

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912 and ending 1912
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3) 03. Name of organization: CHANDLER HALL HEALTH SERVICES, INC. Address: 99 BARCLAY STREET, NEWTOWN, PA 18940. Employer ID: 23-2365124. Unrelated business activity code: 722320.

Section C: Book value of all assets at end of year: 26,587,361. Section F: Group exemption number. Section G: Check organization type: 501(c) corporation.

Section H: Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: CATERING.

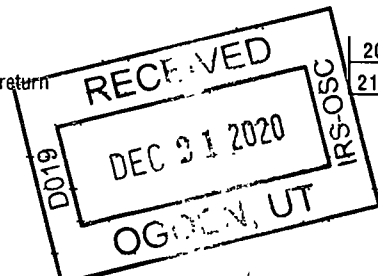
Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section J: The books are in care of: KRISTEN ALWINE, CFO. Telephone number: (215) 860-4000.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing gross receipts, cost of goods sold, and total income of 5,102.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-31 showing various deductions and resulting taxable income of 3,565.

SCANNED SEP 23 2021



Tax rate schedule or Schedule D (Form 1041)

42	Proxy tax. See instructions	41	
43	Alternative minimum tax (trusts only)	42	
44	Tax on Noncompliant Facility Income. See instructions	43	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	44	
		45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		
b	Other credits (see instructions)	46b		
c	General business credit. Attach Form 3800	46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		
e	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51a	Payments: A 2018 overpayment credited to 2019	51a		
b	2019 estimated tax payments	51b		
c	Tax deposited with Form 8868	51c		
d	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. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g		
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2270 is attached <input type="checkbox"/>	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56		

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 5		X

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

Sign Here: Dakia McMill Signature of officer, Date: 11/14/20, Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KERRI N. BOGDA, CPA	<u>Kerri Bogda</u>	11/14/20		P00760402
	Firm's name <input type="checkbox"/> BAKER TILLY US, LLP	Firm's EIN <input type="checkbox"/> 39-0859910			
	Firm's address <input type="checkbox"/> 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601			Phone no. 717.740.4863	