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State Sta	A B	address changed Exempt under section	Name of organization (Check box if name changed and see instructions) D Employer SOUTHERN NEW JERSEY PERINATAL (Employees)								dentification number			
C state with off the complete of the comparison number (See instructions). P		408(e) 220(e)	or	Number, street, and room of	or suite no If a PO box, s	see instructio	ns		22-23	3712	223			
PENNSAUKEN F. Group exemption number (See instructions) F. Group exemption (F. Group exemption) F. Group exemption ex		408A 530(a)	408A 530(a) Type 2500 MCCLELLAN BLVD, SUITE 250 E Unrelated								activity code			
## 4,158,016 G Check organization further (See instructions) ## 4,158,016 G Check organization further (See instructions) ## Enter the number of the organization's unrelated trades or businesses ## Describe the only for first) unrelated trade or business here ## If only one, complete ## Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a ## Schedule M for each additional trade or business, then complete Parts III-V ## Duming the fax year, was the comporation a substancial group or a parent-subsidiary controlled group? ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If "Ves," enter the name and identifying number of the parent corporation ## If Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 ## Telephone number ## S56-665-6000 #		529(a)	only or town, state of province, country, and air or tolergin postal code											
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The books are in care of ▶ MANAGEMENT Telephone number ▶ 856-665-6000														
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	990-T (2019) SOUTHERN NEW JERSEY PERINATAL	22-237122	23		Page 2						
	art III Total Unrelated Business Taxable income										
32	Total of unrelated business taxable income computed from all unrelated trades or b	usinesses (see		į l							
	instructions)		32								
33	•	Amounts paid for disallowed finges									
34	Chantable contributions (see instructions for limitation rules)			34							
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction		, ,								
	34 from the sum of lines 32 and 33		35								
36	Deductions for net operating loss ansing in tax years beginning before January 1, 20		. !								
	instructions)		36								
37	Total of unrelated business taxable income before specific deduction. Subtract line 3		37	0							
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000							
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is gre										
	enter the smaller of zero or line 37		39	0							
Pa	Part IV Tax Computation										
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		•	40							
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	n									
	the amount on line 39 from Tax rate schedule or Schedule D (Form	1041)	•	41							
42	Proxy tax. See instructions		•	42							
43	Alternative minimum tax (trusts only)			43							
44	Tax on Noncompliant Facility Income. See instructions			44							
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0						
Pa	rt V Tax and Payments										
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a									
b	Other credits (see instructions)	46b		. 1							
С	General business credit Attach Form 3800 (see instructions)	46c									
d	Credit for pnor year minimum tax (attach Form 8801 or 8827)	46d		. 1							
е	Total credits. Add lines 46a through 46d	_:1		46e							
47	Subtract line 46e from line 45			47							
48	Other taxes	ech)		48							
49	Check if from L Form 4255 From 8811 From 8697 From 8866 Other (at Total tax. Add lines 47 and 48 (see instructions)	L SUIT)		49	0						
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) lii	no 3		50							
51a	Payments A 2018 overpayment credited to 2019	1 1		-30							
b	2019 estimated tax payments	51a	8,010								
-	···		0,010	. [
ر د	Tax deposited with Form 8868	51c									
đ	Foreign organizations Tax paid or withheld at source (see instructions)	51d									
e	Backup withholding (see instructions)	51e									
f	Credit for small employer health insurance premiums (attach Form 8941)	51f									
g	Other credits, adjustments, and payments Form 2439	1									
	Form 4136	51g		. 1							
52	Total payments. Add lines 51a through 51g		. —	52	8,010						
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached		▶ 📙	53							
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶	54	0						
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount	>	_ 55	8,010							
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax ▶		ınded ▶	56	8,010						
_ <u>Pa</u>	art VI Statements Regarding Certain Activities and Other Info										
57	At any time during the 2019 calendar year, did the organization have an interest in cover a financial account (bank, securities, or other) in a foreign country? If "YES," the	or a signature or other a	uthonty		Yes No						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter	e organization may hav the name of the foreign	re to lile								
	here ▶	are name or the loreign			x						
58	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to	. a foreign	trust?	x						
	If "YES," see instructions for other forms the organization may have to file	•			- -						
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	<u> </u>									
Sig	noted penalues of perjury, it declare that it have examined this return, including accompanying schedules and s true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	itatements, and to the best of m oreparer has any knowledge	y knowledge ar	id belief, it	May the IRS discuss this return						
Hei		DIRECTOR			May the IRS discuss this return with the preparer shown below (see instructions)?						
	Signature of officer Date Title	DIRECTOR			Yes No						
	Print/Type preparer's name Preparer's signature		Date	Check	(PTIN						
Paid		١,	9/29/20	self-emple	□ "						
_	parer Firm's name > ZELENKOFSKE AXELROD LLC	Firm's	·	23-3022325							
Use	23 3022323										
	Only 210 TOLLGATE HILL ROAD Firm's address • GREENSBURG, PA 15601		Phone	_m _	724-834-2151						
			1,11018	<u> </u>	Form 990-T (2019)						
DAA					, onn. 222 1 (2010)						

	1 990-T (2019) SOUTH						<u> 22-2</u>	<u>371223</u>			Pa	age 3
Sch	edule A - Cost of Go	oods Sold. Ent	er meth	nod of in	ver	ntory valuation >						
1	Inventory at beginning of year 1				Inventory at end of		6					
2	Purchases	7 Cost of goods sold. Sub					act					
3	Cost of labor 3					line 6 from line 5 E	nter here	e and				
4a	Additional Sec 200A Costs					ın Part I, line 2			7			
b	(attach schedule) 4a				Do the rules of sect	A (with respect to		·	Yes	No		
U	Other costs (attach schedule)	4b				property produced of	or acquir	ed for resale) apply				
5 Total. Add lines 1 through 4b 5						to the organization?						
Sch	edule C - Rent Inco	me (From Real	Prope	rty and	Pe	rsonal Property	Lease	ed With Real Pr	ope	rty)		
_(se	e instructions)											
1 Des	cription of property											
<u>(1)</u>	N/A											
<u>(2)</u>				_								
(3)	,,											
(4)	_ .											
		2 Rent receiv	ed or accrue	ed								
	(a) From personal property (if the p	-				personal property (if the		3(a) Deductions directly connected with the income				
	for personal property is more that	an 10% but not	percentage of rent for personal property exceeds				s	in columns 2(a) and 2(b) (attach schedule)				
	more than 50%)		50% or if the rent is based on profit or income)									
(1)												
(2)	 					·						
(3)		····										
(4)												
Total			Total					(b) Total deduction				
	otal income. Add totals of and on page 1, Part I, line 6		(b) Ente	r	_			Enter here and on page 1, Part I, line 6, column (B) ▶				
	edule E - Unrelated		Incom	20 /500 !	netr	Lictions)		Fait i, line o, colonia	(0)			
3011	edule L - Officialed	Debt-Financet	IIICOII	ie (see i	risu	uctions)	T					
2					2 Gross income from or			3 Deductions directly connected with or allocable to debt-financed property				
1 Description of debt-financed property				allo		to debt-financed						
				property (a)			(a) S	traight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1) N/A							· · · · · · · · · · · · · · · · · · ·	+				
(2)	11/12							<u>-</u>	+-			
(3)									+	·····		
(4)								<u> </u>	+			
<u>.,, </u>	4 Amount of average	5 Average adjusted	basis			Column			+	8 Allocable dedu	*****	
	acquisition debt on or of or allocable to			4 divided 7 G				7 Gross income reportable (column 6 x total				ıs
	allocable to debt-financed debt-financed property (attach schedule) (attach schedule)				by column 5		(column 2 x column 6)		3(a) and 3(b)))	
(1)						%						
(2)						%			_			
(3)						%	_	· ·	1-			
(4)						%			1			
								here and on page 1.	F	nter here and or	n page	e 1.
								I, line 7, column (A)		Part I, line 7, col		
Tota	ls					•	L					
Tota	I dividends-received dedu	ictions included in	column 8			'		•	i			

(4)

Totals (carry to Part II, line (5))

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019) SOUTHERN NEW JERSEY PERINATAL 22-2371223 Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 7 Excess readership costs (column 6 2 Gross 3 Oirect 5 Circulation 6 Readership advertising 1 Name of penodical 2 minus col 3) If minus column 5, but advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A <u>(2)</u> (3) Totals from Part I ▶ Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II line 26 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to 1 Name 2 Title time devoted to business (1) N/A (2) %

Form 990-T (2019)

% %

▶