			MENDED MO NOV	EMDE	n 16 2 2.2 3	93156	3 2 2	235 1		
	EXTENDED TO NOVEMBER 16, 222393931 Form 996-T Exempt Organization Business Income Tax Ref						,	OMB No 1545-0047		
						ax neturi	" -			
	kin .	(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning				10.	\sim L	2019		
		Go to www.irs.gov/Form990T for instructions and the latest information.				ation. 1011		2013		
	Internal Revenue Service	partment of the freasury								
	Check box if Name of organization (Check box if name changed and see instructions.)						D Employer identification number (Employees' trust, see			
		address changed Exempt under section Solic (C) (3 (3 (2)) 408(e) 220(e) 408A 501(a) Exempt under section Or Type Or Type Or Type Or Type CHANDLER HALL HEALTH SERVICES, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 9 9 BARCLAY STREET City or town, state or province, country, and ZIP or foreign postal code						instructions)		
								8-2365124 ted business activity code		
	= <i>\</i>							(See instructions)		
	408(e)220(e)408A530(a)									
	529(a)	NEWTOWN, PA 18940					722320			
	C Book value of all assets at end of year	F Group exemption number (See instructions.)								
	<u>26</u> ,587,3	26, 587, 361. G Check organization type X 501(c) corporation 501(c) trust 401(Other trust		
	←	Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) to the number of the organization of the only (or first) to the number of the organization of the orga								
		rade or business here CATERING If only one, complete Parts I-								
		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								
	business, then complete		n an affiliated group or a par	ant oubor	diani controlled evering		Yes X No			
		d identifying number of the	n an affiliated group or a pare	:III-5u05I	diary controlled group?		Yes X No			
		► KRISTEN AL			Teleph	one number	(215)	860-4000		
		Trade or Business			(A) Income	(B) Expense	· ·	(C) Net		
	1a Gross receipts or sale	. 7,70	2.					.		
	b Less returns and allow	ances	c Balance	1c	7,702.					
2021	2 Cost of goods sold (S			3	2,600.					
7	•	t line 2 from line 1c			5,102.	· · · · ·				
က	, -	Il gain net income (attach Schedule D)						/		
8	c Capital loss deduction	form 4797, Part II, line 17) (attach Form 4797)				•				
SEP	•	rom a partnership or an S corporation (attach statement)					$\overline{}$	-		
ANNED	7 Unrelated debt-financ	ced income (Schedule E)								
3	8 Interest, annuities, roy	uities, royalties, and rents from a controlled organization (Schedule F								
4	9 Investment income of	come of a section 501(c)(7), (9), or (17) organization (Schedule G								
C	210 Exploited exempt acti	tivity income (Schedule I)								
	11 Advertising meetine (c					-				
	·	ructions, attach schedule)		12	5,102.		+	5,102.		
			ed with the unrelated bysi							
	14 Sompensation of off	ers, directors, and trustees	(Schedule K)				14			
	15 Salaries and wages						15			
, 14 , 9 sassetern		s and maintenance						The same of the sa		
	17 Bad debts							<u> </u>		
	18 Chaterest (affach sche	fach schedule) (see instructions)					18			
	20 Depreciation (attach	Form 4562) 20					19			
		med on Schedule A and else	where on return DEC	F. VE	υς 21a		21b			
	22 Depletion	on claimed on Schedule A and elsewhere on return RECF. VED 20 21a					22			
	23 Contributions to defe	butions to deferred compensation plans								
	24 Employee benefit pro	titions to deferred compensation plans the benefit programs Exempt expenses (Schedule I)								
		ot expenses (Schedule I)					25			
		derred compensation plans rograms enses (Schedule I) costs (Schedule J)					26			
	27 Other deductions (at	ttach schedule)					27	1,537.		
	/	Add lines 14 through 27					28	3,565.		
	/	taxable income before net operating loss deduction. Subtract line 28 from line 13 increasing loss arising in tax years beginning on or after January 1, 2018					23	3,303.		
		(see instructions)						0.		
		Unrelated business taxable income. Subtract line 30 from line 29						3,565.		
		Paperwork Reduction Act I						Form 990-T (2019)		

	-	nin n in ni		-		* ****** /				
		Tax rate schedule or Schedule D (Form	1041)	_		₽	41			
₹42	Prox	y tax. See instructions		•	·	. ▶	42			
43	Alter	native minimum tax (trusts only)	•	•	•	43				
44		on Noncompliant Facility Income. See instruction			44					
45		. Add lines 42, 43, and 44 to line 40 or 41, which	•		45		0.			
Pari		Tax and Payments	1 40							
		gn lax credit (corporations attach Form 1118, tru	sts attach Form 1116)		46a		T T			
ь	_	credits (see instructions)	Sto uttach v orth v v voj	•	46b		1			
		ral business credit. Attach Form 3800		46c		1				
ď		t for prior year minimum tax (attach Form 8801)	46d		1 1					
_		credits. Add lines 46a through 46d		460						
47		ract line 46e from line 45		46e		0.				
		taxes. Check if from: Form 4255		47		<u> </u>				
48			18f (niinch achadula)	48		_				
49		tax. Add lines 47 and 48 (see instructions) not 965 tax liability paid from Form 965-A or Full	OCC D. Deat II. setuma		•		49		0.	
50		50		<u>0.</u>						
		nents: A 2018 overpayment credited to 2019	•		51a		1 1			
		estimated lax payments			51b		{			
		leposited with Form 8868			51c		-			
		gn organizations; Tax paid or withheld at source	(see instructions)		51d		{			
		up withholding (see instructions)		{						
1		t for small employer health insurance premiums	•	-	51f		{ }			
8	Othe	credits, adjustments, and payments.								
			her	Total Þ	519		1 1			
52		Total payments. Add lines 51a through 51g								
53		nated tax penalty (see instructions). Check if Form		<u>ب</u> .			53			
54		lue. If line 52 is less than the total of lines 49, 50			•	>	55			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid									
56		the amount of line 55 you want. Credited to 202				Refunded >	56			
Parl		Statements Regarding Certain								
57	At an	y time diiring the 2019 calendar year, did the org	anization have an interest	in or a signature o	or other author	ıły		Yes	No	
	OVE	a financial account (bank, securities, or other) in	a toreign country? If "Yes,"	the organization	may have to fil	le				
	FinC	N Form 114, Report of Foreign Bank and Financi	al Accounts. II 'Yes," enter	the name of the f	breign country	•				
	here	>						_	<u>X</u> _	
58	Durir	o the tax year, did the organization receive a dist	ribution from, or was it the	grantor of, or tra	insteror to, a fe	reign triist?			<u>x</u> _	
	If Ye	s," see instructions for other forms the organizat	on may have to file.					1 1		
59	Enter	the amount of tax-exempt interest received or ac	crued during the tax year	<u></u>						
٥.		Under penalties of perpay I declare that theire examined correct and complyte Declaration of proparer (office flam	this ration including accompan- taxoaver) bused on all inform	ying activitati is mid s ation of which recoar	tatoments and to or has not knowle	the best of my knowled	age and belief it is	, two		
Sign		1) 11 10000110					ny the IRS discuss	this rolling vir		
Here	· }	Makia 1/19 KUL		o proparor shown (
	1	Signature of officer	Date	Title		m.	.tructions)? X	Yes	No	
		Print/Type preparer's name	Preparer's signature	C	ate	Check ii	PTIN			
Paid	₹		1 . 0 6			self- employed				
	, pare	troppe as poops one like hards						P00760402		
-		C . DAMED MITTE	Firm's EIN							
Use Only Firm's name ► BAKER TILLY US, LLP " Firm's EIN 1570 FRUITVILLE PIKE, SUITE 400										
		Firm's address > LANCASTER,	PA 17601			Phone no. 7	17.740.	4863		
990-T (2019 Form 990-T										

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