		. 99)N	Return of Organizat	ion Exem	nt From I	ncome Tax	, l	OMB No 1545-0047
	Form	. 33		_		-			2019
		`	•	Under section 501(c), 527, or 4947(a)(1) o		•			
	Depa	irtment of	the Treasury ue Service	► Do not enter social security ► Go to www.irs.gov/Form9			, be made public.	Poor	Open to Public Inspection
						2019, and end			, 20 20
				ar year, or tax year beginning C Name of organization NEW JERSEY HEA			ing 0 <u>6/</u> :		er identification number
			applicable.	Doing business as	LIH FOUNDATI	ON INC		D Employ	03-0430873
	\exists	Address Name ch	•	Number and street (or P.O box if mail is not or	delivered to street a	ddress)	Room/suite	E Telepho	
	H	Initial reti	_	155 Village Blvd Suite 130		,	noon out		908-731-6610
	П		m/terminated	City or town, state or province, country, and	ZiP or foreign posta	l code			
		Amende	d return	Princeton, NJ, 08540				G Gross re	ceipts \$ 3,140,034
	\Box	Applicati	on pending	F Name and address of principal officer Jame	s Golubieski		H(a) Is this a gr	•	
-	_			155 Village Blvd, Ste 130, Princeton, N.					included? Yes No
~	_		mpt status	✓ 501(c)(3) 501(c) () ((inse	ert no.) 494	7(a)(1) or 527	f "No," attac		
		_		nealthfoundation org	- 1	1	H(c) Group e		
		Form of c	organization [.] Summa		her ►	L Year of for	mation 2002	M State of	legal domicile DE
	L	1		ribe the organization's mission or mo	et significant a	ctivities: The	Organization's m	ssion is t	o support healthcare
	ø	•	-	esearch and patient care programs in t	-				
	anc		education					21.00.110.210	,
	Activities & Governance	2		box ▶ ☐ if the organization discontin	ued its operati	ns or dispose	d-of mere than	25% of it	s net assets.
,	Ĝ	3	Number of	voting members of the governing boo	ly (Part VI, line	a)		∥ 3 ∣	13
	مخ مخ	4	Number of	independent voting members of the g	overning body	(Part VI, line 1	b)) 4	13
	ties	5		er of individuals employed in calenda		nty, line 2a)	1.7.2021.		15
~	Ę.	6		er of volunteers (estimate if necessar				 	12
2021	٨	l .		ted business revenue from Part VIII,			EN: UT	7a	87,348
6		b	Net unrela	ed business taxable income from For	m 990-1, line 3	9	Dalas Van	_ 7b -	72,613
6			Contribution	ns and grants (Part VIII, line 1h) .			Prior Yea		Current Year
	•	8 9		rvice revenue (Part VIII, line 2g)	• •	(JUL 1 2	2 021 - '	196,620	530,811 0
, 2	Revenue	10		income (Part VIII, column (A), lines 3,	4. and 7d) .		1.9	41,604	2,609,223
•	SCANIZED 140 v	11		ue (Part VIII, column (A), lines 5, 6d, 8		ICENIED FI		0	0
Ē	Ц	12		ue-add lines 8 through 11 (must equa				138,224	3,140,034
-	Z	13	Grants and	sımilar amounts paid (Part IX, columi	n (A), lines 1–3)		7,0	383,124	7,244,517
•	4	14		id to or for members (Part IX, column				0	0
ì	C.S	15		ner compensation, employee benefits (F			1,0	82,612	2,183,557
	ens			I fundraising fees (Part IX, column (A)			_	0	0
	Ä	17		aising expenses (Part IX, column (D), l nses (Part IX, column (A), lines 11a-1		0		72 522	E44.042
		18		ises. Add lines 13–17 (must equal Pa	•			572,522 538,258	544,043 9,972,117
		19	•	ss expenses. Subtract line 18 from lin				100,034	-6,832,083
	es es				<u> · · ·</u>	<u> </u>	Beginning of Cur		End of Year
	Net Assets or Fund Balances	20	Total asse	s (Part X, line 16)			187,	58,115	176,302,881
	t As	21		ies (Part X, line 26)				02,497	3,493,617
				or fund balances. Subtract line 21 fro	m line 20 .		184,	155,618	172,809,264
	_	art II		e Block					
				I declare that I have examined this return, inclu- Declaration of preparer (other than officer) is b					knowledge and belief, it is
-				Wast "				5-10-6	202 /
_	Sig	ın	Signat	re of officer			Date		2021
2	He		11	Worthington, VP Finance					
<u> </u>				print name and title		<u> </u>			<u> </u>
Λ	Pa	id	Print/Type	preparer's name Preparer's	signature	-	Date	Check	if PTIN
,		epare	r _ _ _	ies Deuter			5/13/21	self-emplo	yed (1000359) 5
		e Onl	F		1,0C		Firm'	SEIN > 7	2-2427092
			Firm's ad			157 BLUNGWIN		e no 73	2-828-1614
	_			his return with the preparer shown ab			78816.	<u>· · · · </u>	Yes No
	For	Paperv	vork Reduc	on Act Notice, see the separate instruc	tions.	Ca	nt No 11282Y _ /	1	Form 990 (2019)

9136-44 Fo

1,	Briefly describe the organization's mission:		
	The Organization's mission is to support healthcare education, research and patient care programs in the State of Norganization, charitable, literary and educational purposes.		
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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□Yes	☑No
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,973,335 including grants of \$ 5,973,335) (Revenue \$	(<u>)</u>)
	The organization provided grants to support faculty chairs, research scholarships, fellowships and other programs a		
	School of Biomedical and Health Sciences and Rowan School or Osteopathic Medicine in accordance with donor res	trictions	
4b	(Code:) (Expenses \$ 3,336,580 including grants of \$ 1,263,517) (Revenue \$		<u>)</u>)
	The organization provided grants to the faculty of Rutgers School of Biomedical Health Sciences, New Jersey Institu	te of	
	Technology, Princeton University, Stevens Institute of Technology, Kessler Foundation and Rowan School of Osteo		
	Medicine to help further research in a wide variety of medical and scientific areas.		
4c	(Code:) (Expenses \$ 7,665 including grants of \$ 7,665) (Revenue \$		<u>)</u>
	Payments to charitable gift annuitant holders.		
			•
	······		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4e	Total program service expenses ▶ 9,317,580		



Part			<u> </u>	ayo O
`	•		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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		•
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? <i>If "Yes," complete Schedule C, Part II</i>	4		•
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		/
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		V
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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	•	
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		~
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		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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	•	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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	•	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		y
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		~
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		>
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		>
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		>
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		٧
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		>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		7
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	
		Form	990	(2019)

Part l	V Checklist of Required Schedules (continued)			
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		•
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? If "Yes," complete Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		~
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? If "Yes," complete Schedule L, Part I	25b		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
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):			ı
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
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? If "Yes," complete Schedule R, Part I	33	>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	/	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
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? If "Yes," complete Schedule R, Part VI	37		/
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.	38	1	
Part				
		_	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24 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	J -	
	<u> </u>		n 990	(2019)

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•	,		Yes	No
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 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		~
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	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		~
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			
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
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			نــــا
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:	'		
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	}		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	· .		
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.	L		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S					
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u> </u>	. 🗹
Secti	on 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	1a	13 -	163	140
	If there are material differences in voting rights among members of the governing body, or		Ť.	-	•
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.		•		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b_	13	·	٠.
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with		<u></u>	
	any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, trustees, or key employees to a management company or o	•	3	L	~
4	Did the organization make any significant changes to its governing documents since the prior For			ļ	~
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		~
6	Did the organization have members or stockholders?		. 6	~	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoin	1	_	
L	one or more members of the governing body?		7a		
b	stockholders, or persons other than the governing body?		' 7b	/	
8	Did the organization contemporaneously document the meetings held or written actions ur			Ť	-
U	the year by the following:	deriaken dann	' .		· '
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section and the second section of the section and the second section of the sectio	ot be reached a	t 🗀		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rev	enue C	ode.))
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	 _	~
b	If "Yes," did the organization have written policies and procedures governing the activities o				
440	affiliates, and branches to ensure their operations are consistent with the organization's exeme Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		10b 11a	~	-
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_	' 11a		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	re rise to conflicts		1	
c	Did the organization regularly and consistently monitor and enforce compliance with the				1
	describe in Schedule O how this was done		12c	~	
13	Did the organization have a written whistleblower policy?		13	~	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review a				-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			100	ļ
а	The organization's CEO, Executive Director, or top management official		15a	~	ļ
b	Other officers or key employees of the organization		15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.		1. '
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	_	t 16a		
	with a taxable entity during the year?		—		
b	participation in joint venture arrangements under applicable federal tax law, and take steps			į	'
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure		1		
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 Forms 1023 (1024 or 1024-A, if applicable	e), 990, and 99	O-T (Sec	ction	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		•		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Section 2)	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc	uments, conflic	of inte	rest p	oolicy,
^^	and financial statements available to the public during the tax year.	onia beele !		_	
20	State the name, address, and telephone number of the person who possesses the organization	JII S DOOKS ANA	records		

New Jersey Health Foundation, Aggle Worthington VP Finance, (908)731-6610

Form **990** (2019)

Part VII	Compensation of Officers,	Directors. 7	Trustees.	Key Employees.	Highest Com	pensated Em	ployees, and
	Independent Contractors	,	,			•	

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

- 1a Complete this table for all persons required to be listed. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization	nor any relate	d org	aniz			ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck ss pe d a d	rson	e than one of the thick that the thick that the thick that the thick that the thick th	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
James M Golubieski	32 00									
President	8 00		<u> </u>	~				443,800	0	72,949
Aggle Worthington VP Finance	32.00 8.00			,				231,583	o	33,580
Michael Wiley	38 00									
VP	2.00					V		230,535	o	33,428
Laura Harrel	38 00									
VP Admin and HR	2.00					~		181,095	o	46,898
Christine Caruso	40 00									
Director, Venture Commercialization	0 00]				'		161,438	0	33,225
Dean Janeway	1.00			Γ						
Chair	1.00	'		~				0	0	0
George F Heinrich MD	10 00									
Vice Chair and CEO	2.00	~		~				0	0	<u> </u>
Sandra Brown Sherman Esq	1.00					ŀ				
Secretary	1.00	~	<u> </u>	1				0	0	C
Susan J Flynn Hollander	1.00									
Treasurer	0 00	~		~	L			0	0	c
Roger S Fine Esq	1.00			l				}		
Director	0.00	~						0	0	c
Suzann B Goldstein	1 00]			İ					
Director	0 00	~		<u> </u>				. 0	0	
Andrew M Grumet Esq	1 00]								
Director	0 00	~						0	0	c
Bruce A Harris Esq	1.00									
Director	0.00	~				<u> </u>		0	0	c
Murray Kushner	1.00									
Director	0.00	~					<u> </u>	0	o	

Part	VII Section A. Officers, Directors, 1	rustees,	Key l	Emj	olo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (c	ontin	iued)
``	. (A) Name and title	(B) Average hours	Position (do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other		ount
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizatı (W-2/1099-f	ons	fre	pensation the ization a programization a	and
Robert	W Parsons Jr	1 00												
Directo		0.00	~	├		<u> </u>		-	0		0	<u> </u>		0
Directo	W Pierce II	1.00 0.00	,				1		0		0			0
	ny M Ring	1 00	<u> </u>	t		\vdash								
Direct		0.00	~						0		0			0
Antho	ny R Volpe DDS	1 00												
Directo	or	0 00	~	┼-	<u> </u>	-	<u> </u>		0		0		_	0
		 	1				ļ							
				_										
									-					
			_		-			<u> </u>						
	······	 				_								
1b	Subtotal				•				1,248,451		0		22	0,080
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)					•			1,248,451	<u> </u>	0			0,080
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w		e than \$10				<u>0,000</u>
													Yes	No
3	Did the organization list any former employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual					3		~
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000	07 /	nsatio If "Ye 	on a s,"	and other compe complete Sche	nsation fro dule J for 	m the such	4		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	tion	fro						5		V
Secti	on B. Independent Contractors		_											
	Complete this table for your five high compensation from the organization. Rep	hest comport comper	ensat Isatio	ted n fo	ind r th	epe e ca	ndent ilenda	r ye	ontractors that one on the one of the order	received n	nore orgai	than \$ nization	100,00 's tax	JO o year.
	(A) Name and business add	dress							(B) Description of ser	vices		(C) Compens		
None							_							
							•							
								\vdash	<u> </u>					
2	Total number of independent contractor received more than \$100,000 of compens							o ti	hose listed abov	ve) who				

	90 (2019									Page
Part		Statement of Rev								
	•	Check if Schedule	Осо	ntains a re	espon	ise or note to ai	r			· · · · 🗆
•		,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaign			1a	0				
Gifts, Grants lar Amounts		Membership dues			-1b-					
O F	C	Fundraising events			1c	. 0				
ar /	. d	Related organization			1d	0				
Contributions, Gifts and Other Similar A	e	, , ,				. 0				
Contributions, and Other Sim	f	f All other contributions, gifts, grants, and similar amounts not included above			E30.011					
草草	_	Noncash contribution				530,811				
달의	ų,	lines 1a-1f			1g	\$ 11,597				
S E	···h	'Total. Add lines 1a-		•		>	530,811			
				1		Business Code				
9	2a									
<u>.eg</u> _	b_	~								
en L	С						,	_		
Program Service Revenue	d									
90.	е									
<u>.</u>	f	All other program se						District Control	7-15-7-17-2-18-2-7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	g	Total. Add lines 2a-					0			有限的工程的工程的
	3	Investment income other similar amoun	-	_			2,609,223	· 0	87,348	2,521,875
	4	Income from investr					2,007,223	0	0,,540	
	5						0	0	0	C
,	,			(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	∵ с∵	Rental income or (loss)	$\overline{}$	•	0	0		TIP THE TAXABLE		
	d	Net rental income o	r (los	·	<u> </u>	<u> </u>	AND THE REPORT OF THE PART AND	And With the Windstein West and Comments of the	Select additional Control of Control	Tarra, The API TO YORKHOLD
	7a	Gross amount from	,,	(i) Securi	ties	(II) Other				
		sales of assets	ŀ			,				
		other than inventory	7a	<u> </u>						
evenue	b	Less. cost or other basis and sales expenses .	7b							
ÿVe	င	Gain or (loss)	7c		0	1 0				
	d	Net gain or (loss)				>	14 00 translation 5 0 0 4(1) 454 3 4	Detroit 2, 2 d det 1 thus no 245	DN CONTRACTOR SECTION CO. LANSING	En 14 1 And Mr. And To community
Other R	8a		nı fu	ındraising '		1 1				
δ		events (not including)					
		of contributions re								
, ,	' '	1c). See Part IV, line			Вa	·				
11111	b	Less: direct expens			_8b	Ļ <u>.</u>			Control of the Control	
	_ C	Net income or (loss			ng eve	ents ▶		POTENTIANA	CROS AND AND ADDRESS.	40E94049405175049496
	9a	Gross income			9a					
	ь	activities. See Part Less: direct expens			9b					
	C	Net income or (loss				es >	A E In He CHANGE A SHED CHUED AN	TORON IN THE REAL PROPERTY OF THE	ALEBER SEPTIMENTAL SEE HAR SEC.	TO AN AREA TO ARE AREA TO AREA AREA AREA AREA AREA AREA AREA ARE
		Gross sales of in		-						
		returns and allowan			10a	3				
	ь	Less: cost of goods	sold		10b			建设设施		
	С	Net income or (loss) from	n sales of I	nvent	ory >				
ST					-	Business Code	200			
eo e	11a							ļ		· .
lan	b									
scellaneo Revenue	C	A (1) _ a.t.							· ·	
Miscellaneous Revenue	d	All other revenue				•	-			THE PROPERTY OF THE PARTY TO
	<u>е</u> 12	Total. Add lines 11:			• •	<u>P</u>	3,140,034	ASSTRUCTURE OF THE PROPERTY OF THE PERSON OF	87,348	2,521,875
	14	i otal reveilue. 386	, 1115 <u>tl</u>	ucuons		<u></u>	3,140,034		1 67,348	2,321,07

Form 990 (2019) 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 (D) Fundraising (B) Program service (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 · 7.244.517 7.244.517 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,327,950 900,468 427,482 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n 0. 7 Other salaries and wages 683,777 605,291 78,486 0 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 82,053 72,635 9,418 Other employee benefits 51,358 45,864 5,494 0 4,709 10 Payroll taxes 38,419 33,710 0 Fees for services (nonemployees): 11 Management 0 55,864 52.720 3.144 h Legal 34,999 Accounting 34,999 Lobbying 0 0 Professional fundraising services. See Part IV, line 17 **第二次** 0 0 Investment management fees 0 0 0 0 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) n 0 0 0 0 0 12 Advertising and promotion 0 0 13 Office expenses 96,445 94,824 1,621 10,504 Information technology . . . 42,017 31,513 14 0 0 0 15 Rovalties 0 152,401 114,301 38.100 0 16 17 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 Conferences, conventions, and meetings . 0 0 0 19 0 0 0 20 0 0 0 21 Payments to affiliates 0 n O 22 Depreciation, depletion, and amortization . 40,302 30,226 10,076 0 23 122,015 91,511 30,504 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 0 Total functional expenses. Add lines 1 through 24e 25 9,972,117 9,317,580 654,537

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 ▶ ☐ if

following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 308,281 1 207,964 Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 8 R Inventories for sale or use 9 Prepaid expenses and deferred charges . 905,207 1,201,042 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 100 · 209 4 I f Less: accumulated depreciation 10b 169,116 10c 80.604 128,814 Investments—publicly traded securities 11 119,732,260 11 129.019.295 Investments - other securities. See Part IV. line 11 . 12 12 56,365,027 53,627,180 13 13 Investments - program-related. See Part IV, line 11. 14 14 1,191,189 15 15 Other assets. See Part IV, line 11 1,405,621 Total assets. Add lines 1 through 15 (must equal line 33) . . . 16 16 187,958,115 176,302,881 17 17 Accounts payable and accrued expenses 687,343 731,029 18 18 1,532,582 1,595,196 19 Deferred revenue , . . 0 19 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 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 1,282,572 1,167,392 Total liabilities. Add lines 17 through 25 26 3,502,497 3,493,617 Organizations that follow FASB ASC 958, check here ▶ 🗹 **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions . . 48,443,583 27 47,488,208 Net assets with donor restrictions 136,012,035 28 125,321,056 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 31 31 32 32 184,455,618 172,809,264 176,302,881 Total liabilities and net assets/fund balances 187,958,115

_	4	•
Page	ı	4

•

om 99	0 (20,19)			Pa	geı∠
Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
	Total revenue (must equal Part VIII, column (A), line 12)	1		3,14	0,034
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,972,117	
3	Revenue less expenses. Subtract line 2 from line 1	3		-6,83	2,083
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	84 <u>,</u> 45	5,618
5	Net unrealized gains (losses) on investments	5		-4,31	5,595
6	Donated services and use of facilities	6	-		0
7	Investment expenses	7	_	-49	8,676
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	32, column (B))	10	1	72,80	9,264
Part	XII Financial Statements and Reporting				
	Check 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: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		*.4
	Schedule O.				
2a	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 com-	piled o	or	,	
	reviewed on a separate basis, consolidated basis, or both:			•	'
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	-	
	separate basis, consolidated basis, or both:		ļ		, 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لـــا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove				
	the audit, review, or compilation of its financial statements and selection of an independent accounta-		2c	/	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain o	n	1	,
	Schedule O.		_ -	<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th			
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		e		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		L
			Fon	n 99 0	(2019)

SCHEDULE A (Form 990 or 990-EZ)

(D)

(E)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer Identification number** Name of the organization 03-0430873 **NEW JERSEY HEALTH FOUNDATION INC** 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.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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. ✓ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 1 Provide the following information about the supported organization(s). (IV) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported organization (II) EIN listed in your governing other support (see (described on lines 1–10) support (see document? above (see instructions)) instructions) instructions) Yes No Foundation for Health Advancement (A) 31,500 0 81-2316726 (B) (C)

31.500

0

Part							
•	. (Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 004 <i>E</i>	(h) 0016	(-) 0017	(4) 0010	(a) 2010	(f) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(i) 10tai
1	membership fees received. (Do not						
	include any "unusual grants.")			-			
2	Tax revenues levied for the					7	
_	organization's benefit and either paid						
•	to or expended on its behalf				<u> </u>		
3	The value of services or facilities			-			1
	furnished by a governmental unit to the	,			/		
	organization without charge	1				<u> </u>	
4	Total. Add lines 1 through 3		TOP TOP SERVICE TO PROPERTY	Historia de la Companya de la Compan	Vacantinassa sassa sassa	S MASS CARD PARTS AND STREET	
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		WAS TO SE				-
	shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4	POSSESSES				The state of the s	
	on B. Total Support					T	
Calen	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4					·	1
8	Gross income from interest, dividends,						-
.*	payments received on securities loans, rents, royalties, and income from	' /	ľ				
•	similar sources				_		
9	Net income from unrelated business		-				
•	activities, whether or not the business				1		
	is regularly carried on						
10	Other income. Do not include gain or	./	,				
	loss from the sale of capital assets			,	<u> </u>		
	(Explain in Part VI.)	VAR ************************************	Y. CHRY PANTS ASSESSED	250000000000000000000000000000000000000	39 60 4 60 00 Ca 50 50 50 50 50 50 50 50 50 50 50 50 50	1 th.c/2884-290589-1-1440	4
11 12	Total support. Add lines 7 through/10 Gross receipts from related activities, etc.	(see instructi	One)	[公司公司	美种种的原理性	12	<u> </u>
13	First five years. If the Form 990 is for t			d. third. fourth	n. or fifth tax v		on 501(c)(3)
	organization, check this box and stop he						▶ □
Sect	ion C. Computation of Public Suppo		ie	•	•		
14	Public support percentage for 2019 (line			11, column (f))		14	%
15	Public support percentage from 2018 Sc				•	15	%
16a	33 ¹ / ₃ % support test 2019. If the organ				nd line 14 is 3	31/3% or more,	. –
•	box and stop here! The organization qua						> 🗆
b	331/3% support test—2018. If the organithis box and stop here. The organization					15 33'/3% OF N	nore, cneck
	, .	•		_			
1/a	10%-facts-and-circumstances test – 2 10% or more, and if the organization m						
•	Part VI how the organization meets the						
	organization						▶ 🖂
ь	10%-facts-and-circumstances test – 2	2018. If the ora	anization did r	not check a ho	ox on line 13.	16a, 16b. or 17	
_	15/is 10% or more, and if the organiz						
••	Explain in Part VI how the organization						
	supported organization						· · · > 🗆
18/	Private foundation. If the organization of		box on line 13	s, 16a, 16b, 17a		ck this box and	see
	instructions	<u> </u>	<u> '. </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> ▶ □</u>
/	•				Sc	hedule A (Form 99	90 or 990-EZ) 2019

Schedu	le A (Form 990 or 990-EZ) 2019			_			Page 3
Part							
•	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support				T		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					:	
•	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						/
2	sold or services performed, or facilities					/	1
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
				<u> </u>	 	/	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			1			
_	·				 		
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge			i			
	_			/	1		
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			 			
, a	received from disqualified persons .						
b	Amounts included on lines 2 and 3				-		
D	received from other than disqualified						
	persons that exceed the greater of \$5,000		_	ľ			
	or 1% of the amount on line 13 for the year						Ì
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/				
J	line 6.)	•]			
Sect	on B. Total Support		/	1	<u> </u>	· ·	
	idar year (or fiscal year beginning in)	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		-				
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975 /.				<u> </u>		
Ç	Add lines 10a and 10b /						
11	Net income from unrelated business						
	activities not included in line 10b, whether			ľ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)			ļ	<u> </u>		ļ
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12.)	L		1 11 1 6 41			504(5)(0)
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			• • • • •		· · · ·	<u> ▶ □</u>
	ion C. Computation of Public Suppor			10(0)		1451	0/
15	Public support percentage for 2019 (line		_				<u>%</u>
16	Public support percentage from 2018 Sci			<u></u>		16	%
	ion D. Computation of Investment In			by line 12 cel	ımn (fl)	17	%
17	Investment income percentage for 2019 (Investment income percentage from 2019)					18	<u>%</u> %
18 19a							
194	17 is not more than 331/2% check this how						

331/3% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Saati	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations	ait v	:/	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		~
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	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)? 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		,	
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?	5a 5b		
С	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? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		~
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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))? If "Yes," provide detail in Part VI .			· · ·
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? If "Yes," provide detail in Part VI .	9a		,
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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)? If "Yes" answer 10b below	100		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)				
•			Yes	No	<u>, </u>
	Has the organization accepted a gift or contribution from any of the following persons?	-			
а	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?	11a		V	_
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	1	
	on B. Type I Supporting Organizations	110			-
Occin	71 D. Type I dapporting digunizations		Yes	No	_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			T	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ľ			
	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		ļ,		ł
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>			لـ
•		1	~	⊢	-7
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? If "Yes," explain in Part	1			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2		~	_
Section	on C. Type II Supporting Organizations				_
			Yes	No	<u>, </u>
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)? If "No," describe in Part VI how control	1			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).				_
Cooti	on D. All Type III Supporting Organizations	1	<u>. </u>		_
Section	on b. 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		1.00	 	Ī
-	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	ļ	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ł			ļ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>		لــ
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		١.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	<u> </u>	_	
	supported organizations played in this regard.	3			
Section	on 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	nstru	ction	s).	
a	The organization satisfied the Activities Test. Complete line 2 below.				
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (lcoo in	ctric	tions	. 1
с 2	Activities Test. Answer (a) and (b) below.	300 III	Yes		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	H	<u>-</u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ŀ		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Ì		
	how the organization was responsive to those supported organizations, and how the organization determined				ند
	that these activities constituted substantially all of its activities.	2a	<u> </u>	 	
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? 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.	2b			ل۔
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20	 	+	-
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1		
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	-		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				اً ن
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b			_

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			<u> </u>
1. Gheck here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ Section A—Adjusted Net Income	ıızat	(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):			
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	NAVE STATE	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		A Part of the Control of the Control	
emergency temporary reduction (see instructions).	6	AND THE PARTY OF T	
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see

Secti	on D—Distributions	y supporting Organi	zations (continued)	Current Year		
	Amounts paid to supported organizations to accomplish					
2	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 purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets	,				
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·	the same and the s			
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.	<u> </u>				
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016		当事和教育主席 《清本			
d	From 2017					
<u>e</u>	From 2018					
f	Total of lines 3a through e	SALTAN AND AND AND ENGINEERING AND				
<u>g</u>	Applied to underdistributions of prior years		(230 4540-255400055544 AV 1-12-12-12-12-12-12-12-12-12-12-12-12-12			
<u>h</u>	Applied to 2019 distributable amount		The state of the s	\$\int\tau\tau\tau\tau\tau\tau\tau\tau\tau\ta		
<u> </u>	Carryover from 2014 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.					
4	Distributions for 2019 from Section D, line 7: \$					
	Applied to underdistributions of prior years .		Water von der andere Westerleit von von der das Stein			
<u> </u>	Applied to 2019 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	Language described and a second				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		r			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016		THE RESIDENCE OF THE RE			
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

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.)
	
	<u> </u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

Employer Identification number

2019
Open to Public Inspection

NEW.	ERSEY HEALTH FOUNDATION INC		03-0430873
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u></u>
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar only for charitable purposes and not for the benefi	t of the donor or donor advisor, or for	rany other purpose
		· · · · · · · · · · · · · · · · · · ·	
Par	· · · · · · · · · · · · · · · · · ·		
ı aı	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the conservation		
•	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	8	. 2b
C	Number of conservation easements on a certified hi	istoric structure included in (a)	. 2c
d	Number of conservation easements included in (l l
	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation between Does the organization have a written policy reg		action bandling of
5	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
•			,
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	> \$, ,	• ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of	=	incial statements that describes the
	organization's accounting for conservation easement		
Par		·	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
Ь	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		earch in furtherance of public service,
			> ¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		· · · · • •
0	If the organization received or held works of art,		
2	following amounts required to be reported under FA		assets for illiancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
	Assets included in Form 990. Part X		> \$

Pari	Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		ner records, che	ck any of th	e follow	ving that make	significant	use of its
` a	☐ Public exhibition		d 🗌 Loar	or exchang	e progr	am		
b	☐ Scholarly research		e 🗌 Othe	er				
C	☐ Preservation for future generations	3						
4	Provide a description of the organiza XIII.	tion's collections a	and explain how	they further	the org	janization's exe	mpt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather							s 🗌 No
Part				<u> </u>				
	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 included on Form 990, Part X?						not . 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	table:				
						· · · · · ·	Amount	
C	Beginning balance				1c	_		
d	Additions during the year				1d	1		
e	Distributions during the year				1e			
f	Ending balance						\\2 □ V a	s 🗌 No
2a h	If "Yes," explain the arrangement in P							
	t V Endowment Funds.	art Am. Oneok nor	on the explanati	on nas been	provide	od om rate xiii .	· · · ·	
	Complete if the organization	answered "Yes'	' on Form 990.	Part IV. lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance	180,292,926	184,490,44		58,862	158,118,5	50 1	75,965,216
b	Contributions	141,258	94,75		58,079	145,0		524,509
С	Net investment earnings, gains, and							
	losses	-2,988,581	5,254,04	4 18,1	08,257	28,379,8	71	-7,879,469
d	Grants or scholarships	5,048,523	6,860,57	0 6,6	577,800	6,679,7	89	7,271,511
е	Other expenditures for facilities and							
	programs	2,812,691	3,357,39		70,209	4,445,4	10	1,674,405
f	Administrative expenses	494,216	-671,65		313,259	-640,6		1,545,790
g	End of year balance	169,090,173	180,292,92		90,448	176,158,8	62 1	58,118,550
2	Provide the estimated percentage of			g, column (a	i)) neia i	as:		
a	Board designated or quasi-endowme Permanent endowment ▶		<u>.</u> %					
b	Term endowment ▶ 21 %	53 %						
·	The percentages on lines 2a, 2b, and		nn%					
3a	Are there endowment funds not in th	· ·		hat are held	and ad	ministered for t	he	
- Ou	organization by:	e possession or the	o organization t	nat are note	and ad		[Yes No
	(i) Unrelated organizations					. 	3a(i)	V
	(ii) Related organizations						. 3a(ii)	V
b	If "Yes" on line 3a(ii), are the related of	organizations listed	as required on S	Schedule R?			. 3b	
4	Describe in Part XIII the intended use		n's endowment	funds.				
Par	Land, Buildings, and Equip		. <u>-</u>					
	Complete if the organization							
	Description of property	(a) Cost or ot (investm		t or other basis (other)		Accumulated epreciation	(d) Boo	k value
1a	Land	·	0	0	l			0
b	Buildings	•	0	0		0		0
C	Leasehold improvements	•	0	15,812		3,162		12,650
d	Equipment	•	0	193,606		77,442		116,164
Total.	Other			0 nn (B), line 10)c.) .	▶		0 128,814

Part VII	Investments – Other Securities.		
,	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 11b. See F	orm 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	. 52,208,565	End-of-Year Market Value
(2) Closely h	neld equity interests	. 1,418,615	Cost
(3) Other			
(C)			
(D)			
(E)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)	53,627,180	
Part VIII	Investments—Program Related.		000 Deat V Br - 40
	Complete if the organization answered "Yes" on Form 990, Pa		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
440		····	Cost of Cita of year market value
(1)	···		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)		- "	
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV. line 11d. See F	orm 990. Part X. line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Paline 25.	art IV, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal II	ncome taxes		0
(2) Lease li	ability - operating		1,167,392
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		1,167,392
2 Liability fo	r uncertain tay positions. In Part XIII, provide the text of the footpote to the or	manization's financial sta	tements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return	· · · · · · · · · · · · · · · · · · ·
•	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-
а	Net unrealized gains (losses) on investments	2a	<u> </u>	
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b	<u> </u>	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Retu	rn.
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		i	
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	 	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	-	
Ь	Other (Describe in Part XIII.)			
_C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	le 16.)] 5	
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4. Dowt IV Junea 4h and 0	Dad V	line 4: Deet V. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
	lule D, Part V, Line 4 - The intended uses for the endowment funds are govern			
	y and between the specific donor and NJHF. The uses include, but are not lim			
	eships and scholarships and fellowships.			
iectui	esrips and scrioid strips and renowsrips.			•••••
Schoo	lule D, Part X, Line 2 - Foundation for Health Advancement and New Jersey He	alth Foundation file tax retur	ns in the	US Federal
	iction and are registered as a charity in New Jersey. The Foundation has no u			
4	30, 2020 or 2019. The Organization did not have any tax related interest or pen			
	lal statements.			
	au statements.			
		<u> </u>		
				·

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.

✓ Artacil to Form 950.
▼ Go to www.irs.gov/Form990 for the latest information.

ത		Ė
~	,	Ġ
Ō		į
W W		
O O		
		١

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule I (Form 990) (2019) ° □ (h) Purpose of grant or assistance **Employer identification number** 03-0430873 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN **NEW JERSEY HEALTH FOUNDATION INC** (1) Sch I, Stmt 1 1 (a) Name and address of organization or government Name of the organization Partl Part II € 9 ପ (12) 3 <u>O</u> Ε <u>®</u> 9 (10) Ξ

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. Part III

(f) Description of noncash assistance							;	nation required in Part I, line 2; Part III, column (b); and any other additional information. , Rowan University, New Jersey Institute of Technology, Princeton University and Stevens Institute of Technology to	n permanently restricted endowment and purpose of the grant. For NJHF							Schedule I (Form 990) (2019)
(e) Method of valuation (book, FMV, appraisal, other)								n (b); and any other addit gay, Princeton University and	ctors. Investment Income fror se grant, specific department	h completed.						
(d) Amount of noncash assistance								line 2; Part III, colum sey Institute of Technolo	nittee of the board of dire ecifying the amount of the	funding and the researc						
(c) Amount of cash grant								n required in Part I, an University, New Jer	d approval by a comm nt to the University sp	etalling the use of the						
(b) Number of recipients								de the information gers University, Row	grant submission an Award letters are se	oorts are submitted d						:
(a) Type of grant or assistance	-	2	e	4	5	9		Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - Grants are awarded to Rutgers University, Rowan University, New Jersey Institute of Technology, Princeton University and Stevens Institute of	support specific research and technology subject to grant submission and approval by a committee of the board of directors. Investment income from permanently restricted endownent funds are used in accordance with the donors intent. Award letters are sent to the University specifying the amount of the grant, specific department and purpose of the grant. For NJHF	research grants, final programmatic and financial reports are submitted detailing the use of the funding and the research completed.						

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

03-0430873 **NEW JERSEY HEALTH FOUNDATION INC Questions Regarding Compensation** Nο 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. Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence ☐ Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the 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. Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b V If "Yes" on line 5a or 5b, describe in Part III. 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: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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 aren't 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.

NOTE: THE SUIT OF COUNTIES (B) (I) THE SUIT OF COUNTIES (B) Breakdown of W-2 and/or 1099-MISC compensation	200	(B) Breakdown of	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a, applicable colorin	(a) (b) (c) (d)	
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(()–(D)	n column (B) reported as deferred on pnor Form 990
James M Golubleskl, President	(3)	435,400	0	8,400	63,133	9,816	516,749	0
-	€	0		0	0	0	0	0
Aggle Worthington, VP Finance	Ξ	231,583	0	0	33,579	0	265,162	0
8	€	0		0	0	0	0	0
Michael Wiley, VP	8	230,535	0	0	33,428	0	263,963	0
6	€	0	6	0	0	0	0	0
Laura Harrel, VP Admin and HR	3	181,095	0	0	26,259	20,640	227,994	0
4	€	0		0	0	0	0	0
Christine Caruso, Director,	8	161,438		0	23,408	9,816	194,662	0
5 Venture Commercialization	€	0	0	0	0	0	0	0
	8							
9	€							
	8							
7	€			1				
	8							
œ	€							
	8							
6	€							
	8							
10	€							
	9							
11	(ii)							
	8							
12	(E)							
	()							
13	(ii)							
	()							
14	(ii)							
	()							
15	E							
	€							
16	€							
							Sch	Schedule J (Form 990) 2019

Schedule J (Form	990) 201	6																	٠	Page	က္မ
Part III	เช	npple	menta	al Info	rmat	ion																
									ľ		,			•	3	ı	•		•			1

part	`														
this															
plete															
COM															
VISO															
; :															
Par															
d for															
3, an															
and 8															
, 7,															
a, 6b															
5b, 6															
5a, £															
4c,															
ر, 4b,															
3, 4a															
٥,															
, 1 a,															
line															
art I,															
for P											İ				
ired															
redu															
Suo															
ripti															
desc															
ر. م															
atio															
kplar ion.															
Provide the information, expla or any additional information.															
natio info														ļ	
nforr onal															
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 or any additional information.															
vide iny a															
or s															

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization **NEW JERSEY HEALTH FOUNDATION INC** 03-0430873 Form 990, Part VI, Section A, Line 6 - The sole member of New Jersey Health Foundation is the Foundation for Health Advancement. Form 990, Part VI, Section A, Line 7a - The Foundation for Health Advancement, the sole member of New Jersey Health Foundation, has the power to elect the member of the board of New Jersey Health Foundation. Form 990, Part VI, Section A, Line 7b - The annual budget and any subsequent modification shall require the approval of Foundation for Health Advancement (sole member). In addition, no assets or any distributions from the designated funds of New Jersey Health Foundation can occur without the consent of the sole member Form 990, Part VI, Section B, Line 11b - Form 990 is compiled by the VP of Finance with the assistance of the VP of HR and Administration The completed draft return is sent to an outside tax professional who reviews the return. The completed return is then reviewed by the Chief Executive Officer and President Modifications to the return based on those reviews are made. The Finance Committee then reviews the return and provides any comments and recommendations. The 990 is finalized and sent to the full board of directors. Form 990, Part VI, Section B, Line 12c - All officers and directors must complete a conflict of interest questionnaire on an annual basis. In addition, all individuals completing the questionnaire acknowledge by signature that they agree to comply with the conflict of interest policy and will update the information provided in the event of any material change Form 990, Part VI, Section B, Line 15 - The Compensation Committee consisting of the Vice Chair, Chair and Secretary of the board of directors must meet annually to review and approve the compensation of the President and officers of the organization. The process includes review and approval by the Compensation Committee through the use of comparable compensation information, contemporaneous documentation and recordkeeping. Form 990, Part VI, Section C, I line 19 - The governing documents, conflict of interest policy and financial statements of the organization are available upon request

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl

ල

€

0

9

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

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

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

(f)
Direct controlling
entity Open to Public Inspection **Employer identification number** 0 New Jersey Health 2,574,367 New Jersey Health 03-0430873 (e) End-of-year assets 0 1,017,363 (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) 3 2 Invest in student research at affillated organizations Invest in start up companies of researchers at affiliated (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (1) Foundation Venture Capital Group (03-0430873) 155 Village Blvd Ste 130, Princeton, NJ 08540 155 Village Blvd Ste 130, Princeton, NJ 08540 **NEW JERSEY HEALTH FOUNDATION INC** (2) Health Start NJ (03-0430873)

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. Part II

~		I	ı	ı	ı	ı		!!!
512(b)(13 rolled ity?	å	>		_		_	_	
(g) Section 512(b)(13) controlled entity?	Yes			_				
(f) Direct controlling entity		N/A						
(e) Public charrty status (if section 501(c)(3))		7						
(d) Exempt Code section		501(c)(3)						
(c) Legal domicile (state or foreign country)	į	NJ						
(b) Prmary activity		Support research at affiliated organizations						
(a) Name, address, and EIN of related organization		(1) Foundation for Health Advancement (81-2316726) 155 Village Bivd Ste 130, Princeton, NJ 08540	(2)	(6)	(4)	(5)	(9)	Œ

Schedule R (Form 990) 2019

Cat. No 50135Y

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

(a) (b) Name, address, and EIN of Primary activity related organization	activity	7		_					-			
		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		Share of total Sincome	(g) (h) Share of end-of- Disproportionate year assets allocations?	(h) Disproportiona allocations?	nonate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	-UBI box 20 ule K-1 1065)	(j) General or managing partner?	· (k) Percentage ownership
								Yes	N _O		Yes No	
						_						
					:							
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.	j anizations more relate	Taxable d organiz	a s a Corpora ations treated	ation or T das a cor	rust. Comp poration or	olete if the c trust during	organizati g the tax	on answ /ear.	ered "Yes"	on For	m 990, F	art IV,
(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 entry (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage St ownership	(f) Section 512(b)(13) controlled entity?
										+		Yes No
												_

			Transfer of the second
		(s-p) adki	
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
hips and transaction thresholds.	uding covered relations	mplete this line, inc	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.
			 Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
			Reimbursement paid by related organization(s) for expenses
		•	Reimbursement baid to related organization(s) for expenses
			o Shanng of paid employees with related organization(s)
			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
= = ==			 Performance of services or membership of fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)
		•	k Lease of facilities, equipment, or other assets from related organization(s)
			Lease of facilities, equipment, or other assets to related organization(s)
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	i Exchange of assets with related organization(s)
D +			
*			Dividends from related organization(s)
			e Loans or loan guarantees by related organization(s)
	·		d Loans or loan guarantees to or for related organization(s)
			c Gift, grant, or capital contribution from related organization(s)
			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
J-/-	nizations listed in Parts I	i more related orga	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?
		core betelon ander -	

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

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partiets inpo-	ganization. See	Instructions re	garding exclusion	5	Certain	I II Mestille III be	rillerships.				•
(a)		(c)	(p)	(e)	_ 1	(c)	(a)	(F)	(a)	General or	(k) Percentage
Name, address, and Ein of entiry	rumary activity	(state or foreign	income (related,	Section 501(2)(3)	S 10 S	total income	5	allocations?	10 -		
			from tax under	organiza)	tions?				(Form 1065)		
			sections 512-514)	Yes No	ę			Yes No		Yes No	
(1)	ļ										
(2)											
(6)									-		
(4)											
(5)											
(9)											
©									,		
(8)											
(6)											
(10)									,		
(11)									-		
(12)				!							
(13)											
(14)											
(15)					<u>-</u> .						
(16)											
									Sch	edule R (Fc	Schedule R (Form 990) 2019

Schedule R (F	Form 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
•		
••••		