant Zika Surveillance P roject Rapid Ascertainment Working in conjunction with member hospitals, The Partnership will identify infants born with birth defects that could be related to the Zika virus The purpose of this portion of the project is to achieve rapid population based surveillance of these specific defects Data Abstraction The Partnership is responsible for reviewing cases and abstracting pertinent maternal and infant data for infants born with specific birth defects (B) The Zika Education Program Education Our Zika Health Educator tailors presentations for healthcare professionals and community members as well as provides up to d ate educational materials specific to the State of New Jersey Our one hour presentation i s available for Nursing Zika Kits The Health Educator will identify and evaluate barrier s to the distribution of the Zika Prevention Kits provided by the NJ Department of Health Regional Conference The conf</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>erence is geared towards professionals, including physicians, nurses, health educators and public health workers Five subject matter experts will present on different aspects of t he Zika virus Fetal Infant Mortality Review -----</p> <p>---- Fetal Infant Mo rtality Review ("FIMR") is a statewide public health surveillance program that reviews abs tractions of medical charts and summaries of interviews with mothers to identify potential contributing factors to fetal and infant death By identifying commonalities across cases , FIMR seeks to pinpoint areas that should be targeted by programs that work to reduce mor tality rates The FIMR program elicits detailed maternal child health information that inf orms public health programs, community and hospital-based services, and enables the design of responsive public health interventions Case Review Teams determine factors associated with each case and present trends and recommendations to a Community Action Team, which i dentifies specific areas of concentration for responsive community intervention FIMR serv ices are available to the entire Partnership service area, and there are opportunities to participate by serving on the Case Review Team or Community Action Team The Partnerships FIMR program is part of a statewide collaboration of the Department of Health and the thre e New Jersey maternal and child health consortia Components of the FIMR program include - Review of 90+ cases of fetal infant mortality annually, - Maternal interviews/home visit s for families that experienced a fetal or infant death, - Resource guide and materials fo r families that have experienced a fetal or infant death are available to providers and co mmunity members, - Phone support, education, resources and referral for families, - Multid isciplinary CRT that reviews blinded confidential case summaries, - Interdisciplinary coll aborate Community Action Team ("CAT") that reviews trends and recommendations from CRT to improve services and create public health interventions, - Perinatal bereavement education , and - Education on related topics and prevention initiatives The Partnership also colla borates with the Franois-Xavier Bagnoud ("FXB") Center at the Rutgers School of Nursing on a FIMR-HIV program conducted in the greater Newark area FIMR-HIV identifies opportunitie s for improvement in the delivery of health systems for women living with HIV and their in fants through a system of case abstraction, maternal interview, case review, and community action The FXB Center and the Partnership have been performing the Methodology in Newark since 2011 and have recently expanded the program to provide technical assistance to a ne w program located a Cooper University Hospital in Camden The program also compiled a reso urce guide to assist women living with HIV This comprehensive guide provides contact info rmation for programs offering HIV, mental health, substance abuse, and maternal child heal th services across the State o</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>f New Jersey to enable providers to identify appropriate resources for women living with HIV across disciplines</p> <p>Immunization Programs ----- Essex Metro Immunization Coalition ("EMIC") - EMICs goal is to educate both the public and healthcare workers about the safety, importance and benefits of immunizations across the lifespan - 40+ Member s meet quarterly to discuss immunization initiatives happening in Orange, East Orange, Irvington, Newark, and the immediately surrounding communities and to share educational opportunities and resources Adolescent Immunization Outreach - This initiative provides education and technical assistance for healthcare providers about adolescent immunizations, with a special focus on improving HPV vaccination coverage in our service region - A Nursing CEU on-site program is available to sites administering the HPV vaccine - Community education workshops are held and patient education materials are also distributed to community partner sites Protect Me with 3+ Campaign - Protect Me with 3+ is a video and poster contest for high school and middle school NJ students which aims to increase awareness for parents and youth about adolescent immunizations New Jersey Immunization Information System ("NJiIS") - NJiIS consolidates immunization information from all providers into one record to provide an accurate immunization assessment and eliminates the use of manual vaccine administration logs - A healthcare provider that immunizes children less than seven (7) years of age is required by State regulation to enroll as an authorized user of NJiIS and report vaccinations to NJiIS - The Partnerships Trainers and Recruiters train new users on how to use the registry and provide technical assistance for current users Quality Assurance Specialists help to ensure healthcare sites in the process of having their EHRs interface with the registry are reporting accurate data as their records link with the registry Hepatitis B Birth Dose Initiative - New Jersey has the 4th lowest Hepatitis B Birth Dose coverage rate in the U S - Patient education materials about the Hepatitis B Birth Dose and Hepatitis B during pregnancy are available in English, Spanish, and Chinese for distribution to healthcare sites working with pregnant women</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>Quality Assurance ----- The Quality Assurance ("QA") program provides Partnership member hospitals support for New Jersey's Vital Information Platform ("VIP") database. The VIP database produces birth certificates for all infants born in New Jersey. In addition, VIP includes more than 600 fields of health and demographic information for each birth. Together with its member hospitals, the Partnership monitors this data to identify trends in Maternal Child Health outcomes. Partnership staff provide VIP training to member hospital staff, develop custom reports for member hospitals, and coordinate VIP Users Group meetings with the goal of improving data quality. The Partnership also coordinates the Total Quality Improvement ("TQI") Committee. The TQI committee includes neonatologists, obstetricians, nurses from member hospitals AND NJ DOH representatives. Topics of Committee interest include non-compliance with rules regarding birth weight and gestational age, and trends in Cesarean Section, Breastfeeding, and disparities in birth outcomes.</p> <p>(3) Programs for Pregnant Women Healthy Start ----- The Healthy Start Programs goal is to reduce disparities in infant mortality and adverse outcomes and to provide women, children and families with a healthy start in life by minimizing the barriers to obtaining prenatal care and a healthy birth outcome. Healthy Start identifies women of childbearing age and their families, who may be disenfranchised from the traditional healthcare system through door-to-door canvassing, targeted outreach, and free pregnancy testing. Some core components of the program include 1) comprehensive case management and linkages to social services, 2) psycho-social assessments and counseling, 3) health insurance enrollment, 4) home visits, 5) support groups, and 6) health promotion and education utilizing evidence-based curricula for childbirth and child development, parenting and fatherhood involvement. Healthy Start also utilizes a Community Action Network ("CAN") comprised of program participants, community stakeholders, and local agencies with the shared vision to improve perinatal outcomes in Essex County and achieve collective impact. The program serves pregnant women and parents with children up to two years of age and their families, residing in Irvington and Newark (zip codes 07102, 07106, 07108, 07112), New Jersey.</p> <p>Nurse Family Partnership ----- The Nurse Family Partnership ("NFP") is an evidence-based program that partners first-time moms with nurse home visitors. Women enrolled in the program are visited by a specially trained, registered nurse throughout the pregnancy and until the baby turns two years old. During these visits, a nurse will offer knowledge and support women need to confidently create a better life for themselves and their baby. The Nurse-Family Partnership goals include - Improve pregnancy outcomes by helping women engage in good preventive health practices including</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>receiving routine prenatal care, improving their diet, and reducing their use of cigarette s, alcohol, and illegal substances, - Improve child health and development by helping pare nts provide responsible and competent care, - Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work, and - To enroll in the Nurse-Family Partnership program, the client must meet the following requirements Pregnant with her first child, l n early pregnancy before 28 weeks gestation and Meet income and residency requirements Th e Partnership operates Hudson, Union, Passaic and Bergen Counties NFP programs These prog rams are supported through a combination of state and federal funding from the New Jersey Department of Children and Families Perinatal Addictions Prevention Project ----- The Perinatal Addictions Prevention Project ("PAPP") focuses on improving birth outcomes by reducing the number of infants exposed to substances in utero The project has three main components - The first component involves working with prena tal care providers in Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, and Warren Co unties to ensure all pregnant women are screened for their drug, alcohol and/or tobacco ri sk using either the 4 Ps Plus or the Perinatal Risk Assessment ("PRA") - The second compo nent is education PAPP staff present educational programs about Fetal Alcohol Syndrome ("FAS"), Fetal Alcohol Spectrum Disorder ("FASD"), the effects of drugs and tobacco on the f etus, and substance abuse prevention for community groups, treatment programs and professi onals Staff also distribute educational brochures to prenatal care providers and consumer s at community health fairs and events - The third component is networking and being a co mmunity resource Women identified with a substance abuse problem who need a referral to a treatment program at the appropriate level of care can contact the Perinatal Addictions P revention Project staff A Directory of Services is provided to all healthcare providers i n the eight-county region serviced by the Partnership The Perinatal Addictions Advisory C ommittee, consisting of prenatal care providers, substance abuse treatment providers, comm unity members and PAPP staff, meets quarterly to identify community needs, barriers to tre atment, available treatment programs for pregnant women Perinatal Mood Disorders ----- The Perinatal Mood Disorders Initiative, also known as the Postpartum Dep ression ("PPD") program, began in 2006 after New Jersey became the first state in the coun try to pass a law mandating universal screening, education and referral for PPD in all hos pitals offering in-patient obstetric services The PPD program collaborates with member ho spitals, health centers, mental health clinicians and community-based organizations in Ber gen, Essex, Hudson, Morris, Pa</p>

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Return Reference	Explanation
CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	<p>ssaic, Sussex, Union and Warren Counties to support the emotional well-being of women during the perinatal period. The programs goals are to - Provide PPD education to healthcare providers on its signs and symptoms and screening methods and information on local perinatal mental health resources, - Raise PPD awareness and provide information about hospital and community referrals to assist women and their families, - Support member hospitals and community-based organizations by establishing new mothers groups, - Provide a continuum of care during the perinatal period by conducting follow-up phone calls to at-risk mothers to ensure they are connected to mental health services and/or support groups, - Monitor, collect and analyze member hospital PPD screening data, and - Maintain an updated listing of regional support groups and a directory of perinatal mental health providers.</p> <p>Professional Education ===== The Partnerships Professional Education Program provides credit bearing educational programs to health professionals including physicians, nurses, social workers, public health professionals and health educators throughout the Partnerships eight county service area. Educational offerings range from one hour traveling programs or webinars, to half and full day conferences. The Partnership is an Approved Provider of nursing and public health credits. The organization provided the following professional education programs during the 2016 calendar year - Current Management of Intrauterine Death, - Supporting Victims of Domestic Violence, Sexual Assault and Child Abuse. Principles for Public Health Professionals, - The Importance of Grief Support Groups for Staff Working with Perinatal Families, - The Importance of Grief Support Groups for Staff Working with Perinatal Addictions, - Unique Perspectives on Maternal and Perinatal Death - Understanding Asian Indians Asian Indians in the Perinatal Period, - Treating Psychiatric Disorders During Pregnancy, - Current Drug Trends, - Contemporary Discussions in Perinatal Mood and Anxiety Disorders, - Supporting Patients Through Perinatal Emotional Complications and Loss, - Give it Your Best Shot Talking to Parents about the HPV Vaccine, - Definition of Addiction and Family Roles, Mental Health, Substance Use and Pregnancy, - Topics in Public Health What you need to know about Zika and services for undocumented clients, - Supporting Strong Families Parenting Skills to Share with Clients, and - Women at Risk Hot Topics in Obstetrics</p>

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Return Reference	Explanation
CORE FORM, PART III, QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER PROGRAM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY

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

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

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

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	KATHERINE A COTSONAS TERMED AS THE CHIEF FINANCIAL OFFICER OF THIS ORGANZATION ON FEBRUARY 15, 2016 THEREAFTER, SHE REMAINED EMPLOYED WITHIN THE ORGANIZATION AS A PROJECT MANAGER UNTIL DECEMBER 31, 2016

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Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC FOR THE YEAR ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
52-1815234

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

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

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

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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