Form 990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Ō **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Internal Revenue Service	Go to www.irs.	gov/Form990 for	instructions and the late	st informa	tion.
A For the 2018 calend	ar year, or tax year beginning	JUL 1, 2018	and ending	JUN 30,	2019

B c	heck if pplicabl	e: C Name of organization		D Employer identif	cation number			
X	Addre	SS DEA CONTINUES HEALTH ANADEMECC CONNELL						
	_chang Name		94-2223670					
-	_chang Initial		Deere /auite					
-	_return ∃Final	Number and street (or P.O. box if mail is not delivered to street address) 590 W EL CAMINO REAL	Room/suite	E Telephone number	er 965-2020			
	⊥return. termir							
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code MOUNTAIN VIEW, CA 94040		G Gross receipts \$	3,120,187.			
	_return ☐Applic	,		H(a) Is this a group r				
	_tion pendii	F Name and address of principal officer: MARSHA DESTACTIERS		for subordinates				
				H(b) Are all subordinates i				
		empt status: $X = 501(c)(3) = 501(c) () \blacktriangleleft$ (insert no.) $4947(a)(1) c$	or 527	1 ' '	list. (see instructions)			
		WWW.CHACMV.ORG		H(c) Group exemption				
		organization: Corporation Trust X Association Other	L Year	of formation: 1983	V State of legal domicile: CA			
Fa	art I	Summary						
ė	1	Briefly describe the organization's mission or most significant activities: CHAC'S		ING PROGRAMS				
anc		ADDRESS A WIDE RANGE OF EMOTIONAL AND SOCIAL PROBLEMS AFFECT						
Governance	1	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		1	1			
Š				<u>3</u>	15			
		Number of independent voting members of the governing body (Part VI, line 1b)		15				
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		58				
viti	6	Total number of volunteers (estimate if necessary)		80				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.				
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)	1,993,207.	2,389,250.				
Revenue	9	Program service revenue (Part VIII, line 2g)		868,718.	711,029.			
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,422.	13,993.			
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		923.	-7,188.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,898,270.	3,107,084.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $.		2,165,735.	2,138,289.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	4,000.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	776.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		590,799.	791,923.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,756,534.	2,934,212.			
	19	Revenue less expenses. Subtract line 18 from line 12		141,736.	172,872.			
or			Ве	ginning of Current Year	End of Year			
Assets (Balanc	20	Total assets (Part X, line 16)		4,907,500.	5,087,414.			
As	21	Total liabilities (Part X, line 26)		182,038.	168,678.			
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		4,725,462.	4,918,736.			
Pa	art II	Signature Block						

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

Sign	Signature of officer		Dat	e	
Here	MARSHA DESLAURIERS, EXECUTIVE DIRI	ECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	LAWRENCE S. KUECHLER	LAWRENCE S. KUECHLER	04/24/20	self-employed P00233621	
Preparer	Firm's name 🕒 ARMANINO LLP		Firn	n's EIN 🕨 94-6214841	
Use Only	Firm's address 🖕 50 W. SAN FERNANDO ST, S	FE 500			
	SAN JOSE, CA 95113		Pho	one no.408-200-6400	
May the II	RS discuss this return with the preparer shown abov	re? (see instructions)		X Yes	No
832001 12-3	1-18 HA For Paperwork Reduction Act Notice	e, see the separate instructions.		Form 990	(2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-222367	0 Page
Pai	t III Statement of Program Service Accomplishments		[
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: CHAC SEEKS TO IMPROVE LIVES AND STRENGTHEN COMMUNITIES THROUGH ACCESS		
	TO COMPREHENSIVE AND CULTURALLY RESPONSIVE MENTAL HEALTH SERVICES IN		
	NORTHERN SANTA CLARA COUNTY.		
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 X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? [Yes X No
	If "Yes," describe these changes on Schedule O.		
ł	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		enses, and
la		enue \$	347,976.
	CHAC PROVIDES DIRECT COUNSELING SERVICES ON 35 LOCAL SCHOOL CAMPUSES IN		·
	FOUR SCHOOL DISTRICTS TO ADDRESS EMOTIONAL AND SOCIAL HEALTH NEEDS OF		
	STUDENTS IN GRADES K-12. THROUGH CHAC'S PREVENTION PLUS PROGRAM,		
	SKILLED CLINICIANS PROVIDE STUDENTS EXPERIENCING SOCIAL, BEHAVIORAL AND		
	EMOTIONAL DIFFICULTIES WITH COPING MECHANISMS THAT REPLACE UNHEALTHY		
	HABITS WITH BETTER CHOICES AND FACILITATE ACADEMIC SUCCESS. TO FURTHER		
	ENHANCE STUDENT SUPPORT, THE PROGRAM ALSO PROVIDES FAMILY COUNSELING		
	AND STAFF CONSULTATION AND TRAINING SERVICES. ULTIMATELY, STUDENTS,		
	TEACHERS, AND CLASSMATES ALL BENEFIT WHEN CLASSROOMS ARE FILLED WITH		
	FULLY-ENGAGED LEARNERS.		
	IN FY18-19, 3,014 STUDENTS RECEIVED HELP IN THE FORM OF 23,892 HOURS OF		
b		enue \$	364,165.
FU	CHAC'S MULTI-LINGUAL, MULTI-CULTURAL, IN-HOUSE COUNSELING SERVICES ARE	enue \$	
	PROVIDED ON A SLIDING SCALE FEE PAYMENT PLAN AND REFLECT THE AGENCY'S		
	CORE BELIEFS: THE VALUE OF EACH INDIVIDUAL, THE IMPORTANCE OF FAMILY,		
	AND THE NECESSITY OF COMMUNITY. IN ADDITION TO PROVIDING COMPASSIONATE		
	CARE FOR THOSE EXPERIENCING EMOTIONAL DIFFICULTIES, CHAC ADDRESSES A		
	VARIETY OF CHALLENGES THAT AFFECT CHILDREN AND TEENS AND CAUSE STRESS		
	WITHIN FAMILIES INCLUDING BULLYING, ANXIETY, DEPRESSION, AGGRESSIVE		
	BEHAVIOR, SUBSTANCE ABUSE, PHYSICAL AND PSYCHOLOGICAL ABUSE, TRUANCY,		
	DOMESTIC VIOLENCE, GANG PARTICIPATION, CHILD CUSTODY CONFLICTS, SUICIDE		
	PREVENTION, AND ECONOMIC HARDSHIP.		
	IN FY18-19, CHAC'S IN-HOUSE CLINIC PROVIDED 8,724 HOURS OF INDIVIDUAL,		
ŀc		enue \$	
	CHAC'S FAMILY RESOURCE CENTERS (FRCS) COLLABORATE WITH FIRST 5 SANTA		
	CLARA COUNTY AND OTHER COMMUNITY PARTNERS TO PROVIDE CLASSES, EVENTS,		
	AND INDIVIDUAL CONSULTATIONS THAT FOSTER WAYS TO BUILD AND MAINTAIN A		
	HEALTHY CONNECTION BETWEEN PARENT AND CHILD AND INCREASE RESILIENCE IN		
	THE FAMILY. FRC'S PROGRAMS NOT ONLY HELP PARENTS AND OTHER CAREGIVERS		
	UNDERSTAND THE IMPORTANCE OF PHYSICAL AND SOCIAL-EMOTIONAL DEVELOPMENT		
	DURING THE FIRST YEARS OF LIFE AND EARLY SCHOOL YEARS, BUT PROVIDE THE		
	FAMILY AND COMMUNITY ENGAGEMENT NEEDED TO BUILD AND STRENGTHEN		
	COMMUNITIES.		
	IN FY18-19, MORE THAN 10,000 FAMILIES LEARNED WAYS TO CONNECT AND BOND		
	THANKS TO PROGRAMS OFFERED AT CHAC'S FRCS.		
1d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,272,349.		
-			Form 990 (201

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Form 990 (2018)				AWARENESS	COUNCIL		
Part IV Checklist of Required Schedules							

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	NO
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		А
a		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D. Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	· · · · · · · · · · · · · · · · ·			
	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		х
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		Х
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		X
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	17		Х
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	X	
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		X
20a		20a		X
	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 approximation of the second secon			х
00000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	
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Par	t IV 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	ĺ			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete				
	Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of				
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
			24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ſ	240		
C		5	24c		
اہ	any tax-exempt bonds?				<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	r	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	э			
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes	s, "			
	complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III		27		x
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):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Par	t IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
02	Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		02		
55			33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		
94	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		34		x
25.0	Part V, line 1				x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · · · · · · · · · · · · · · · · · ·	35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	I	051		
00	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		~~		
c -	If "Yes," complete Schedule R, Part V, line 2	·····	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				Ŧ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	·····	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
De	Note. All Form 990 filers are required to complete Schedule O		38	Х	L
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>		╷└──
	1 1	r		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	37			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	, I			
	(gambling) winnings to prize winners?		1c	Х	
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	CHAC			
Form	990 (2018) FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-222367	0	Р	age 5
Pa	t 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 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
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		x
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
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		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		x
	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		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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	CHAC				
	330 (2010)	-2223670		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a "N	lo" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.				
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sec	tion A. Governing Body and Management				
		15		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
2	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	F	-		
•	of officers, directors, or trustees, or key employees to a management company or other person?	I	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?	Г	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Γ			
	more members of the governing body?	L	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		-		Yes	No
	Did the organization have local chapters, branches, or affiliates?	Ľ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			77	
-	Did the organization have a written conflict of interest policy? If "No," go to line 13	·····	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	F	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40.	v	
40	in Schedule O how this was done	······ Γ	12c	X X	
13	Did the organization have a written whistleblower policy?		13	X	
14 15	Did the organization have a written document retention and destruction policy?	·····	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
~	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15a 15b	x	<u> </u>
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	······ -	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
.54	taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	······			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure	<u></u>			
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 5	01(c)(3)s o	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	()()	.,		
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, and fir	nanc	ial	
	statements available to the public during the tax year.	-			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶			
	MARSHA DESLAURIERS, EXECUTIVE DIRECTOR - (650) 965-2020				
	590 W EL CAMINO REAL, MOUNTAIN VIEW, CA 94040				
832006	5 12-31-18		Form	990	(2018)
	6			_	
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Form 990 (2018)	FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670 Page 7
Part VII Compension	sation of Officers, Directors, Trustees, Key Employees, H	Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	chedule O contains a response or note to any line in this Part VII	
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Emplo	yees
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.
Enter -0- in columns (Ď),	anization's current officers, directors, trustees (whether individuals or orga , (E), and (F) if no compensation was paid. anization's current key employees if any. See instructions for definition of	

list all of the organization's **current** key employees, if any. See instructions for definition of "key employee.

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• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Name and Title Average hours per billst any hours for billst any hours for	(A)	(B)	(C)						(D)	(E)	(F)
hours per veck (list any hours for related organizations) compensation from related organizations compensation from the organizations compensation from the organizations amount of other compensation from the organizations (1) PHIL ROSE 2.00 x x 0 0. 0. (2) CAROL RNADS 2.00 x x x 0. 0. 0. (3) KATHY RUBORR 2.00 x x x 0. 0. 0. (3) KATHY RUBORR 2.00 x x x 0. 0. 0. (4) DENNTS YOUNG 2.00 x x x 0. 0. 0. (6) FARLAR BLAKELY 2.00 x x 0. 0. 0. (7) JOAN MACDONALD 2.00 x x 0. 0. 0. (8) RYAN MATLOW 2.00 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. DIRECTOR x 0. 0.	Name and Title	Average	(do		Pos	ition		ne	Reportable	Reportable	
Week (ist ary organizations ine) Week (ist ary organizations (W-2/1099-MISC) Inom (W-2/1099-MISC) Compensation organization (W-2/1099-MISC) Compensation from the organization (W-2/1099-MISC) (1) FHIL ROSE 2.00 x x x 0. 0. 0. BOARD CHAIR x x x x 0. 0. 0. WICE CHAIR x x x x 0. 0. 0. (3) KATHY KRUBGER 2.00 x x x 0. 0. 0. (3) KATHY KRUBGER 2.00 x x x 0. 0. 0. (3) KATHY KRUBGER 2.00 x x x 0. 0. 0. (5) SHALI STRKAY 2.00 x x 0. 0. 0. 0. (6) LAURA BLAKELY 2.00 x 0. 0. 0. 0. 0. (1) JOAN MACDONALD 2.00 x 0. 0. 0. 0. 0. 0.		hours per	box	, unle	ss pe	rson i	s botł	n an	compensation	compensation	
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CHAC Form 990 (2018) FKA COMMUNIT	ע האישה אמ		NFC	a c		CTT			94-22	2367	0	D	age 8
							+ 0			2307	0	Pa	age o
(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	C) itior more rson i		one 1 an	(D) Reportable compensation from	s (continued) (E) Reportable compensatio from related		1	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	fi org an	rom the anizati d relate anizatio	ie tion ted
(18) GEORGE TYSON	2.00									•			
DIRECTOR (START 6/19)	2.00	X						0.		0.			0.
(19) MARGARET ABE-KOGA DIRECTOR (LEFT 1/19)	2.00	x						0.		0.			٥.
(20) JEAN MORDO	2.00	~						0.		0.			
DIRECTOR (LEFT 6/19)	2.00	x						0.		0.			0.
(21) BRYAN JOHNSON	2.00									••			
DIRECTOR (LEFT 6/19)		x						0.		Ο.			Ο.
(22) MARSHA DESLAURIERS EXECUTIVE DIRECTOR	40.00			x				140,772.		0.		1.	409.
(23) RON PILATO	40.00							,				,	
DIRECTOR OF TRAINING						x		113,840.		0.		7,	249.
		-											
								054 (10					650
1b Sub-total c Total from continuation sheets to Part VI								254,612.		0. 0.		<u>8,</u>	658. 0.
d Total (add lines 1b and 1c)								254,612.		0.		8,	658.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	I			2
												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on	l			
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su										l			
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a										l	_		v
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedul	e J f	or sı	ıch ı	bers	on .				<u></u>	5		X
1 Complete this table for your five highest co										ensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	rith c	or wi	thir		ear.				
(A) Name and business	address							(B) Description of s	ervices	С		C) Insatio	n
UIS TECHNOLOGY PARTNERS, 1035 MINNES	OTA												
AVE SUITE G, SAN JOSE, CA 95125								OUTSOURCED IT SUPP	ORT			109,	208.
2 Total number of independent contractors (i	•	ot lir	nited	d to f		se lis 1	ted	l above) who received mo	ore than				
\$100,000 of compensation from the organi	zation 🕨					±					Form	990 (2	2018)

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rt VII	Statement of Revenu	e					
	Check if Schedule O contai	ns a response	or note to any line	e in this Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns	1a					
	Membership dues						
с	Fundraising events		33,147.				
d	Related organizations						
بة م	Government grants (contribution	······ – – – – – – – – – – – – – – – –	1,413,116.				
f	All other contributions, gifts, grants		, , .				
•	similar amounts not included above		942,987.				
~	Noncash contributions included in lines 1a		190,306.				
9 b	Total. Add lines 1a-1f	-		2,389,250.			
n	Total. Add lifles Ta-11			2,309,230.			
•	PROGRAM SERVICES FEES		Business Code 541900	364,165.	364,165.		
2 a			541900		346,864.		
b			541900	346,864.	540,004.		
С							
2 a b c d e f							
е							
•	All other program service revenue						
	Total. Add lines 2a-2f			711,029.			
3	Investment income (including di						
	other similar amounts)			13,993.			13,9
4	Income from investment of tax-	exempt bond p	roceeds 🕨 🕨				
5	Royalties		►				
	L	(i) Real	(ii) Personal				
6 a	Gross rents	1,014.					
b	Less: rental expenses	0.					
с	Rental income or (loss)	1,014.					
d	Net rental income or (loss)		>	1,014.			1,0
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	914.					
b	Less: cost or other basis						
	and sales expenses	914.					
c	Gain or (loss)	0.					
	Net gain or (loss)			0.			
	Gross income from fundraising			-			
0 4	including \$ 33,1						
	contributions reported on line 1						
	-	-	2,875.				
	Part IV, line 18						
	Less: direct expenses			-9.314			_ 0 3
	Net income or (loss) from fundra	-	▶	-9,314.			-9,3
9 а	Gross income from gaming activ						
_	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gamin	•	▶				
10 a	Gross sales of inventory, less re						
	and allowances						
b	Less: cost of goods sold	b					
с	Net income or (loss) from sales	of inventory	🕨				
	Miscellaneous Revenue		Business Code				
11 a	MISCELLANEOUS REVENUE		900099	1,112.	1,112.		
b							
с							
	All other revenue						
			·	1 110			
	Total. Add lines 11a-11d			1,112.			

Part IX Statement of Functional Expenses

Form 990 (2018)

FKA COMMUNITY HEALTH AWARENESS COUNCIL

	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				·
and	d domestic governments. See Part IV, line 21 📖				
2 Gra	ants and other assistance to domestic				
ind	lividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
org	ganizations, foreign governments, and foreign				
ind	dividuals. See Part IV, lines 15 and 16				
4 Be	nefits paid to or for members				
	ompensation of current officers, directors,				
tru	stees, and key employees	144,123.	46,119.	25,943.	72,06
	mpensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages	1,750,179.	1,491,098.	241,584.	17,49
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	33,547.	16,825.	16,722.	
	her employee benefits	72,340.	69,381.	2,475.	48
	yroll taxes	138,100.	112,943.	18,325.	6,83
	es for services (non-employees):				
a Ma	anagement				
	gal	50.004		TO COL	
c Ac	counting	79,694.		79,694.	
	bbying				
	ofessional fundraising services. See Part IV, line 17	4,000.			4,00
	vestment management fees				
-	her. (If line 11g amount exceeds 10% of line 25,	154 010	<i>c1</i> 405	50.000	
	umn (A) amount, list line 11g expenses on Sch 0.)	154,819.	61,495.	50,922.	42,40
	Ivertising and promotion	40, 552	40.651	B B (C)	1 22
	fice expenses	49,753.	40,651.	7,766.	1,33
	ormation technology	94,450.	80,465.	8,752.	5,23
	yalties	EC 020		F 140	1.02
		76,939.	67,762.	5,142.	4,03
		4,304.	4,291.	13.	
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	onferences, conventions, and meetings				
-	erest				
	yments to affiliates	02.164	C0 001	00.050	
	preciation, depletion, and amortization	93,164.	69,291.	23,873.	
-		18,927.	11,120.	6,911.	89
abo 24e	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses in line 24e. If line e amount exceeds 10% of line 25, column (A)				
	IPENDS/INTERN	159,504.	159,504.		
u	ES & SUBSCRIPTIONS	33,601.	18,937.	14,664.	
~	D DEBT EXPENSE	14,044.	14,044.		
· _	CENSE & FEES	8,863.	8,423.	440.	
		3,861.		3,861.	
	other expenses	2,934,212.	2,272,349.	507,087.	154,77
	tal functional expenses. Add lines 1 through 24e	2,334,414.	2,2,2,3=3.		131,11
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
edt	ucational campaign and fundraising solicitation.				

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Form 990 (2018)

	990 (2 t X						223670 Page 1
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99,681.	1	317,461
	2	Savings and temporary cash investments				2	47,494
	3	Pledges and grants receivable, net			322,500.	3	349,000
	4	Accounts receivable, net			647,623.	4	227,479
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
.		employees' beneficiary organizations (see instr).				6	
422612	7	Notes and loans receivable, net		7			
Ê	8	Inventories for sale or use				8	
	9	B			20,096.	9	43,460
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,928,393.			
	b	Less: accumulated depreciation		409,368.	3,280,244.	10c	3,519,025
	11	Investments - publicly traded securities		521,157.	11	554,638	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			16,199.	15	28,857
	16	Total assets. Add lines 1 through 15 (must equ			4,907,500.	16	5,087,414
	17	Accounts payable and accrued expenses	131,364.	17	130,081		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
.	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
				· · ·		22	
ĭ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of			
		Schedule D			50,674.	25	38,597
	26	Total liabilities. Add lines 17 through 25			182,038.	26	168,678
		Organizations that follow SFAS 117 (ASC 958), check h	ere 🕨 🗴 and			
0		complete lines 27 through 29, and lines 33 an	d 34.				
2	27	Unrestricted net assets			4,345,135.	27	4,543,786
	28				380,327.	28	374,950
	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (A	SC 958), (check here 🕨 🗌			
5		and complete lines 30 through 34.					
Net Assets of Fund Data lices	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed				31	
2	32	Retained earnings, endowment, accumulated in		Г		32	
	33	Total net assets or fund balances		·····	4,725,462.	33	4,918,736
		Total liabilities and net assets/fund balances			4,907,500.	34	5,087,414

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Form	990 (2018) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-222367	0	Pa	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,107,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,934,	
3	Revenue less expenses. Subtract line 2 from line 1	3		,	872.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4		462.
5	Net unrealized gains (losses) on investments	5		20,	402.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	,918,	736.
Par	t 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
					/ · - ·

Form **990** (2018)

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Public Charity Status and Public Support

OMB No. 1545-0047

(Fo	rm 99	90 or 990-EZ)		omplete if the organ	nization is a section 501	(c)(3) orga	anization			2018
		of the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
Intern	al Reve	nue Service			/Form990 for instruction			nformation.		Inspection
Nan	ne of t	the organizati							Employe	identification number
Do	~+ I	Decen			AWARENESS COUNCIL					94-2223670
	rtl				All organizations must co			e instructions	S	
	organ		•		For lines 1 through 12, c		,			
1		-		-	on of churches described			I)(A)(i).		
2					Attach Schedule E (Forn			 ,		
3					anization described in se					
4			•	ation operated in col	njunction with a hospital	described	in sectio	A)(1)(d)/11 n	(III). Enter	the hospital's name,
-		city, and stat		ar the benefit of a co	llaga or university owned	l or operat		vorpmontolu	ait dooorib	ad in
5		0	•	Complete Part II.)	llege or university owned	i or operat	eu by a go	vernmental u	nit describe	
6					nental unit described in	agation 1	70/6//4//4	60		
6 7	X	-			ntial part of its support fr				o gonoral	aublia dagaribad in
'		0		omplete Part II.)	Initial part of its support in	on a yove	ennentai		le general	
8					(1)(A)(vi). (Complete Par	+ 11)				
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	inction with a	land-grant	college
Ŭ					ulture (see instructions).					
		university:		grant conogo or agno			name, eny	, and state of	the conege	
10			on that norma	Ilv receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns. membersl	nip fees, ar	d aross receipts from
					ct to certain exceptions,					
					(less section 511 tax) fro					
				mplete Part III.)	. , ,		·	, ,		·
11					ively to test for public sa	fety. See	section 50	09(a)(4).		
12					ively for the benefit of, to				rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		_ Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		_ its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		J Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppor	ted organi	zation(s)
				•	ation generally must sat	•		•	an attenti	veness
	_	- ·			nplete Part IV, Sections					
е					written determination fro			Туре I, Туре	II, Type III	
_		-	-	• ·	nally integrated supportion	ng organiz	ation.			
		er the number	• •	•						
<u> </u>		(i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	monetary	(vi) Amount of other
		organizatior		(,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir		support (see instructions)
					above (see instructions))	103				
_										
Tota										

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support (e) 2018 Calendar year (or fiscal year beginning in) 🕨 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,223,258 2,029,096. 1,677,839 1,993,207. 2,389,250 10,312,650. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,389,250. 2,223,258, 2,029,096, 1,677,839, 1,993,207. 10,312,650. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10,312,650. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 20</u>18 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total 2,029,096. 1,677,839. 1,993,207. 2,223,258. 2,389,250. 10,312,650. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 15,007. 3,976. 19,621 12,848. 24,221. 75,673. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2,875 2,875, 10,391,198. **11 Total support.** Add lines 7 through 10 2,884,266. **12** Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.24 14 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2017 Schedule A, Part II, line 14 99.06 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	-1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (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 section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	janization,
						>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2018 (I			column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from			on line 14 and lin		18	%
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box and b 22 1/2% support tasts - 2017. If the						······
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization			•		•	
832023 10-11-18	and not oneon a	<u>557 61 mile 14, 13</u>				m 990 or 990-EZ) 2018
		15	5			

Schedule A (Form 990 or 990 EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL

Yes No

Part IV Supporting Organizations

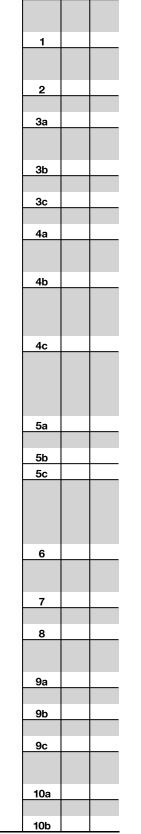
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.*
- **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.*
- **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.*
- 5a 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).*
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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.*
- **b** 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.)

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL

94-2223670 Page 5

Par	T IV Supporting Organizations (continued)			
		Y	/es	No
11	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?	а		
b	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.		-	
Sec	tion B. Type I Supporting Organizations	<u> </u>		
		<u> </u>	/es	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		63	NU
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_	_	
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations			
		Y	/es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
		Y	/es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-		
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		_	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructi	ons) <u>.</u>		
2	Activities Test. Answer (a) and (b) below.		/es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D D				
	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.	<u>'</u>	\rightarrow	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	<u> </u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
832025	5 10-11-18 Schedule A (Form 990 o	r 990-	-EZ)	2018

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Schedule A (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL

<u>Sch</u> e	dule A (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUN	ICIT		94-2223670	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instru	uctions. A
	other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion C - Distributable Amount			Current Ye	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH			94-2223670 Page
		a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	ſ	I	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e				(Farme 000 an 000 F7) 004

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	FKA	COMMUNITY	HEALTH	AWARENESS	COUNCIL
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	CHAC		
Schedule A	Form 990 or 990 EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C,

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization	on	Employer identification number
	CHAC	
	FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule.	
, ,	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
	rganization		Emplo	yer identification number
CHAC FKA COMM	MUNITY HEALTH AWARENESS COUNCIL		9	4-2223670
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
1		\$47	7,543.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
2		\$44	7,300.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
3			5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
4		\$19	0,306.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
5		\$17	2,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
6		\$16	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedu	le B (Form	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
	rganization		Employer identification number
CHAC FKA COMM	MUNITY HEALTH AWARENESS COUNCIL		94-2223670
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$133,	280. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
8		\$104,	,273. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
9			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 3
	rganization		Employer identification number
CHAC FKA COMM	AUNITY HEALTH AWARENESS COUNCIL		94-2223670
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
4	LEASEHOLD IMPROVEMENTS		
		\$190	,306. 06/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		 \$	
823453 11-08	1		B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page 4				
Name of or	rganization		Employer identification number				
CHAC							
FKA COMM	UNITY HEALTH AWARENESS COUNCIL		94-2223670				
Part III			ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious	charitable etc. contributions of \$1,000 or l	y. For organizations ess for the year. (Enter this info. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	·				
		()					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
			· · · · ·				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
Ļ							
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	() [
-							
		(e) Transfer of gift					
ŀ	Transferee's name, address, a	na בוץ + 4	Relationship of transferor to transferee				
902454 11 09	10		Sabadula B (Earm 990, 990, EZ, ar 990, PE) (2019)				

823454 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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SCHEDULE D	Supplemental Financial Statements
(Form 990)	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.
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	CHAC



Nam	e of the organization CHAC	2011)271	Employer identification number
De	FKA COMMUNITY HEALTH AWARENESS		94-2223670
Pa		nds or Other Similar Funds or A	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		
5	Did the organization inform all donors and donor advisors in writing	-	
	are the organization's property, subject to the organization's exclusion		
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or done		
-	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	ation answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (e.g., recreation or educated and the second secon	tion) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution 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		2b
С	Number of conservation easements on a certified historic structure	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7	/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	I, extinguished, or terminated by the orga	anization during the tax
	year 🕨		
4	Number of states where property subject to conservation easemer	nt is located ►	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds	s?	
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ing of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation east	sements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the c	organization's accounting for
_	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art,	, Historical Treasures, or Other	[·] Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	B), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the	nese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958	3), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educati	on, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under SFAS 116 (AS		
~	Revenue included on Form 990 Part VIII line 1		► ¢

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

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	2	6					
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2018.05070 CHAC FKA COMMUNITY HEALTH 118098_1

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	CHAC									
		ITY HEALTH AWAR						94-222		Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	t are a sig	nificant use	e of its c	ollection	items
	(check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	-		-	-			e in Part	XIII.	
5	During the year, did the organization solicit o								7.2	
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes	No No
Fai	reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on I	-orm 990, I	Part IV, I	ine 9, or	
10	Is the organization an agent, trustee, custodi		lion (for c	ontribution	o or other ear	ooto not in	aludad			
Ia									Yes	No
h	on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table:									
b		and complete the lo	nowing ta	abie.					Amount	
~	Beginning balance						1c		Amount	
	Beginning balance Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.							······		
Par										
	·	(a) Current year		rior year	(c) Two yea		d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	ı, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	red for the	organizati	on	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		cumulated reciation		(d) Book	value
1a	Land			1	,371,249.				1,	371,249.
	Buildings			2	,321,694.		343,55	53.	1,	978,141.
с	Leasehold improvements									
d	Equipment				235,450.		65,81	15.		169,635.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colum</u>	nn (B), line 1	<u>0c.)</u>				З,	519,025.

Schedule D (Form 990) 2018

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Part VII Investments - Other Securities.

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

 I.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (b) Book value

 (2) FUNDS HELD IN TRUST
 38,

 (3)
 (4)

 (5)
 (6)

(8) (9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 38, 597.

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

Schedule D (Form 990) 2018

832053 10-29-18

(7)

38,597

	CHAC				
Sche	dule D (Form 990) 2018 FKA COMMUNITY HEALTH AWARENESS COU			94-222367	0 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Ro	evenue per Re [.]	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,054,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	20,402.		
b	Donated services and use of facilities	2b	914,973.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	935,375.
3	Subtract line 2e from line 1			3	3,119,273.
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	-12,189.		
	Add lines 4a and 4b			4c	-12,189.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	3,107,084.
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> TXII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	3,861,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	914,973.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		12,189.		
е	Add lines 2a through 2d			2e	927,162.
3	Subtract line 2e from line 1			3	2,934,212.
4	Amounts included on Form 990, Part IX, line 25, 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			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	2,934,212.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2;	Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar				
		-			
PART	X, LINE 2:				

CHAC IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AND CALIFORNIA INCOME

TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE (IRC) AND 23701(D) OF THE STATE OF CALIFORNIA REVENUE AND TAXATION

CODE. AS SUCH, CHAC QUALIFIES FOR THE MAXIMUM CHARITABLE CONTRIBUTION

DEDUCTION BY DONORS.

CHAC HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF

JUNE 30, 2019, CHAC DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS

FOR WHICH A RESERVE WOULD BE NECESSARY. CHAC'S FEDERAL AND STATE INCOME

TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY TAXING AUTHORITIES FOR

THREE YEARS AFTER THEY ARE FILED FOR FEDERAL RETURNS AND FOUR YEARS AFTER

29

832054 10-29-18

Schedule D (Form 990) 2018

	CHAC	WARENEGO COUNCIL	04 2222670	
Schedule D (Form 990) 2018 Part XIII Supplemental Inform	ation (continued)	AWARENESS COUNCIL	94-2223670	Page 5
THEY ARE FILED FOR STATE RETUR	NS. CHAC'S FEDERAL RET	FURNS FOR THE YEARS		
ENDED JUNE 30, 2018, 17, AND 1	6 COULD BE SUBJECT TO	EXAMINATION BY FEDERAL		
TAXING AUTHORITIES. CHAC'S STA	TE RETURNS FOR THE YEA	ARS ENDED JUNE 30,		
2018, 17, 16, AND 15 COULD BE	SUBJECT TO POSSIBLE EX	XAMINATION BY STATE		
TAXING AUTHORITIES.				
PART XI, LINE 4B - OTHER ADJUS	TMENTS :			
		-12,189.		
PART XII, LINE 2D - OTHER ADJU	STMENTS:		 	
DIRECT FUNDRAISING EXPENSES		12,189.		

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization	•	to www.irs.gov/Form990 for instru	lction	s and	the latest informati	on.		ntification number
	FKA COMMUN	ITY HEALTH AWARENESS COUNCI	L				94-222367	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	ion of tion of fundra (includ	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
				<u> </u>				
		n is registered or licensed to solicit o	ontrib	utions	l or has been notified	it is	exempt from reo	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL

94-2223670 Page **2**

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL SPRING		NONE	(add col. (a) through
			BREAKFAST EVENT			col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	36,022.			36,022.
	2	Less: Contributions	33,147.			33,147.
	3	Gross income (line 1 minus line 2)	2,875.			2,875.
	4	Cash prizes				
	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment	10,000.			10,000.
	9	Other direct expenses				2,189.
.	10	Direct expense summary. Add lines 4 through	0: ()		•	12,189.
·	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	-9,314.
Par	rtI	 Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. 				
enue		· · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				

			l			1
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	ls t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	erminated during the tax y	year?	Yes No

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

CITT A	

Sch	edule G (Form 990 or 990-EZ) 2018 FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-2	223670	Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Ye	es 🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
c	of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
h	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		es 🛄 No
L.	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines	9, 9b, 10b,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	83 10-03-18 Schedule G (Forr 33	n 990 or	990-EZ) 2018

hedule G (Form 990 or 990-EZ) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670	Page
hedule G (Form 990 or 990-EZ) FKA COMMUNITY HEALTH AWARENESS COUNCIL art IV Supplemental Information (continued)		

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2018 Open to Public Inspection

Employer identification number

94 - 2223670

Name of	the organization	
Marine Of	the organization	

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

FKA	COMMUNITY	HEALTH	AWARENESS	COUNCIL
-----	-----------	--------	-----------	---------

Pai	τI	T	ype	S O	Proper	ty										
								(a)	(b)	(c)			(d)			
								Check if	Number of contributions or	Noncash cor amounts rep			lethod of dete		•	_
								applicable	items contributed			g nonca	ash contributi	on ar	nounts	5
1	Art	- Wor	ks of	art												
2																
3																
4																
5						ds										
6																
7					. .											
8		ellectu		-	• • • • • • • • • • • • • • • • • • • •											
9																
10	Sec	curitie	s - Cl	losel	y held stoc	:k										
11	Sec	curitie	s - Pa	artne	ership, LLC	, or										
	trus	st inte	erests	;												
12	Sec	curitie	s - M	isce	llaneous											
13	Qu	alified	l cons	serva	ation contri	bution -										
	His	toric	struct	tures	\$											
14						bution - Othe										
15	Rea	al esta	ate - F	Resid	dential											
16	Rea	al esta	ate - (Com												
17																
18																
19																
20																
21																
22												_				
23																
24											100.000					
25	Oth	ner		`_	EASEHOLD		_)	X	1		190,306	. F'MV				
26	Oth	ner														
27	Oth	ner		(_			_)									
28	Oth	ner		()									
29	Nu	mber	of Fo	rms	8283 recei	ved by the or	ganiz	zation during	g the tax year for c	ontributions						
	for	whicł	n the	orga	inization co	mpleted Forr	n 828	83, Part IV, I	Donee Acknowledg	gement	29				0	
													_		Yes	No
30a	Dui	ring th	ne ye	ar, d	id the orga	nization recei	ve by	y contributio	n any property rep	orted in Part I, li	nes 1 throu	ugh 28, that	it			
	mu	st hol	d for	at le	ast three y	ears from the	date	e of the initia	l contribution, and	which isn't requ	ired to be	used for				
	exe	mpt i	ourpo	oses	for the enti	ire holding pe	riod?	?						30a		х
b						ement in Part							····· F			
31					•			policy that re	equires the review	of any nonstand	ard contrib	utions?		31		х
			-			•		-	ganizations to soli	-			F	•		
JEa		ntribu	0	~					0	<i>, , ,</i>				32a		x
L.					in Part II.								·····	JZd		
		,						olumon (a) fa		for which as here	on (a) :	aalvad				
33					-	on an amount	. II I C	olumin (C) fo	r a type of property	ior which colur	nn (a) is ch	eckeu,				
		scribe											0	(F.)	. 000	00.10
LHA	E F	or Pa	perv	vork	Reduction	1 ACT NOTICE.	see	the Instruct	tions for Form 99	J.			Schedule M	Forn	n 990)	2018

CHAC

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF

ITEMS CONTRIBUTED.

Schedule M (Form 990) 2018

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Page **2**

94-2223670

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.



Employer identification number 94-2223670

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FKA COMMUNITY HEALTH AWARENESS COUNCIL

CHAC

CHILDREN AND TEENS AND THEIR FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNSELING PROVIDED THROUGH CHAC'S PREVENTION PLUS PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COUPLES, AND FAMILY COUNSELING AND EMOTIONAL SUPPORT GROUPS TO MORE

THAN 700 INDIVIDUALS OF ALL AGES.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE

IT WAS FILED, FOR ACCURACY PURPOSES. THE EXECUTIVE DIRECTOR AND THE

ASSOCIATE DIRECTOR/CHIEF FINANCIAL OFFICER AND THE BOARD OF DIRECTORS WILL

REVIEW THE FORM 990 AND THE EXECUTIVE DIRECTOR SIGNS THE REVIEWED FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

CHAC'S REPUTATION FOR INTEGRITY IS ITS MOST VALUABLE ASSET AND IS DIRECTLY

RELATED TO THE CONDUCT OF ITS OFFICERS AND OTHER EMPLOYEES. THEREFORE,

EMPLOYEES MUST NEVER USE THEIR POSITIONS WITH CHAC, OR ANY OF ITS CLIENTS,

FOR PRIVATE GAIN, TO ADVANCE PERSONAL INTERESTS OR TO OBTAIN FAVORS OR

BENEFITS FOR THEMSELVES, MEMBERS OF THEIR FAMILIES OR ANY OTHER

INDIVIDUALS, CORPORATIONS OR BUSINESS ENTITIES.

CHAC ADHERES TO THE HIGHEST LEGAL AND ETHICAL STANDARDS APPLICABLE IN OUR

ORGANIZATION. CHAC'S BUSINESS IS CONDUCTED IN STRICT OBSERVANCE OF BOTH THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

09470424 701245 118098

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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization CHAC

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Page 2 Employer identification number 94-2223670

LETTER AND SPIRIT OF ALL APPLICABLE LAWS AND THE INTEGRITY OF EACH EMPLOYEE

IS OF UTMOST IMPORTANCE.

EMPLOYEES OF CHAC SHALL CONDUCT THEIR PERSONAL AFFAIRS SUCH THAT THEIR

DUTIES AND RESPONSIBILITIES TO CHAC ARE NOT JEOPARDIZED AND/OR LEGAL

QUESTIONS DO NOT ARISE WITH RESPECT TO THEIR ASSOCIATION OR WORK WITH CHAC.

REGARDING OUR CONFLICT OF INTEREST POLICY AND PRACTICE:

CHAC ADMINISTERS A CONFLICT OF INTEREST (COI)POLICY #3140 AND FORM TO EACH

EMPLOYEE UPON HIRING. THE COI REQUIRES THAT "EMPLOYEES MUST FULLY DISCLOSE

ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST TO THEIR SUPERVISOR." EACH

COI IS SIGNED AND RETAINED IN THE EMPLOYEE FILE. ANY REPORTED OR IDENTIFIED

CONFLICTS ARE REVIEWED BY THE ED AND A DECISION IS MADE BY THE ED FOR

APPROPRIATE ACTIONS TO BE TAKEN IF NECESSARY.

ANNUALLY, THE POLICY IS REVIEWED WITH THE ENTIRE STAFF TO ENSURE THAT THEY

REPORT ANY CHANGES TO THEIR STATED CONFLICT OF INTEREST TO THEIR

SUPERVISOR. MANAGEMENT REMAINS ATTENTIVE TO REPORTED KNOWLEDGE OF THE

ACTIVITIES OF ITS EMPLOYEES TO ENSURE THAT ANY CONFLICTS ARE REVIEWED BY

SENIOR MANAGEMENT.

THE COI FOR THE BOARD OF DIRECTORS IS ADMINISTERED ANNUALLY AS WELL.

FORM 990, PART VI, SECTION B, LINE 15:

ALL EMPLOYEES ARE EVALUATED ON AN ANNUAL BASIS, USUALLY IN THE SUMMER. THE

ANNUAL EVALUATION IS BASED ON THE EMPLOYEE'S JOB DESCRIPTION AND THE GOALS

SET DURING THE EVALUATION PERIOD IN THE PREVIOUS YEAR. ALL EVALUATIONS WILL

832212 10-10-18

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Name of the organization CHAC FKA COMMUNITY HEALTH AWARENESS	COUNCIL		Employer identification number 94-2223670
BE RENDERED IN WRITING ON CHAC'S PERFORMANCE EVALUAT	TION FORM. THE		
PERFORMANCE IS RELATED TO THE COMPENSATION DETERMINA	ATION. THE EXEC	UTIVE	
DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOD. TH	IE SUPERVISOR O	R	
DESIGNATED REPRESENTATIVE AND CHAC MANAGEMENT DETERM	INE THE OTHER		
EMPLOYEES' COMPENSATION.			
FORM 990, PART VI, SECTION C, LINE 19:			
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND) FINANCIAL STA	TEMENTS	
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.			
FORM 990, PART XII, LINE 2C:			
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.			
832212 10-10-18			Schedule O (Form 990 or 990-EZ) (2018
70424 701245 118098 2	39		COMMUNITY HEALTH 11809

Page **2**

Schedule O (Form 990 or 990-EZ) (2018)