### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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

Open to Public Inspection

<u>A</u>	roi tile	2019 calendar year, or tax year beginning Jul	1 1, 2019 and	enaing J	UN 30, 2020		
В	Check if applicable	C Name of organization			D Employer ide	ntifica	tion number
	Addres		NCIL				
	Name change	Doing business as			94-2223	670	
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone nu	mber	
Г	Final return/	590 W EL CAMINO REAL	,		(650) 965		)
	termin- ated	City or town, state or province, country, and Z	P or foreign postal code		G Gross receipts \$		3,339,613.
	Amend	MOUNTAIN VIEW, CA 94041	•		H(a) Is this a gro	up retu	ırn
	Application	F Name and address of principal officer: MARSHA	DESLAURIERS		for subordin		
	pendin	590 W EL CAMINO REAL, MOUNTAIN VIEW			H(b) Are all subordin		
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1		st. (see instructions)
		e: WWW.CHACMV.ORG			H(c) Group exem	nption i	number >
K	Form of	organization: Corporation Trust X Ass	ociation Other ►	<b>L</b> Year	of formation: 1983		State of legal domicile; CA
Pa	art I	Summary		•			· ·
	1	Briefly describe the organization's mission or most s	ignificant activities: CHAC'S	COUNSELI	NG PROGRAMS		
Governance		ADDRESS A WIDE RANGE OF EMOTIONAL AND S					
rna	2	Check this box 🕨 🔲 if the organization discont	inued its operations or dispos	ed of more	than 25% of its ne	t asset	ts.
Ş	3	Number of voting members of the governing body (F	art VI, line 1a)			3	16
Ğ	4	Number of independent voting members of the gove	rning body (Part VI, line 1b)			4	16
8	5	Total number of individuals employed in calendar ye	ar 2019 (Part V, line 2a)			5	54
itie.	6	Total number of volunteers (estimate if necessary)				6	100
Activities &	7 a	Total unrelated business revenue from Part VIII, colu				7a	0.
_	b	Net unrelated business taxable income from Form 99				7b	0.
					Prior Year		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			2,389,2	50.	2,286,369.
ň	9				711,0	29.	837,733.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, a		13,9	93.	17,251.	
α.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			-7,1	88.	306.
	1	Fotal revenue - add lines 8 through 11 (must equal P			3,107,0	84.	3,141,659.
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A),				0.	0.
ý	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		2,138,289.		2,523,864.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)		4,000.		0.
De C	b	Total fundraising expenses (Part IX, column (D), line		760.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			791,9	23.	699,554.
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		2,934,2	12.	3,223,418.
	19	Revenue less expenses. Subtract line 18 from line 12	2		172,8	72.	-81,759.
20	G			Ве	ginning of Current Y	ear	End of Year
sets	20	Fotal assets (Part X, line 16)			5,087,4		5,517,548.
ASS	21	Fotal liabilities (Part X, line 26)			168,6	78.	663,598.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from li	ne 20		4,918,7	36.	4,853,950.
Pa	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, ir				of my k	nowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer)	is based on all information of wh	ich preparer	has any knowledge.		
Sig	n	Signature of officer			Date		
Hei	re	MARSHA DESLAURIERS, EXECUTIVE DIRE	CTOR				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN
Pai	d	MATTHEW PETROSKI M	ATTHEW PETROSKI	0		employed	P00853132
	parer	Firm's name ARMANINO LLP			Firm's EIN	<b></b>	94-6214841
Use	Only	Firm's address $\triangleright$ 50 W. SAN FERNANDO ST, ST	E 500				
_		SAN JOSE, CA 95113			Phone no.	408-2	200-6400
Ma	v the IF	S discuss this return with the preparer shown above	e? (see instructions)				X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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.
	Did the constant of the consta
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
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,146,896. including grants of \$ ) (Revenue \$ 473,795.
	SCHOOL-BASED SERVICES FOR YOUTH AND TEENS
	CHAC THERAPISTS SUPPORT THE PSYCHOLOGICAL AND EMOTIONAL WELL-BEING OF
	4,651 STUDENTS IN GRADES K-12 IN 35 SCHOOLS WITH COUNSELING AND SOCIAL
	EMOTIONAL LEARNING PROGRAMS. CHAC PROVIDES ONGOING COUNSELING FOR
	STUDENTS WITH BEHAVIORAL AND EMOTIONAL CHALLENGES WITH A GOAL OF
	SERVING THE WHOLE CHILD. CHAC'S CLINICIANS TAKE AN "INTEGRATED CARE"
	APPROACH, PROVIDING STUDENTS WITH COPING MECHANISMS THAT REPLACE
	UNHEALTHY HABITS WITH BETTER CHOICES AND FACILITATE ACADEMIC SUCCESS,
	INCREASED ATTENDANCE, DECREASED TARDINESS AND IMPROVED SOCIAL
	RELATIONSHIPS. THIS PROGRAM IS DESIGNED TO GIVE EACH STUDENT THE
	GREATEST CHANCE FOR SUCCESS IN LIFE BY PROTECTING THEM FROM HIGH-RISK
4b	(Code:) (Expenses \$
	SPECIALIZED PROGRAMS FOR SUBSTANCE USE, DEPENDENCIES AND CULTURALLY
	ATTUNED SERVICES FOR OUR LATINX COMMUNITY SERVICED MORE THAN 265
	UNDUPLICATED INDIVIDUALS AND FAMILIES WITH MORE THAN 4,400 HOURS OF
	COUNSELING.
	SINCE ITS INCEPTION, CHAC HAS FOCUSED ON PREVENTION OF CHEMICAL
	DEPENDENCY AND OTHER COMPULSIVE TENDENCIES. CHAC'S OUTPATIENT
	COUNSELING PROGRAM TURNS LIVES AROUND FOR TEENS AND YOUNG ADULTS
	AFFECTED BY SUBSTANCE MISUSE/ABUSE, AS WELL AS FOR THEIR FAMILIES,
	DEFINING HEALTH THROUGH A BIO-PSYCHO-SOCIAL LENS AND USING THE
	THERAPEUTIC MODALITIES OF MINDFULNESS-BASED PSYCHOTHERAPY, FAMILY
	SYSTEMS THERAPY, AND RELAPSE PREVENTION TO HELP INDIVIDUALS DEVELOP THE
4c	(Code:) (Expenses \$ 541,422
	CLINIC SERVICES FOR INDIVIDUALS, COUPLES, FAMILIES OF ALL AGES
	INCLUDING COUNSELING, SUPPORT GROUPS, AND CLASSES
	CHAC SERVED 568 UNDUPLICATED INDIVIDUALS, COUPLES, AND FAMILIES OF ALL
	AGES WITH 12,600 HOURS OF COUNSELING TO PROVIDE WHAT CHAC BELIEVES IN
	MOST: THE VALUE OF EACH INDIVIDUAL, THE IMPORTANCE OF FAMILY, AND THE
	NECESSITY OF COMMUNITY. CHAC'S FAMILY RESOURCE CENTERS (FRCS) SERVED
	MORE THAN 9,000 FAMILIES WITH SUPPORT FROM FIRST 5 SANTA CLARA COUNTY
	AND OTHER COMMUNITY PARTNERS WITH PROGRAMS THAT HELP PARENTS AND OTHER
	CAREGIVERS UNDERSTAND THE IMPORTANCE OF PHYSICAL AND SOCIAL-EMOTIONAL
	DEVELOPMENT DURING THE FIRST YEARS OF LIFE AND PROVIDE THE FAMILY AND
4-1	COMMUNITY ENGAGEMENT NEEDED TO BUILD STRONG COMMUNITIES. CHAC'S
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 2,357,437.
<del>-10</del>	Total program service expenses

### Form 990 (2019) 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)?			
	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	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 donor-restricted endowments			
	or in 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,		х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		$\vdash$
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<del> </del>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	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			
	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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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,"			,
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x

FKA COMMUNITY HEALTH AWARENESS COUNCIL

94-2223670

# Form 990 (2019) FKA COMMUNITY HEALTH AWAREN Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
29	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<del></del>
30	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	, ,	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<del></del>
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55	1	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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			
	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20	Form	990	(2019)

18360428 701245 118098

Form 990 (2019) FKA COMMUNITY HEALTH AWARENESS COUNCIL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				103	140
	filed for the calendar year ending with or within the year covered by this return	2a	54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		•	2b	х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the constitution become lated the circumstate of \$4,000 and the circumstate of \$4,000 and the circumstate of \$1,000 and th			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a		Х
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 Ad	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	, , , , , , , , , , , , , , , , , , , ,			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired	7-		х
4	to file Form 8282?	7d	 	7с		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		l	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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:		ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	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.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
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				14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	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	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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 X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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 94041

### Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss per	rson i	than of s both or/trus	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PHIL ROSE	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) CAROL RHOADS	2.00									
VICE CHAIR (THRU 06/20)		Х		Х				0.	0.	0.
(3) KATHY KRUEGER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) GEORGE TYSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) DENNIS YOUNG	2.00									
DIRECTOR		Х						0.	0.	0.
(6) SHALI SIRKAY	2.00									
DIRECTOR		Х						0.	0.	0.
(7) LAURA BLAKELY	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JOAN MACDONALD	2.00									
DIRECTOR		Х						0.	0.	0.
(9) RYAN MATLOW	2.00									
DIRECTOR (THRU 06/20)		Х						0.	0.	0.
(10) LEONA PEARCE	2.00									
DIRECTOR (THRU 01/20)		Х						0.	0.	0.
(11) JOHN RADFORD	2.00									
DIRECTOR (THRU 01/20)		Х						0.	0.	0.
(12) ANNA WELDON	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SANDY BERGAN	2.00									
DIRECTOR (AS OF 07/20)		Х						0.	0.	0.
(14) ELLEN KAMEI	2.00									
DIRECTOR		Х						0.	0.	0.
(15) PHIL FAILLACE	2.00									
DIRECTOR		Х						0.	0.	0.
(16) NEYSA FLIGOR	2.00									
DIRECTOR		Х						0.	0.	0.
(17) ELISE BERGERON	2.00									
DIRECTOR (AS OF 07/20)		Х						0.	0.	0. Form <b>990</b> (2019)

Compensation   Comp	Form 990 (2019) FKA COMMUNIT	Y HEALTH AW	ARE	NES	s c	OUN	CIL			94-222367	0 Page <b>8</b>
Name and title	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
Nours per   Week   Nours per   Nours per   Week   Nours per   Nou		(B)			(0	C)				` '	(F)
18   LAKSHNI YENDAPALLI	Name and title	hours per week (list any hours for related organizations below	box	not cl , unles cer an	neck   ss per d a d	more rson i irecto	than on the state of the state	an tee)	compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
19   KEVIN DUGGAN	(18) LAKSHMI YENDAPALLI	2.00									
DIRECTOR (AS OF 03/20)	DIRECTOR (AS OF 03/20)		Х						0.	0.	0.
10   JESSICA MANCINI   2.00	(19) KEVIN DUGGAN	2.00									
DIRECTOR (AS OF 01/20)	DIRECTOR (AS OF 03/20)		Х						0.	0.	0.
11   Marsha Deslauriers	(20) JESSICA MANCINI	2.00									
X	DIRECTOR (AS OF 01/20)		Х						0.	0.	0.
1b Subtotal	(21) MARSHA DESLAURIERS	40.00									
DIRECTOR OF TRAINING  (23) CAROL MELLBERG  DIRECTOR OF SCHOOL BASED PROGRAMS   101,461.  101,461	EXECUTIVE DIRECTOR				Х				144,311.	0.	4,433.
101,461.   0.   8,895.	(22) RON PILATO	40.00									
X   101,461.   0.   8,895.	DIRECTOR OF TRAINING						Х		113,837.	0.	8,765.
1b Subtotal  Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	(23) CAROL MELLBERG	40.00									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	DIRECTOR OF SCHOOL BASED PROGRAMS						Х		101,461.	0.	8,895.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable											
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	1b Subtotal							<u> </u>	359,609.	0.	22,093.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable								<b></b>	0.	0.	
	d Total (add lines 1b and 1c)							<b></b>	359,609.	0.	22,093.
compensation from the organization	<ul> <li>Total number of individuals (including but r</li> <li>compensation from the organization</li> </ul>	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	3

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Voc " complete Schodule I for such person	5		х

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
UIS TECHNOLOGY PARTNERS, 4104 24TH ST, STE		
540, SAN FRANCISCO, CA 94114	OUTSOURCED IT SUPPORT	104,151.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	

Form **990** (2019)

\$100,000 of compensation from the organization

Form 990 (2019) FKA COMMUN

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ဗ် ရို		Fundraising events 1c					
Ę,		d Related organizations 1d					
ية إق			1,562,596.				
Sir		3 ( )	1,302,330.				
e Hi		f All other contributions, gifts, grants, and	723,773.				
章된		similar amounts not included above 1f					
o d		Moncash contributions included in lines 1a-1f	1,055.	2 206 260			
Og		n Total. Add lines 1a-1f	<b>&gt;</b>	2,286,369.			
			Business Code	452 505	452 505		
Se	2		541900	473,795.	473,795.		
ēŽ		PROGRAM SERVICES FEES	541900	363,938.	363,938.		_
Program Service Revenue		C					
ar eve		d					
og B		e					
<u> </u>	1	f All other program service revenue					
		Total. Add lines 2a-2f		837,733.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	▶	17,251.			17,251.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	<b>•</b>				
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 306.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 306.					
		d Net rental income or (loss)		306.			306.
		a Gross amount from sales of (i) Securities	(ii) Other				
	'	105.054	(11) 0 11 101				
		assets other than inventory  b Less: cost or other basis					
ø.							
Ž							
ther Revenue		J. G.		0.			
Ä		d Net gain or (loss)	·····	0.			
‡	8	a Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses8b	_				
		Net income or (loss) from fundraising events	<b></b>				
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
	(	Net income or (loss) from gaming activities	<b></b>				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory	<b>&gt;</b>				
, [			Business Code				
Miscellaneous Revenue	11	a					
ane Duc		b					
ele eve							
lisc B		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,141,659.	837,733.	0.	17,557.

932009 01-20-20

94-2223670

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons		his Part IX(B)	(C)	
7b, 8b	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 0	Grants and other assistance to domestic				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	149,185.	47,739.	26,853.	74,593
	Compensation not included above to disqualified	,	,	,	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,092,711.	1,693,791.	267,708.	131,212
	Pension plan accruals and contributions (include	, ,	, ,	,	,
	ection 401(k) and 403(b) employer contributions)	24,562.	20,334.	4,228.	
	Other employee benefits	96,115.	70,686.	19,653.	5,776
	Payroll taxes	161,291.	126,508.	20,286.	14,497
	Fees for services (nonemployees):	,	,	,	•
	Management	16,437.		16,437.	
	_egal	,			
	Accounting	84,039.		84,039.	
	obbying	·			
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	223,078.	168,647.	41,388.	13,043
	Advertising and promotion	1,578.	,	,	1,578
	Office expenses	32,101.	21,778.	2,236.	8,087
	nformation technology	32,741.	24,836.	6,465.	1,440
	Royalties	,	,	,	,
	Decupancy	72,003.	61,170.	7,213.	3,620
	ravel	3,273.	3,229.	37.	7
	Payments of travel or entertainment expenses	, .	, -	-	
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	109,147.	25,526.	83,621.	
	nsurance	19,026.	11,313.	6,973.	740
	Other expenses. Itemize expenses not covered	,	,	, i	
a li	bove (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	DUES & SUBSCRIPTIONS	43,478.	20,734.	11,731.	11,013
۳ –	TIPENDS/INTERN	34,146.	34,146.	, -	,
~ -	BAD DEBT EXPENSE	21,451.	21,451.		
· -	SERVICE CHARGES	7,056.	5,549.	353.	1,154
~ -	All other expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,7,5		_,
	otal functional expenses. Add lines 1 through 24e	3,223,418.	2,357,437.	599,221.	266,760
	oint costs. Complete this line only if the organization	, ,	, , ,	,	,
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				

Page **11** 

## Form 990 (2019) Part X Balance Sheet

	IL A	Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
		·			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			317,461.	1	500,930.
	2	Savings and temporary cash investments			47,494.	2	175,762.
	3	Pledges and grants receivable, net		349,000.	3	334,741.	
	4	Accounts receivable, net	227,479.	4	395,052.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			43,460.	9	24,687.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,108,246.			
	b	Less: accumulated depreciation	. 10b	518,515.	3,519,025.	10c	3,589,731.
	11	Investments - publicly traded securities			554,638.	11	456,990.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	28,857.	15	39,655.		
	16	Total assets. Add lines 1 through 15 (must ed			5,087,414.	16	5,517,548.
	17	Accounts payable and accrued expenses	130,081.	17	194,373.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	•			22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X	38,597.		469,225.
	000	of Schedule D			168,678.	25	663,598.
	26			<u> </u>	100,070.	26	003,330.
ç		Organizations that follow FASB ASC 958, c	neck nere				
nce	07	and complete lines 27, 28, 32, and 33.			4,543,786.	27	4,438,883.
ala	27	Net assets without donor restrictions			374,950.	28	415,067.
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC			374,330.	20	415,007.
Ë		_	956, CHE	ck liere			
Net Assets or Fund Balances	29	and complete lines 29 through 33.  Capital stock or trust principal, or current func	le.			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\SS.	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances			4,918,736.	32	4,853,950.
Ž	33	Total liabilities and net assets/fund balances			5,087,414.	33	5,517,548.
	1 00	Total habilities and not assets/fully baldifices			, , ,	55	Form <b>990</b> (2019)

Pa	rt 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	3	,141,	659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,223,	418.
3	Revenue less expenses. Subtract line 2 from line 1	3		-81,	759.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				736.
5	Net unrealized gains (losses) on investments	5		16,	973.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	,853,	950.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Э.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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	audit,			
	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 on Scho	edule O.			
За	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			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
	<del>`</del>		Form	990	(2019)

### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Nan	Name of the organization CHAC Employer identification number								
				AWARENESS COUNCIL					94-2223670
Pa	ırt I	Reason for Public	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions	3.	
The	orgar	nization is not a private foun	dation because it is: (	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	990 or 99	90-EZ).)			
3	Ш	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organi	zation operated in co	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated section 170(b)(1)(A)(iv).		llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6		A federal, state, or local go	•	nental unit described in	section 17	70(h)(1)(A)	(v)		
	Х	An organization that norm	ū				• •	ne deneral r	oublic described in
•		section 170(b)(1)(A)(vi).	•	Titial part of its support if	om a gove	on in tortical		io general i	danio described in
8		A community trust describ		(1)(A)(vi). (Complete Part	- 11.)				
9	Ħ	An agricultural research of				ed in coniu	inction with a	land-grant	college
_		or university or a non-land	-			-		_	-
		university:	3 3	,		, , ,	,	3	
10		An organization that norm	ally receives: (1) more	than 33 1/3% of its supp	ort from c	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exe							
		income and unrelated bus	iness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	after June 30, 1975.
		See section 509(a)(2). (C	omplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sat	ety. See	section 50	)9(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported of	rganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See <b>section</b> :	509(a)(3). (	Check the box in
	_	lines 12a through 12d tha	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а	L	_ Type I. A supporting org	janization operated, s	upervised, or controlled	oy its supp	orted org	anization(s), t	pically by	giving
		the supported organizat	ion(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
	_	organization. You must							
b	· L	· · · · · · · · · · · · · · · · · · ·	•	or controlled in connect			-		-
				anization vested in the sa	ıme perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mu							
С	: L		=	g organization operated				ly integrate	ed with,
		_ ''		). You must complete F					
C				oorting organization oper				-	
		•	-	zation generally must sati	•		-	an attentiv	/eness
_		¬ '	•	nplete Part IV, Sections written determination from				II Type III	
е				nally integrated supportir			турет, туре	ii, Type iii	
f	Ent	er the number of supported							
		vide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount or	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

<u>Total</u>

Page 2

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,029,096.	1,677,839.	1,993,207.	2,389,250.	2,286,369.	10,375,761.
2	Tax revenues levied for the organ-						_
	ization'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						
4	Total. Add lines 1 through 3	2,029,096.	1,677,839.	1,993,207.	2,389,250.	2,286,369.	10,375,761.
	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)						
6	Public support. Subtract line 5 from line 4.						10,375,761.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,029,096.	1,677,839.	1,993,207.	2,389,250.	2,286,369.	10,375,761.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	19,621.	12,848.	24,221.	15,007.	17,557.	89,254.
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.
11	<b>Total support.</b> Add lines 7 through 10				,		10,467,890.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	3,466,246.
	<b>First five years.</b> If the Form 990 is for	•	,	fourth, or fifth ta	x vear as a section		· · ·
	organization, check this box and <b>stop</b>				•		
Sec	ction C. Computation of Public						
14	Public support percentage for 2019 (lii	ne 6, column (f) div	/ided by line 11, co	olumn (f))		14	99.12 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	99.24 %
	33 1/3% support test - 2019. If the o					ore, check this box	c and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				<b>X</b>
b	b 33 1/3% support test - 2018. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2019. 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						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		•				
18	<b>Private foundation.</b> If the organization			•			<b>▶</b> □
	The second secon	onoon a k		.,	,		or 000 E7\ 0040

Schedule A (Form 990 or 990-EZ) 2019

### 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	Ow, picase com	picto i ait ii.j				
alendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
alendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 2013	(6) 2010	(6) 2011	(4) 2010	(6) 2013	(i) Total
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for t	•			•	. , . ,	
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public						
15 Public support percentage for 2019 (lin					15	9/
Public support percentage from 2018 S					16	9
Section D. Computation of Invest					T .= T	
Investment income percentage for 201					17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the o						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the c	-	-		•		
line 18 is not more than 33 1/3%, checl	k this box and <b>s</b>	<b>top here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14 19	a or 19b check th	nis box and see ins	structions	▶

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Schedule A (Form 990 or 990-EZ) 2019

### 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.)

	Yes	No
1		
2		
_		
3a		
3b		
0.0		
3с		
30		
_		
4a		
4b		
4c		
F-		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pa	T IV Supporting Organizations (continued)			
			Yes	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			L
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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			
<u></u>	supported organizations played in this regard.	3		
	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)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
2	Activities Test. Answer (a) and (b) below.	ructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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 Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	I

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	r age o
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	•		
	instructions for short tax year or assets held for part of year):			
а	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 <b>Part VI</b> ):			
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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
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-functional		d Type III supporting orga	nization (see
	instructions).	, 5	J. 11 3 - 9-	`

Schedule A (Form 990 or 990-EZ) 2019

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	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 <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

CHAC

**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

2019

**Employer identification number** 

F	FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-2223670				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount in the second sec	or 16b, and that received from			
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, 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F				

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	·9-
Name of organization	Employer identification number
CHAC	
FKA COMMINITY HEALTH AWARENESS COUNCIL	94-2223670

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$64,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Nume, address, and Zir + 4	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$175,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 188,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Name, audi 635, and Zir + 4	\$360,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Nume, audi 655, and Zir' † †	\$ 209,347.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	•
Name of organization	Employer identification number
CHAC	
FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670

Parti	Contributors (see instructions). Use duplicate copies of Part I if ad	iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir + +	\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

Name of organization
CHAC

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Suppose the properties of the prope

ı artı	(See instructions). Ose duplicate copies of Fart	i ii ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
		<sup>Ψ</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		<u> </u>	
(a)		()	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
		\$	
(a)		()	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a)		(2)	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
		<del></del>   \$	

Name of or	ganization		Employer identification number
CHAC	INTEN HEALTH AVADENEDG COUNCIL		04.0000070
Part III	UNITY HEALTH AWARENESS COUNCIL  Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	94-2223670 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	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) Trans  Transferee's name, address, and ZIP + 4		t  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
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization CHAC FKA COMMUNITY HEALTH AWAREN	ESS COUNCIL		Employer identification number 94-2223670
Pa			ilar Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, lin			Complete it the
	organization anovored 100 on 1000, 1 are 17, iii	(a) Donor advised fu	ınds (	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 v	writing that the assets held in	donor advised fund	ls.
Ū	are the organization's property, subject to the organization's	· ·		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea		reservation of a histo	rically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space		oscivation of a scrti	ned filotofio di dotale
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution	n in the form of a cor	eservation easement on the last
_	day of the tax year.	ied conservation contribution	This the form of a cor	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	T			2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			20
u	listed in the National Register	•		2d
3				<u> </u>
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or term	mated by the organia	zation during the tax
4	year	soment is leasted		
4	Number of states where property subject to conservation eas		handling of	
5	Does the organization have a written policy regarding the per		_	Yes No
6	violations, and enforcement of the conservation easements it		nforcing concernation	
6	Staff and volunteer hours devoted to monitoring, inspecting,	riaridiling of violations, and el	morcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onfore	ing concentation occ	nomenta during the year
′	\$\\$\$\$	illing of violations, and emore	ing conservation eas	sements during the year
	Does each conservation easement reported on line 2(d) abov	a actiofy the requirements of	facation 170/b\/4\/P\/	3)
8		•		
0	and section 170(h)(4)(B)(ii)?	on accomente in its revenue	and avacac statem	Tes NO
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's lina	anciai statements tha	it describes the
Pa	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art. Historical Treasu	ires, or Other S	imilar Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		a statement and halo	unaa ahaat warka
ıa		•		
	of art, historical treasures, or other similar assets held for pub			ce of public
	service, provide in Part XIII the text of the footnote to its finar			ala a de consultar a f
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exilibition, education, or res	earch in furtherance	or public service,
	provide the following amounts relating to these items:			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			
_				<b>&gt;</b> \$
2	If the organization received or held works of art, historical treations of the control of the co			provide
	the following amounts required to be reported under FASB A	₹		<b>.</b> .
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			<b>▶</b> \$

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

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other 9	Similar <i>i</i>	Assets	(contir	nued)	agc –
3	Using the organization's acquisition, accessi								•	,	
	collection items (check all that apply):										
а	Public exhibition	c	ı 🔲 1	Loan or exc	hange progra	m					
b	Scholarly research	e	, .	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit of		-		•				_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								7		_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		<b></b>
	Did the organization include an amount on F					-	ι?	L	Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>				
Fai	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	d) Three yea	ars back	(e) Four	r 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 balance		j, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administere	ed for the	organizati	on	ſ		Γ
	by:								- m	Yes	No
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations								3a(ii)		<del></del>
_	If "Yes" on line 3a(ii), are the related organiza	=							3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fo	unds.							
ı uı	Complete if the organization answere		Dort IV	lino 11a C	000 Form 000	Dort V lir	20.10				
		(a) Cost or o	1					T	/d\ Doo	le volu	
	Description of property	basis (investr			or other (other)		cumulated eciation		( <b>d</b> ) Boo	k valu	ie
1-	Land	,			,371,249.	асрі	Journal		1	371	249.
	Land				,443,534.		435,15	52			382.
	Buildings Leasehold improvements				, 110, 331,		100,10			, ,	
c d	Leasehold improvements				293,463.		83,36	53		210	100.
	Equipment Other	I					23,30			,	
	. Add lines 1a through 1e. (Column (d) must e		V och	n (D) line 1	00)				3	589	731.
· ULA	i Add iiiles Ta tillough Te. (Column (d) must e	uuai roiiii 990, Part	∧, colum	ııı (¤), IINE T	<u> </u>			chedule			

CHAC			
Schedule D (Form 990) 2019 FKA COMMUNITY HEA	LTH AWARENESS COUNC	IL 9-	4-2223670 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		1b. 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	d-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" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" of		1d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	<b>&gt;</b>	
Complete if the organization answered "Yes" of	on Form 990, Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, , ,	(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD IN TRUST			46,877.
(3) PPP LOAN			422,348.

(1) Federal income taxes
(2) FUNDS HELD IN TRUST
(3) PPP LOAN
(4)
(5)
(6)
(7)
(8)
(9)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2019

469,225.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	dule D (Form 990) 2019 FKA COMMUNITY HEALTH AWARENESS COUNCIL			94-2223670	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,068,363.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	16,973.		
b	Donated services and use of facilities	2b	909,731.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	926,704.
3	Subtract line 2e from line 1			3	3,141,659.
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			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)				3,141,659.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,133,149.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	909,731.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	909,731.
3	Subtract line 2e from line 1			3	3,223,418.
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 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	3,223,418.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	/ lines 1h a	nd 2h: Part V line 4	· Part X line 2· F	Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, r art X, iii c 2, r	art Ai,
111103	and 45, and 1 art An, intes 24 and 45. Also complete this part to provide any addit	ionai imomi	2001.		
PART	X LINE 2:				
CHAC	IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AND CALIFORNIA	A INCOME			
TAXE	S UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL RE	VENUE			
CODE	(IRC) AND 23701(D) OF THE STATE OF CALIFORNIA REVENUE AND TAX.	ATION			
CODE	. AS SUCH, CHAC QUALIFIES FOR THE MAXIMUM CHARITABLE CONTRIBUT	ION			
	·				
DEDU	CTION BY DONORS.				
CHAC	HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT	r as of			
JUNE	30, 2020, CHAC DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX PO	SITIONS			
FOR	WHICH A RESERVE WOULD BE NECESSARY. CHAC'S FEDERAL RETURNS FOR	THE			
YEAR	S ENDED JUNE 30, 2017 AND BEYOND REMAIN SUBJECT TO POSSIBLE				
EXAM	INATION BY THE INTERNAL REVENUE SERVICE. CHAC'S STATE RETURNS	FOR THE			
			·		

Schedule D (Form 990) 2019 FKA COMMUNITY HEALTH AWARENESS COUNCIL  Part XIII   Supplemental Information (continued)	94-2223670	Page <b>5</b>
Part XIII   Supplemental Information (continued)		
VEADO ENDED TIME 20 2016 AND DEVOND DEMAIN CHDIEGE MO DOCCIDLE		
YEARS ENDED JUNE 30, 2016 AND BEYOND REMAIN SUBJECT TO POSSIBLE		
EXAMINATION BY THE FRANCHISE TAX BOARD.		

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

CHAC

FKA COMMUNITY HEALTH AWARENESS COUNCIL

**Employer identification number** 94-2223670

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHILDREN AND TEENS AND THEIR FAMILIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BEHAVIORS WHILE BUILDING PERSONAL ASSETS SUCH AS SCHOOL SUCCESS VALUING DIVERSITY, MAINTAINING GOOD HEALTH, AND DELAYING GRATIFICATION RESEARCH SHOWS THAT SOCIAL-EMOTIONAL LEARNING ("SEL") IMPROVES ACADEMIC ACHIEVEMENT AND INCREASES PROSOCIAL BEHAVIORS SUCH AS KINDNESS SHARING, AND EMPATHY; IMPROVES STUDENT ATTITUDES TOWARD SCHOOL; AND REDUCES DEPRESSION AND STRESS AMONG STUDENTS. CHAC OFFERS SEVERAL INNOVATIVE SEL PROGRAMS TARGETED TO HELP STUDENTS SUCCEED DURING THEIR ELEMENTARY AND MIDDLE SCHOOL JOURNEYS. BEYOND SEL SUPPORT, CHAC'S COUNSELORS ARE POISED TO SUPPORT SCHOOL PERSONNEL, BOTH ON-SITE AND OUT OF ITS CLINIC WITH ADDITIONAL STAFF AND RESOURCES IN RESPONDING TO SITE-BASED, OR FAMILY CRISES, HEALTHIER CHILDREN LEAD TO LOCAL HEALTHIER FAMILIES. CLASSMATES AND TEACHERS. AND ULTIMATELY. HEALTHIER COMMUNITIES. ALL CHAC SCHOOL PROGRAMS ARE PROVIDED FREE OF CHARGE TO STUDENTS AND THEIR FAMILIES AND ARE OFFERED THROUGH FOUR SCHOOL DISTRICTS: MOUNTAIN VIEW-WHISMAN ELEMENTARY, MOUNTAIN VIEW-LOS ALTOS UNION HIGH SCHOOL, LOS ALTOS ELEMENTARY, AND SUNNYVALE ELEMENTARY INCLUDING SIX HIGH-NEEDS TITLE I SCHOOLS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RESILIENCY AND SKILLS WHICH ALLOW FOR HEALTHIER CHOICES AND SUCCESSFUL RECOVERIES. WITH A COMMITMENT TO DIVERSITY AND INCLUSION. CHAC HAS A CONTINUAL FOCUS TO ENSURE CULTURAL COMPETENCIES THROUGHOUT THE AGENCY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Name of the organization CHAC	Employer identification number
FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670
AND OFFERS SERVICES IN 13 LANGUAGES. CHAC PROVIDES SUPPORT TO THE	
MULTI-CULTURAL POPULATION IN SANTA CLARA COUNTY EMPHASIZING POSITIVE	
PARENTING, FAMILY RESOURCES, SKILL BUILDING, EARLY LITERACY & LANGUAGE,	
HEALTHY LIFESTYLES, AND COMMUNITY CONNECTION. CHAC IS PROUD TO OFFER A	
ROBUST IN-HOUSE LATINX PROGRAM WITH SERVICES IN SPANISH THAT INCLUDE	
INDIVIDUAL AND GROUP COUNSELING, CRISIS INTERVENTION, NUTRITION AND	
HOUSING SUPPORT, PARENTING CLASSES, LEGAL AND IMMIGRATION ASSISTANCE,	
FINANCIAL COUNSELING, SUPPORT GROUPS, AND PARENTING CLASSES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
COUNSELING PROGRAMS SERVE ALL AGES ON A SLIDING SCALE FEE PAYMENT PLAN	
AND ADDRESS A VARIETY OF EMOTIONAL CHALLENGES THAT CAUSE STRESS WITHIN	
THEIR FAMILIES INCLUDING BULLYING, ANXIETY, SADNESS/DEPRESSION,	
AGGRESSIVE OR DEFIANT BEHAVIOR, DRUG AND ALCOHOL ABUSE, PHYSICAL AND	
PSYCHOLOGICAL ABUSE, TRUANCY, DOMESTIC VIOLENCE, GANG PARTICIPATION,	
CHILD CUSTODY CONFLICTS, SUICIDE PREVENTION, AND ECONOMIC HARDSHIP.	
CLINICAL SERVICES ARE PROVIDED VIA TELE-HEALTH DURING THE COVID-19	
PANDEMIC AND ALWAYS ON A SLIDING SCALE FEE PAYMENT PLAN; NO ONE IS	
TURNED AWAY DUE TO INABILITY TO PAY. FRC CLASSES, EVENTS, AND	
INDIVIDUAL CONSULTATIONS FOSTER WAYS OF BUILDING AND MAINTAINING A	
HEALTHY CONNECTION BETWEEN PARENT AND CHILD AND INCREASING RESILIENCE	
IN THE FAMILY. FRC STAFF ALSO TRAIN A DEDICATED GROUP OF VOLUNTEERS,	
MANY OF WHOM STARTED AS PARTICIPANTS, TO CARRY OUT CHAC'S VISION TO	
PROVIDES COMPREHENSIVE PSYCHOLOGICAL ASSESSMENTS USING BEST-PRACTICE	
MODELS AND EVIDENCEBASED TESTING MEASURES COMMUNITY INVOLVEMENT.	
FORM 990, PART VI, SECTION B, LINE 11B:	

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

Name of the organization FKA COMMUNITY HEALTH AWARENESS COUNCIL	Employer identification number 94-2223670
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	
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	

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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	
BE RENDERED IN WRITING ON CHAC'S PERFORMANCE EVALUATION FORM. THE	
PERFORMANCE IS RELATED TO THE COMPENSATION DETERMINATION. THE EXECUTIVE	
DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOD. THE SUPERVISOR OR	
DESIGNATED REPRESENTATIVE AND CHAC MANAGEMENT DETERMINE THE OTHER	
EMPLOYEES' COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	