PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form	qqn
101111	

** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury Internal Revenue Service

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Go to www.irs.	gov/Form	990 for	instructions and the late	st informa	ation.
· ···	тттт 1	2020	and anding	TITN 20	202



AI	or th	and	ending J	UN 30, 2021				
B	Check if applicab	e: C Name of organization CHAC		D Employer identifie	cation number			
	Addre	FKA COMMUNITY HEALTH AWARENESS COUNCIL						
	Name			94-2223670				
	Initial		Room/suite	E Telephone number	r			
	Final return	590 W EL CAMINO REAL		(650) 965-20	20			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,651,105.			
	Amen return	ded MOINTAIN VIEW CA 94040	H(a) Is this a group re	eturn				
	Applic tion	F Name and address of principal officer. Encome bibliner into	for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No				
1	Fax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions			
J١	Nebsi	te: WWW.CHACMV.ORG		H(c) Group exemption	n number 🕨			
K	orm o	organization: Corporation Trust X Association Other ►	L Year	of formation: 1983	State of legal domicile: CA			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities:	HEDULE O.					
Governance								
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	17			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			-			
se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)						
viti		Total number of volunteers (estimate if necessary)			117			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		2,286,369.	2,835,135.			
Revenue	9	Program service revenue (Part VIII, line 2g)		837,733.	802,282.			
ş		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,251.	10,773.			
-	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		306.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,141,659.	3,648,190.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,523,864.	2,795,060.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		600 554	700 070			
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		699,554.	708,870.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,223,418.	3,503,930.			
	19	Revenue less expenses. Subtract line 18 from line 12		-81,759.	144,260.			
ts or				ginning of Current Year	End of Year			
Assets	20	Total assets (Part X, line 16)		5,517,548.	5,375,851.			
etA	1	Total liabilities (Part X, line 26)		663,598.	296,397.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,853,950.	5,079,454.			
Pa	art II							

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

Sign		Signature of officer			Date			
Here		MARSHA DESLAURIERS, EXECUTIVE DIR						
		Type or print name and title						
	Prir	nt/Type preparer's name	Preparer's signature	Date	Ch	heck	PTIN	
Paid	МАТ	THEW PETROSKI	MATTHEW PETROSKI	04/28/22	se se	elf-employed	P00853132	
Preparer	Firn	n's name 🕒 ARMANINO LLP			Firm's E	IN 🕨 94	4-6214841	
Use Only	Firn	n's address 🖕 50 W. SAN FERNANDO ST, S	TE 500					
		SAN JOSE, CA 95113			Phone n	0.408-20	0 - 6400	
May the II	RS d	iscuss this return with the preparer shown abo	ve? See instructions				X Yes	No
032001 12-2	3-20	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.				Form 990	(2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	990 (2020) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223	070	Page
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>	X
1	Briefly describe the organization's mission:			
	CHAC SEEKS TO IMPROVE LIVES AND STRENGTHEN COMMUNITIES THROUGH ACCESS			
	TO COMPREHENSIVE AND CULTURALLY RESPONSIVE MENTAL HEALTH SERVICES IN			
	NORTHERN SANTA CLARA COUNTY.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		XYes	No
	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 service	es?	XYes	No
	If "Yes," describe these changes on Schedule O.			
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 o	-	-	nd
	revenue, if any, for each program service reported.		.pe::eee, a.	
4a	(Code:) (Expenses \$1, 455, 507. including grants of \$) (R	evenue ¢	495	5,743.
та	SCHOOL-BASED SERVICES			,
	CHAC THERAPISTS SUPPORT THE PSYCHOLOGICAL AND EMOTIONAL WELL-BEING OF			
	STUDENTS IN GRADES K-12 IN 35 SCHOOLS ACROSS 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 1 SCHOOLS. CHAC PROVIDES ONGOING COUNSELING FOR			
	STUDENTS WITH BEHAVIORAL AND EMOTIONAL CHALLENGES WITH A GOAL OF			
	SERVING THE WHOLE CHILD. (SEE SCHEDULE O FOR CONTINUATION)			
4b	(Code:) (Expenses \$ 759,753. including grants of \$) (B	evenue \$	306	5,539.
4b	(Code:) (Expenses \$ 759,753. including grants of \$) (R CLINIC SERVICES	evenue \$	300	5,539.
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4b	CLINIC SERVICES CHAC'S APPROACH TO INDIVIDUAL, COUPLES, AND FAMILY COUNSELING REFLECTS WHAT WE BELIEVE IN MOST: THE VALUE OF EACH INDIVIDUAL, THE IMPORTANCE	ievenue \$	300	5,539.
4b	CLINIC SERVICES CHAC'S APPROACH TO INDIVIDUAL, COUPLES, AND FAMILY COUNSELING REFLECTS WHAT WE BELIEVE IN MOST: THE VALUE OF EACH INDIVIDUAL, THE IMPORTANCE OF FAMILY, AND THE NECESSITY OF COMMUNITY. OUR PROGRAMS SERVE ALL AGES	ievenue \$	30(5,539.
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Form 990 (2020)		COMMUNITY		AWARENESS	COUNCIL
Part IV Checklist of Re	equi	red Schedu	ules		

			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		x
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		x
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			
	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, VII, 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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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			
	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			
	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
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		x
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,			
	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,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x

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Form 990 (2020)

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Form 990 (2020)

10	Int IV Checklist of Required Schedules (continued)		
			Yes
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	
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		v
	Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 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	
b		24b	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		
	any tax-exempt bonds?	24c	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		
	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	
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	
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	
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	
b	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		
	"Yes," complete Schedule L, Part IV	28c	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		
	contributions? If "Yes," complete Schedule M	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
	Schedule N, Part II	32	
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	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
	If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	Note: All Form 990 filers are required to complete Schedule O	38	х
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>
			Yes
1a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1	6	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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FKA COMMUNITY HEALTH AWARENESS COUNCIL

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Form 990 (2020)

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Form	990 (2020) FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-22236	70	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 58								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a		5a		x					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		x					
b									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х					
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
۰0 م	Initiation fees and capital contributions included on Part VIII, line 12								
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1								
b									
40-	amounts due or received from them.)	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b	-							
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes." complete Form 4720. Schedule O.								

Form **990** (2020)

032005 12-23-20

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Form	990 (2020) FKA COMMUNITY HEALTH AWARENESS COUNCIL			2223670		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	ough	7b below, an	d for a "Ne	o" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		L	5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			Li	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:				
а	The governing body?				8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			[4	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)				
						Yes	
	Did the organization have local chapters, branches, or affiliates?			1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				0b		──
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the fo	rm?	1a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				•	v	
-	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			 1	2b	Λ	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				v	
40	in Schedule O how this was done				2c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?			······ ⊢	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			······ 📙	14		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				Ea	х	
a L	The organization's CEO, Executive Director, or top management official				5a	X	<u> </u>
b	Other officers or key employees of the organization			·····	5b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont w	ith a				
iua					6a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			······ -	Joa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate						
	exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure			<u> </u>	00		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 50		nlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		. (,,	arana	
	Own website Another's website X Upon request Other (explain	on Sc	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	icy, and fi	nanc	ial	
-	statements available to the public during the tax year.			,,, . . m			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	•			
	MARSHA DESLAURIERS, EXECUTIVE DIRECTOR - (650) 965-2020						
	590 W EL CAMINO REAL, MOUNTAIN VIEW, CA 94040						
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Form 990 (2020) FKA COMMUNIT									94-222367	0 Page 7
Part VII Compensation of Officers, I	Directors, T	rus	tee	s, ł	Key	En	nplo	oyees, Highest Co	mpensated	
Employees, and Independer	nt Contracto	ors								
Check if Schedule O contains a resp	onse or note to	o any	y line	e in t	his l	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (Con	nper	nsate	ed Employees		
1a Complete this table for all persons required to	be listed. Rep	ort	com	pens	satio	on fo	or the	e calendar year ending v	vith or within the orgar	nization's tax year.
List all of the organization's current officer	s, directors, tru	ustee	es (w	/hetl	her i	ndiv	idua	lls or organizations), reg	ardless of amount of c	ompensation.
Enter -0- in columns (D), (E), and (F) if no compensation	sation was paid	d.								
List all of the organization's current key en	nployees, if any	/. Se	e in	stru	ctior	ns fo	r de	finition of "key employe	e."	
• List the organization's five current highest of able compensation (Box 5 of Form W-2 and/or Bo										
• List all of the organization's former officers reportable compensation from the organization a						com	oens	sated employees who re	ceived more than \$100	0,000 of
• List all of the organization's former directo more than \$10,000 of reportable compensation fr									or or trustee of the org	anization,
See instructions for the order in which to list the	persons above									
Check this box if neither the organization n	or any related	orga	aniza	tion	con	nper	isate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	o not check mor x, unless persor ficer and a direc			s bot	n an	compensation	compensation	amount of
	week		icer ar	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con				organizations
	line)	ndividual trustee or	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARSHA DESLAURIERS	40.00	_	-		-	1-0				
EXECUTIVE DIRECTOR				x				145,291.	0.	4,745.
(2) RON PILATO	40.00							,		
DIRECTOR OF TRAINING						x		112,628.	0.	9,874.
(3) LYN BALISTERI	40.00							, .		
DIRECTOR OF DEVELOPMENT						x		109,452.	0.	5,663.
(4) PHIL FAILLACE	2.00							,		, ,
BOARD CHAIR		x		x				0.	0.	٥.
(5) KEVIN DUGGAN	2.00									
VICE CHAIR		x		x				0.	0.	٥.
(6) ELISE BERGERON	2.00									
SECRETARY (AS OF 07/20)		x		x				0.	0.	٥.
(7) GEORGE TYSON	2.00									
TREASURER		x		x				0.	Ο.	0.
(8) KATHY KRUEGER	2.00		\vdash						·	
DIRECTOR		x						0.	Ο.	0.
(9) DENNIS YOUNG	2.00		\vdash	\vdash						
DIRECTOR	2.00	x						0.	0.	0.
(10) SHALI SIRKAY	2.00	- 23	\vdash					0.	0.	0.
DIRECTOR (THRU 05/21)	2.00	x						0.	0.	0.
(11) LAURA BLAKELY	2 00	^	\vdash	-				· · ·	Ū.	· ·
	2.00							_	_	_
DIRECTOR	1	Х	1	1	1	1	1	0.	Ο.	0.

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(12) JOAN MACDONALD

(13) ANNA WELDON

(14) SANDY BERGAN

(15) ELLEN KAMEI

(16) PHIL ROSE

(17) NEYSA FLIGOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

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								Companyated Employee		2307	0	P	age 8
(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck ss per	C) itior ^{more} rson i		one 1 an	(D) Reportable compensation	s (continued) (E) Reportable compensatio from related			(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	fi org an	compensation from the organization and related organizations	
(18) LAKSHMI YENDAPALLI DIRECTOR	2.00	x						0.		0.			٥.
(19) JESSICA MANCINI	2.00												
DIRECTOR		х						0.		Ο.			0.
(20) IDAROSE SYLVESTER	2.00												
DIRECTOR (AS OF 04/21)		х						0.		Ο.			0.
(21) STEVE TAGLIO	2.00												
DIRECTOR (AS OF 05/21)		х						0.		0.	<u> </u>		0.
							_						
1b Subtotal								367,371.		0.	 	20,	282.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 367,371.		0. 0.		20,	0.
2 Total number of individuals (including but						e) wh	o r		000 of reportable	;			
compensation from the organization												Yes	3 No
3 Did the organization list any former office	r director trust	ee k		mnl	ove	e or	hir	nhest compensated empl	lovee on	ſ		Tes	NO
line 1a? If "Yes," complete Schedule J for			-	•	-						3		x
4 For any individual listed on line 1a, is the													
and related organizations greater than \$15	50,000? If "Yes,	" со	mpl	ete S	Sche	edule	J	for such individual			4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? <i>If "Yes," co</i>	mplete Schedul	e J f	or si	ıch i	bers	on					5		X
Section B. Independent Contractors 1 Complete this table for your five highest c	ompensated ind	lepe	nde	nt co	ontra	acto	rs t	hat received more than \$	100.000 of com	ensa [.]	tion fr	om	
the organization. Report compensation fo	-	-											
(A)								(B)				C)	
Name and busines								Description of s	ervices		ompe	ensatio	n
UIS TECHNOLOGY PARTNERS, 4104 24TH 540, SAN FRANCISCO, CA 94114	51, 516							OUTSOURCED IT SUPP	ORT			120,	883.
i													
2 Total number of independent contractors	(including but n	ot lir	niter	d to	thos	se lis	tec	above) who received mo	ore than				
\$100,000 of compensation from the organ	· · ·					1		,					
											Form	990 (2020)

032008 12-23-20

ar	t VIII									Г
		Check if Schedule O c	conta	ins a respor	<u>ise</u>	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
Ś	1 a	Federated campaigns		1a						
iun		Membership dues								
Å	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
Ē	е	Government grants (contri	ibutio	ons) 1e		2,038,665.				
š	f	All other contributions, gifts,	grant	s, and						
Ē		similar amounts not included				796,470.				
and Other Similar Amounts	-	Noncash contributions included in I				7,801.	2 925 125			
a	h	Total. Add lines 1a-1f		<u></u>		Business Code	2,835,135.			
	0.0	CONTRACT REVENUE				541900	495,743.	495,743.		
	2 a	PROGRAM SERVICES FE	ES		_	541900	306,539.	306,539.		
anc	с С				_	511500				
ver	d				_					
Revenue	e				_					
	f	All other program service	rever	nue	_					
		Total. Add lines 2a-2f					802,282.			
	3	Investment income (includ								
		other similar amounts)				►	10,664.			10,6
	4	Income from investment o	of tax	-exempt bor	nd p	roceeds 🕨 🕨				
	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)) 	(i) Securiti						
	7 a	Gross amount from sales of	-	(i) Securiti 3,0		(ii) Other				
	h	assets other than inventory	7a	5,0	27.					
,	b	Less: cost or other basis and sales expenses	7b	2,9	15					
	~	Gain or (loss)	70 7c	,	09.					
		Net gain or (loss)					109.			1
5		Gross income from fundraisir			<u> </u>		-			
	•	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from t	fundı	raising even	ts	>				
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from			<u></u>	▶				
	10 a	Gross sales of inventory, le			10					
	L.	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from :								
╈	U		54105	of inventor	<u>y</u>	Business Code				
	11 a									
Revenue	b				_					
eve	c				_					
Å		All other revenue			_					
		Total. Add lines 11a-11d								
		Total revenue. See instructio					3,648,190.	802,282.	0.	10,7

Form 990 (2020) FKA COMMUNITY HEALTH AWARENESS COUNCIL
Part IX Statement of Functional Expenses

	neck if Schedule O contains a respons nounts reported on lines 6b, The of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ner assistance to domestic organizations			general expenses	expenses
	governments. See Part IV, line 21				
2 Grants and c	other assistance to domestic				
individuals. S	See Part IV, line 22				
	other assistance to foreign				
organizations	s, foreign governments, and foreign				
individuals. S	See Part IV, lines 15 and 16				
4 Benefits paid	to or for members				
5 Compensatio	on of current officers, directors,				
trustees, and	l key employees	152,517.	51,026.	27,453.	74,038
6 Compensation	not included above to disqualified				
persons (as de	efined under section 4958(f)(1)) and				
persons descr	ibed in section 4958(c)(3)(B)				
7 Other salarie	s and wages	2,325,567.	1,982,143.	216,664.	126,760
8 Pension plan a	accruals and contributions (include				
	and 403(b) employer contributions)	26,568.	21,986.	3,454.	1,128
	yee benefits	110,425.	89,032.	13,200.	8,193
	;	179,983.	149,019.	16,404.	14,560
	rices (nonemployees):				
	t	01.040		C 040	15 000
		21,840.		6,840.	15,000
		75,564.		75,564.	
	undraising services. See Part IV, line 17				
	nanagement fees				
-	11g amount exceeds 10% of line 25,	76,134.	56,032.	13,802.	6 300
	nount, list line 11g expenses on Sch O.)	5,425.	414.	15,802.	6,300 4,836
	and promotion	30,067.	17,335.	1,384.	11,348
		176,711.	162,408.	10,357.	3,946
	echnology	1,0,,11.	102,100.		
		74,820.	68,239.	5,148.	1,433
17 Travel		909.	399.	5,110.	1,100
	travel or entertainment expenses				
	al, state, or local public officials				
	, conventions, and meetings				
	-				
	affiliates				
	, depletion, and amortization	108,126.	98,090.	10,036.	
		19,123.	12,323.	6,427.	373
	s. Itemize expenses not covered	,	,	,	
above (List mi	scellaneous expenses on line 24e. If				
	nt exceeds 10% of line 25, column (A) ne 24e expenses on Schedule 0.)				
a CLINICAL H		47,339.	45,919.	1,295.	125
b DUES & SUI	BSCRIPTIONS	25,235.	17,326.	1,264.	6,645
c LICENSES A	AND TAXES	2,793.	2,588.	174.	, 31
d		·			
e All other exp	enses	44,784.	39,256.	4,664.	864
	al expenses. Add lines 1 through 24e	3,503,930.	2,813,535.	414,815.	275,580
	omplete this line only if the organization				
	lumn (B) joint costs from a combined				
•	mpaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

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Form 990 (2020)

990 (2 : X	2020) FKA COMMUNITY HEALTH Balance Sheet	AWARENE	722 COUNCIL		94-2	223670 Page 1
	Check if Schedule O contains a response or not	e to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			500,930.	1	433,12
2	Savings and temporary cash investments			175,762.	2	175,78
3	Pledges and grants receivable, net			334,741.	3	352,50
4	Accounts receivable, net			395,052.	4	276,59
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the	se persons	s		5	
6	Loans and other receivables from other disquali	fied perso	ns (as defined			
	under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				24,687.	9	41,04
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	4,116,512.			
b	Less: accumulated depreciation	1 1	626,641.	3,589,731.	10c	3,489,87
11	Investments - publicly traded securities			456,990.	11	552,74
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			39,655.	15	54,18
16	Total assets. Add lines 1 through 15 (must equ			5,517,548.	16	5,375,85
17	Accounts payable and accrued expenses			194,373.	17	247,10
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela		Γ		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	of Schedule D	,		469,225.	25	49,29
26	Total liabilities. Add lines 17 through 25			663,598.	26	296,39
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			4,438,883.	27	4,759,45
28				415,067.	28	320,00
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			4,853,950.	32	5,079,45
	Total liabilities and net assets/fund balances			5,517,548.	33	5,375,853

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Form	990 (2020) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-222367)	Pa	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	648,	190.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	503,	930.
3	Revenue less expenses. Subtract line 2 from line 1	3		144,	260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,		950.
5	Net unrealized gains (losses) on investments	5		81,	244.
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	5,	079,	454.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		,		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	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section

			-	1 40	47(a)(1) nonexempt cha	ritabla tru	ict			
		of the Treasury			Attach to Form 990 or F					Open to Public
Intern	al Revei	nue Service		Go to www.irs.gov	v/Form990 for instruction	ons and th	ne latest in	nformation.		Inspection
Nan	ne of t	the organizati	on CHAC						Employer	identification number
					AWARENESS COUNCIL					94-2223670
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)([.]	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ted to its exen	npt functions, subjec	et to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	janization a	Ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		-	•	-	ively to test for public sat	•				
12		-	-	-	ively for the benefit of, to	-			•	
					ed in section 509(a)(1) o					Check the box in
	_	-	•		f supporting organization				•	
а				-	upervised, or controlled	•	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
				complete Part IV, Se						
b				-	l or controlled in connect			-		-
			0		anization vested in the sa	ime perso	ns that co	ntrol or mana	ge the supp	ported
_	_			t complete Part IV,						-1 21k
С			-		g organization operated				lly integrate	a with,
ام		¬ ··	0). You must complete F			-	tad argani	ration(a)
d		_ ,	-	• • •	porting organization oper- zation generally must sati				0	
			,	0 0	mplete Part IV, Sections				i an allentiv	1611655
е		- ·			written determination from				II Type III	
C	L		•		nally integrated supportir			турс і, турс	п, турс п	
f	Ente	er the number (•							
a				n about the supporte						
		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
_										

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL

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.)

Section A. Public Support (e) 2020 Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,677,839. 1,993,207 2,389,250 2,286,369. 2,835,135 11,181,800. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1 677 839. 1,993,207. 2,389,250 2,286,369. 2,835,135, 11,181,800. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 11,181,800. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 20</u>20 (c) 2018 Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (d) 2019 (f) Total 1,677,839. 1,993,207. 2,389,250. 2,286,369. 2,835,135. 11,181,800. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 15,007. 12,848 24,221 17,557. 10,664. 80,297. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2,875 2,875. 11,264,972. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 3,892,153. 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.26 14 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2019 Schedule A, Part II, line 14 99.12 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. 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 - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	• (a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified persons	;					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	• (a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2020	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 201	9 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	2020 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
18 Investment income percentage from		B			18	%
19a 33 1/3% support tests - 2020. If th					33 1/3%, and line	
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2019. If th	-	•				6, and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat						
032023 01-25-21			,, , , , , , , , , , , , , , , , ,			990 or 990-EZ) 2020
		15	5	201		,

No Yes

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 disgualified 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 line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL

94-2223670 Page 5

2

		Yes	N
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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 officers, 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. Section C. Type II Supporting Organizations

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

14280428 701245 118098

Schedule A (Form 990 or 990-EZ) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL

Sche	edule A (Form 990 or 990-EZ) 2020 FKA COMMUNITY HEALTH AWARENESS COUN	CIL		94-2223670	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must of		•		
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	tion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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 Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ion D - Distributions		(containate	<u> </u>	Current Year			
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	1	. ·	10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020			
_1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
C	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.			_				
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
8	and 4c. Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Sectio Part V, Section B, line 1e; P	n C,
032028 01-25-2	1 Sc	hedule A (Form 990 or 990	-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

i la lo el gamzan	CHAC	
	FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, .	ion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 2		
Name of organization			Employer identification number			
CHAC FKA COMM	MUNITY HEALTH AWARENESS COUNCIL		9	4-2223670		
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	•			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution		
1		\$10	0,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution		
2		\$17	5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution		
3		\$19	6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution		
4		\$28	0,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution		
5		\$29	2,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution		
6		\$36	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
023452 11-25	5-20	Schedu	le B (Form	990, 990-EZ, or 990-PF) (2020)		

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	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2
Name of organization			Employer identification number
CHAC FKA COMM	NUNITY 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 contributior	(d) Is Type of contribution
7		\$422,	348. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
8		\$527,	767. Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
	rganization		Employer identification number
CHAC FKA COMM	MUNITY HEALTH AWARENESS COUNCIL		94-2223670
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
000450 41 05		0	B (Earm 000, 000 EZ ar 000 DE) (0000)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 4				
Name of or	rganization		Employer identification number				
CHAC							
	UNITY HEALTH AWARENESS COUNCIL		94-2223670				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) > \$				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Turnefey of sitt					
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
F	· · · · · · · · · · · · · · · · · · ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ŀ		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		l.	Sebedule B (Ferm 000, 000, E7, er 000, DE) (2020)				

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				OMB No. 1545-0047	
	HEDULE D		al Financial Statements		
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury		Attach to Form 990.	Open to Public Inspection	
	l Revenue Service e of the organizati		90 for instructions and the latest information.	Employer identification number	
INAIII	e of the organizati	FKA COMMUNITY HEALTH AWAREN	ESS COUNCIL	94-2223670	
Pa	t I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	counts. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds (b) Funds and other accounts	
1	Total number at e	nd of year			
2	Aggregate value o	f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	•		writing that the assets held in donor advised fund		
			exclusive legal control?		
6	•		dvisors in writing that grant funds can be used or	•	
			r donor advisor, or for any other purpose conferri	•	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV,		
1		servation easements held by the organization			
•		of land for public use (for example, recreat	· · · · · ·	rically important land area	
		of natural habitat	Preservation of a certif	, ,	
		n of open space			
2		• •	ied conservation contribution in the form of a cor	nservation easement on the last	
	day of the tax yea	• •		Held at the End of the Tax Year	
а	Total number of c	onservation easements		2a	
b				2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organiz	zation during the tax	
	year 🕨				
4		where property subject to conservation eas			
5	•	tion have a written policy regarding the per			
•		forcement of the conservation easements it			
6		er nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easements ouring the year	
7			lling of violations, and enforcing conservation eas	omonte during the year	
7	► \$	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements during the year	
8		wation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
Ũ	and section 170(h	(() (D) (()) O			
9			on easements in its revenue and expense statem	······ — —	
-			note to the organization's financial statements that		
	organization's accounting for conservation easements.				
Pa			Art, Historical Treasures, or Other S	milar Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sheet works	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	ce of public	
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.		

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	shee	et ۱	works of		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$	÷		

	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

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	CHAC									
		TY HEALTH AWAR						94-222		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	contir	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	make sig	gnificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
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 exerr	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar	assets		_	
	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	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi								_	
	on Form 990, Part X?							L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabili [.]	ty?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	e organiza	tion		
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• •	ccumulate preciation	d	(d) Bool	k value
1a	Land			1	,371,249.				1,	371,249.
	Buildings				,451,800.		508,7	745.	1,	943,055.
	Leasehold improvements									
	Equipment				293,463.		117,8	396.		175,567.
	Other						· · ·			
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line 1	0c.)				3,	489,871.
-										

Schedule D (Form 990) 2020

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Part VII Investments - Other Securities.

Schedule D (Form 990) 2020

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	25.
(a) Description of liability	(b) Book value

1.	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)	FUNDS HELD IN TRUST	49,295.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	49,295.

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 ... X

Schedule D (Form 990) 2020

	CHAC				
	dule D (Form 990) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL			94-2223670	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	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	4,516,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	81,244.		
b	Donated services and use of facilities	2b	786,985.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	868,229.
3	Subtract line 2e from line 1			3	3,648,190.
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.)			5	3,648,190.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,290,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	786,985.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	786,985.
3	Subtract line 2e from line 1			3	3,503,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,503,930.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CHAC IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AND CALIFORNIA INCOME

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

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

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

DEDUCTION BY DONORS.

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

JUNE 30, 2021, CHAC DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS

FOR WHICH A RESERVE WOULD BE NECESSARY.

nedule D (Form 990) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL art XIII Supplemental Information (continued)	94-2223670	Page
Supplemental information (continued)		

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
-	-	Compensated Employees		20	ZU)
Dene	terrant of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	n CHAC	Employer	identificatio	on nui	nber
		FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2	2223670		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
_						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	Form 990 of o	ther organizations	ommittee			
4	During the year did	any person listed on Form 000. Part VII. Section A line 1a with respect to the filing				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re			4a		x
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				x
c						x
U	-	eive payment from an equity-based compensation arrangement?				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	•			5a		x
b	Any related organiz	ation?				x
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	The organization?			6a		х
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

90) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MARSHA DESLAURIERS	(i)	145,291.	0.	0.	4,021.	724.	150,036.	0	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020 FKA COMMUNITY HEALTH AWARENESS COUNCIL

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

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

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 94-2223670

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

CHAC

CHAC'S COUNSELING PROGRAMS ADDRESS A WIDE RANGE OF EMOTIONAL AND SOCIAL

FKA COMMUNITY HEALTH AWARENESS COUNCIL

PROBLEMS AFFECTING CHILDREN AND TEENS AND THEIR FAMILIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ART ENRICHMENT PROGRAM FOR ELEMENTARY SCHOOL STUDENTS (BACK TOGETHER

PROGRAM), ADOPTED SCHOOL SERVICES FOR REMOTE LEARNING, SUPPLY

DISTRIBUTION PROGRAM THROUGH FAMILY RESOURCE CENTERS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IMPLEMENTATION OF TELEHEALTH SERVICES.

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

OUR 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 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization CHAC FKA COMMUNITY HEALTH AWARENESS COUNCIL	Page 2 Employer identification number 94-2223670
	54 2225010
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 OUR CLINICWITH	
ADDITIONAL STAFF AND RESOURCES IN RESPONDING TO LOCAL, SITE-BASED, OR	
FAMILY CRISES. CHAC'S SCHOOL-BASED APPROACH HAS A RIPPLE EFFECT;	
HEALTHIER CHILDREN LEAD TO HEALTHIER FAMILIES, CLASSMATES AND TEACHERS,	
AND ULTIMATELY, HEALTHIER COMMUNITIES. ALL CHAC SCHOOL PROGRAMS ARE	
PROVIDED FREE OF CHARGE TO STUDENTS AND THEIR FAMILIES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
CLINICAL SERVICES ARE PROVIDED VIA TELE-HEALTH DURING COVID AND ALWAYS	
ON A SLIDING SCALE FEE PAYMENT PLAN; NO ONE IS TURNED AWAY DUE TO	
INABILITY TO PAY. CHAC'S FAMILY RESOURCE CENTERS (FRCS) COLLABORATE	
WITH FIRST 5 SANTA CLARA COUNTY AND OTHER COMMUNITY PARTNERS TO OFFER	
PROGRAMS THAT NOT ONLY HELP PARENTS AND OTHER CAREGIVERS UNDERSTAND THE	
IMPORTANCE OF PHYSICAL AND SOCIAL-EMOTIONAL DEVELOPMENT DURING THE	
FIRST YEARS OF LIFE AND EARLY SCHOOL YEARS, BUT PROVIDE THE FAMILY AND	
COMMUNITY ENGAGEMENT NEEDED TO BUILD STRONG COMMUNITIES. 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 VOLUNTEERSMANY WHOM STARTED AS PARTICIPANTSTO CARRY OUT OUR	
VISION TO ENCOURAGE FURTHER. CHAC'S ASSESSMENT CLINIC PROVIDES	
COMPREHENSIVE PSYCHOLOGICAL ASSESSMENTS USING BEST-PRACTICE MODELS AND	
EVIDENCE-BASED TESTING MEASURES COMMUNITY INVOLVEMENT.	

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Name of the organization CHAC	Employer identification number
FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE	
IT WAS FILED, FOR ACCURACY PURPOSES. THE EXECUTIVE DIRECTOR AND THE	
ASSOCIATE DIRECTOR/CHIEF FINANCIAL OFFICER AND THE BOARD OF DIRECTORS WILL	
REVIEW THE FORM 990 AND THE EXECUTIVE DIRECTOR SIGNS THE REVIEWED FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CHAC'S REPUTATION FOR INTEGRITY IS ITS MOST VALUABLE ASSET AND IS DIRECTLY	

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

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

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FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670
COI IS SIGNED AND RETAINED IN THE EMPLOYEE FILE. ANY REPORTED OR IDENTIFIED	·
CONFLICTS ARE REVIEWED BY THE ED AND A DECISION IS MADE BY THE ED FOR	
APPROPRIATE ACTIONS TO BE TAKEN IF NECESSARY.	
ANNUALLY, THE POLICY IS REVIEWED WITH THE ENTIRE STAFF TO ENSURE THAT THEY	
REPORT ANY CHANGES TO THEIR STATED CONFLICT OF INTEREST TO THEIR	
SUPERVISOR. MANAGEMENT REMAINS ATTENTIVE TO REPORTED KNOWLEDGE OF THE	
ACTIVITIES OF ITS EMPLOYEES TO ENSURE THAT ANY CONFLICTS ARE REVIEWED BY	
SENIOR MANAGEMENT.	
THE COI FOR THE BOARD OF DIRECTORS IS ADMINISTERED ANNUALLY AS WELL.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALL EMPLOYEES ARE EVALUATED ON AN ANNUAL BASIS, USUALLY IN THE SUMMER. THE	
ANNUAL EVALUATION IS BASED ON THE EMPLOYEE'S JOB DESCRIPTION AND THE GOALS	
SET DURING THE EVALUATION PERIOD IN THE PREVIOUS YEAR. ALL EVALUATIONS WILL	
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.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

CHAC

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Employer identification number

Schedule O (Form 990 or	990-EZ) 2020 CHAC	Page 2
Name of the organization	FKA COMMUNITY HEALTH AWARENESS COUNCIL	Employer identification number 94-2223670
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