TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

CHAC FKA COMMUNITY HEALTH AWARENESS COUNCIL 590 W EL CAMINO REAL MOUNTAIN VIEW, CA 94040

PREPARED BY:

NOVOGRADAC & COMPANY LLP 2033 N. MAIN ST., SUITE 400 WALNUT CREEK, CA 94596

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form	990
FOIIII	JJU

Department of the Treasury Internal Revenue Service

** 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.

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



Α	For th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and o	ending JT	JN 30, 2022	
В	Check if applicab	le: C Name of organization CHAC		D Employer identific	ation number
Г	Addre				
	Name chang	Doing business as		94-2223670	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	590 W EL CAMINO REAL		(650) 965-202	20
	termir ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,681,462.
	Amen return	ded MOUNTAIN VIEW, CA 94040		H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer: KEVIN DOGGAN		for subordinates?	? Yes X No
	pendi	^{ng} same as c above		H(b) Are all subordinates ind	
1	Tax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	lf "No," attach a l	ist. See instructions
J	Websi	te: VWW.CHACMV.ORG		H(c) Group exemptior	n number 🕨
K	Form o	f organization: Corporation Trust X Association Other ►	L Year	of formation: 1983 M	State of legal domicile: CA
P	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} CHAC's \\ \hline \end{tabular}$	COUNSELI	NG PROGRAMS	
nce n		ADDRESS A WIDE RANGE OF EMOTIONAL AND SOCIAL PROBLEMS AFFECT	ING		
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			19
5	4	Number of independent voting members of the governing body (Part VI, line 1b) $\$			19
se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			67
viti	6	Total number of volunteers (estimate if necessary)			78
Activities &	7 a	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	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,835,135.	2,711,274.
enu	9	Program service revenue (Part VIII, line 2g)		802,282.	959,467.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,773.	10,721.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,648,190.	3,681,462.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,795,060.	2,677,327.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ăx	- b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		708,870.	859,899.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,503,930.	3,537,226.
	19	Revenue less expenses. Subtract line 18 from line 12	1	144,260.	144,236.
Assets or				ginning of Current Year	End of Year
sset	g 20	Total assets (Part X, line 16)		5,375,851.	5,463,460.
st As		Total liabilities (Part X, line 26)		296,397.	318,806.
D Net	art II	Net assets or fund balances. Subtract line 21 from line 20		5,079,454.	5,144,654.

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		Da	ate						
Here	KEVIN DUGGAN, VICE CHAIR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	ERIC M. BARNETT			self-employed P01433887						
Preparer	Firm's name 🕒 NOVOGRADAC & COMPANY LLP	,	Fi	rm's EIN 🕨 94-3108253						
Use Only	Firm's address 🕨 2033 N. MAIN ST., SUITE	400								
WALNUT CREEK, CA 94596 Phone no. (925)949-4300										
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes N	lo					
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (202	21)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

•				-		
►	File a	separate	application	for	each return.	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	Name of exempt organization or other filer, see instru- CHAC	ictions.		Taxpaye	r identification n	umber (TIN)				
	FKA COMMUNITY HEALTH AWARENESS COUNCIL				94-222367	70				
File by th due date filing you	e date for g your Irn. See									
instructio		wn or post office, state, and ZIP code. For a foreign address, see instructions.								
Enter t	he Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1				
Applic	ation	Return	Application			Return				
Is For Code Is For					Code					
Form 990 or Form 990-EZ 01 Form 1041-A						08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form §	990-PF	04	Form 5227			10				
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
	990-T (trust other than above)	06	Form 8870			12				
	990-T (corporation)	07								
 If the lift of the li	ephone No. ► (650) 965-2020 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit ► If it is for part of the group, check this box ► request an automatic 6-month extension of time until he organization named above. The extension is for the org ► or ► X tax year beginning or ► X tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta MAY 1 anization's , an	mption Number (GEN) I ich a list with the names and TINs of <u>5, 2023</u> , to file return for: id endingJUN 30, 2022	f this is fo all memb	r the whole grou ers the extension npt organization	n is for.				
b	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp), enter any	refundable credits and	3a 3b	\$	0. 0.				
c	Salance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by							
	using EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.				
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE	for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT OF THE				Form 886 8	8 (Rev. 1-2022)				

INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

	CHAC		
	1990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<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?	L	Yes X 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 services?	L	Yes X 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 r	neasured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expen	ses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,525,806. including grants of \$) (Revenue (Code:)) (Revenue (Cod	ie\$	683,099.)
	SCHOOL-BASED SERVICES		
	CHAC THERAPISTS SUPPORT THE PSYCHOLOGICAL AND EMOTIONAL WELL-BEING OF		
	STUDENTS IN GRADES K-12 IN 34 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. 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		
4b	(Code:) (Expenses \$695,628. including grants of \$) (Revenue	ie \$	276,368.)
	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		
	ON A SLIDING FEE AND ADDRESS A VARIETY OF EMOTIONAL CHALLENGES THAT		
	CAUSE STRESS WITHIN THEIR FAMILIES INCLUDING BULLYING, ANXIETY,		
	SADNESS/DEPRESSION, AGGRESSIVE OR DEFIANT BEHAVIOR, DRUG AND ALOCOHOL		
	ABUSE, PHYSICAL AND PSYCHOLOGICAL ABUSE, TRUANCY, DOMESTIC VIOLENCE,		
	GANG PARTICIPATION, CHILD CUSTODY CONFLICTS, SUICIDE PREVENTION, AND		
	ECONOMIC HARDSHIP. CLINICAL SERVICES ARE PROVIDED VIA TELE-HEALTH		
	DURING COVID AND ALWAYS ON A SLIDING SCALE FEE PAYMENT PLAN; NO ONE IS		
4c	(Code:) (Expenses \$561,749. including grants of \$) (Revenue	ie \$	509,922.)
	FAMILY RESOURCE CENTERS		,
	CHAC'S FAMILY RESOURCE CENTERS (FRCS) COLLABORATE WITH FIRST 5 SANTA		
	CLARA COUNTY AND OTHER COMMUNITY PARTNERS TO OFFER PROGRAMS THAT HELP		
	PARENTS AND OTHER CAREGIVERS UNDERSTAND THE IMPORTANCE OF PHYSICAL AND		
	SOCIAL-EMOTIONAL DEVELOPMENT DURING THE FIRST YEARS OF LIFE AND EARLY		
	SCHOOL YEARS, ALONG WITH THE FAMILY AND COMMUNITY ENGAGEMENT NEEDED TO		
	BUILD STRONG COMMUNITIES.		
	· · · · · · · · · · · · · · · · · · ·		
A!	Other program convises (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.)	χ.	
4.	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,783,183.)	
40	Total program service expenses 2,783,183.	r	orm 990 (2021)

(2 I)

Form 990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL
Part IV Checklist of Required Schedules

94-2223670 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
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		<u>x</u>
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				
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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. See instructions	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? <i>If</i> "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? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		x

Form 990 (2021)

Form	990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-22236	570	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
d	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		X
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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>		
			Yes	No
		2		
b	Enter the number of Forms W-2G included on 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

1c

	CHAC				
Form	990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-22236	70	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction				
39			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		- 55		
Ha		•	4a		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial a		44		
D	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				x
-			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		
С	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	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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	s 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 co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
a		11a			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against				
D.	amounts due or received from them.)	11b			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
			120		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			120		
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.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the 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.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

	CHAC			
Form	990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-22236		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			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	2		
	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 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
•	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	
D		8b	<u>л</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
600	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these qualitable. Check all that apply	s only)	availal	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (explain on Schedule O)	dfiner		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinani	JIGI	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KEVIN DUGGAN - (650) 965-2020			
	590 W EL CAMINO REAL, MOUNTAIN VIEW, CA 94040			

CHAC										
Form 990 (2021) FKA COMMUNITY									94-222367	⁰ Page 7
Part VII Compensation of Officers, D			tee	s, K	Key	Em	nplo	oyees, Highest Co	mpensated	
Employees, and Independen	t Contract	ors								
Check if Schedule O contains a respo	onse or note to	any	/ line	e in tl	his F	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd F	ligh	est (Com	npen	sate	ed Employees		
1a Complete this table for all persons required to	be listed. Rep	ort o	com	pens	satic	n fo	r the	e calendar year ending v	vith or within the orgar	nization's tax year.
• List all of the organization's current officers			es (w	/heth	ner i	ndivi	dua	lls or organizations), reg	ardless of amount of c	ompensation.
Enter -0- in columns (D), (E), and (F) if no compens			a th	. :	+	+:	o fo	r definition of Illow ampl		
 List all of the organization's current key em List the organization's five current highest c 								, ,	,	a reasily ad report
able compensation (box 5 of Form W-2, Form 1099-MIS										
• List all of the organization's former officers	•					'			• •	•
reportable compensation from the organization ar										
• List all of the organization's former directo									or or trustee of the org	janization,
more than \$10,000 of reportable compensation fr See the instructions for the order in which to list t	-			nd ar	ny re	elate	a or	ganizations.		
Check this box if neither the organization no		orga	iniza			npen	sate			(-)
(A)	(B)			(C Pos				(D)	(E)	(F)
Name and title	Average hours per			heck i ss per	more	than c		Reportable compensation	Reportable compensation	Estimated amount of
	week			nd a di				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal t		ploye	com		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARSHA DESLAURIERS	40.00	<u> </u>	<u>=</u>	ò	¥	БН	ц.			
EXECUTIVE DIRECTOR	0.00			x				156,901.	0.	4,025.
(2) RONALD PILATO	40.00							, -		,
DIRECTOR OF TRAINING	0.00					x		118,726.	0.	3,562.
(3) MASSIMO PRATI	40.00									
DIRECTOR OF FINANCE	0.00					x		113,647.	0.	3,409.
(4) LYN BALISTERI	40.00									
DIRECTOR OF DEVELOPMENT	0.00					х		103,953.	0.	0.
(5) CAROL MELBERG	40.00									
DIRECTOR OF CHAC ARTS	0.00	1				x		100 365.	0.	3 011.

Difficient of chile + fixib	1 0.00		I I			100,505.	۰.	J 3,011.
(6) PHIL FAILLACE	2.00							
BOARD CHAIR	0.00	х		х		0.	0.	0.
(7) KEVIN DUGGAN	2.00							
VICE CHAIR	0.00	х		х		0.	0.	0.
(8) ELISE BERGERON	2.00							
SECRETARY	0.00	х		Х		Ο.	0.	0.
(9) GEORGE TYSON	2.00							
TREASURER	0.00	х		Х		Ο.	0.	0.
(10) KATHY KRUEGER	2.00							
DIRECTOR	0.00	х				Ο.	0.	0.
(11) DENNIS YOUNG	2.00							
DIRECTOR	0.00	х				Ο.	0.	0.
(12) LAURA BLAKELY	2.00							
DIRECTOR	0.00	Х				0.	0.	0.
(13) JOAN MACDONALD	2.00							
DIRECTOR	0.00	Х				0.	0.	0.
(14) ANNA WELDON	2.00							
DIRECTOR	0.00	Х				0.	0.	0.
(15) SANDY BERGAN	2.00							
DIRECTOR	0.00	х				Ο.	0.	0.
(16) ELLEN KAMEI	2.00							
DIRECTOR	0.00	Х				Ο.	0.	0.
(17) PHIL ROSE	2.00							
DIRECTOR	0.00	Х				0.	0.	٥.
132007 12-09-21								Form 990 (2021)

CHAC Form 990 (2021) FKA COMMUNITY	ИЕАТ. ТНА М	ARE	NES	s c	OUN	ICTL			94-222	2367	0	F	Page 8
Part VII Section A. Officers, Directors, Trust								Compensated Employee			-		age •
(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck i ss per	C) itior ^{more} rson i		one 1 an	(D) Reportable compensation from	(E) (E) Reportable compensatior from related			(F) stimation nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fi org an	ipensa rom th janizat d relat anizat	ne tion ted
(18) NEYSA FLIGOR	2.00	x						0.		0.			0
DIRECTOR (19) JESSICA MANCINI	0.00	^						U.		<u> </u>			0.
DIRECTOR	0.00	x						0.		٥.			Ο.
(20) IDAROSE SYLVESTER	2.00												
DIRECTOR	0.00	х						0.		٥.			٥.
(21) STEVE TAGLIO	2.00												
DIRECTOR	0.00	X						0.		0.			0.
(22) CHRIS CLARK DIRECTOR	2.00	x						0.		٥.			0.
(23) ERIKA CAMERON	2.00												
DIRECTOR	0.00	х						0.		0.			٥.
(24) TANIA A O' CONNELL DIRECTOR	2.00	x						0.		0.			0.
													••
1b Subtotal								593,592.		0.		14	,007.
c Total from continuation sheets to Part VII								0.		٥.			٥.
								593,592.		٥.		14,	,007.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				5
												Yes	No
3 Did the organization list any former officer,	-			•	-				•		-		v
line 1a? If "Yes," complete Schedule J for suFor any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ıch ı	oers	on					5		X
Section B. Independent Contractors	nnoncotod inc		ndo	ot or	ontre	acto	ro +	hat reactived more than 4	100 000 of comp		tion fr		
 Complete this table for your five highest cor the organization. Report compensation for t 										ensai			
(A) Name and business				. <u>g</u>				(B) Description of s)) ompe		
CA CHOICE BENEFIT ADMINISTRATORS	audress							Description of s			ompe	IISalic	лт —
721 S PARKER ST. #200, ORANGE, CA 928	868							INSURANCE				159,	,935.
UIS TECH PARTNERS 505 MONTGOMERY ST., SAN FRANCISCO, CA	0/111							COMPUTER CONSULTAN	'n			126	,239.
SUS MONIGOMERI SI., SAN FRANCISCO, CE	34111							COMPUTER CONSULTAN	1			120,	,259.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	niteo	d to		se lis 2	ted	l above) who received me	ore than				

ar	t VII	2021) FKA Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respoi	nse	or note to any line	in this Part VIII	<u></u>	<u></u>	
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclu
								function revenue	business revenue	from tax un sections 512 -
	4 -	E de cate de como cione a		4-						300110113 0 12
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns								
no		Membership dues								
P B	С	Fundraising events		1c						
ar /		Related organizations								
nilŝ		Government grants (cont				2,039,122.				
Sir		All other contributions, gifts,								
Jer	•					672,152.				
₽		similar amounts not included		· · · ·						
p	-						0 511 054			
a	h	Total. Add lines 1a-1f					2,711,274.			
						Business Code				
	2 a	CONTRACT REVENUE			541900	683,099.	683,099.			
~	b	PROGRAM SERVICE FEE	s			541900	276,368.	276,368.		
Program Service Revenue	с									
ve	d									
Re					_					
	e	All - 44								
		All other program service					050 465			
	g	Total. Add lines 2a-2f					959,467.			
	3	Investment income (inclu	ding	dividends, ir	tere	st, and				
		other similar amounts)				🕨 📘	10,721.			10,7
	4	Income from investment	of tax	exempt bor	nd p	roceeds 🕨 🕨				
	5	Royalties				►				
		···· , -·····		(i) Real		(ii) Personal				
	6 -	Cross rents	6a	()		(
		Gross rents								
		Less: rental expenses	6b							
		Rental income or (loss)	6c			L				
	d	Net rental income or (loss	s)			> [
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	h	Less: cost or other basis								
,	~	and sales expenses	7b							
	-		70 7c							
		Gain or (loss)				L				
		Net gain or (loss)				····· ►				
	8 a	Gross income from fundrais	-							
5		including \$		of						
		contributions reported on	line	1c). See						
		Part IV, line 18		,	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from								
					[] []					
	9 а	Gross income from gamir								
		Part IV, line 19			<u>9a</u>					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities		🕨				
	10 a	Gross sales of inventory,	less i	returns						
		and allowances			10a					
	h	Less: cost of goods sold			10b					
					<u> </u>					
+	С	Net income or (loss) from	sales	s of inventor	у					
						Business Code				
Ð	11 a					ļļ				
<u>nu</u>	b									
eve	с				_					
Revenue		All other revenue					-			
		Total. Add lines 11a-11d								
	e					····· 🔽 🖊				

Form 990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	367,371.	307,323.	40,298.	19,750.
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,002,745.	1,675,389.	219,685.	107,671.
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	31,555.	27,056.	3,527.	972.
9	Other employee benefits	103,645.	88,866.	11,586.	3,193.
10	Payroll taxes	172,011.	143,468.	19,389.	9,154.
11	Fees for services (nonemployees):	-			
а	Management				
b	Legal	40,915.		40,915.	
	Accounting	125,483.		125,483.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	167,435.	133,529.	29,116.	4,790.
12	Advertising and promotion				
13	Office expenses	44,169.	23,075.	20,093.	1,001.
14	Information technology	166,397.	121,637.	38,779.	5,981.
15	Royalties				
16	Occupancy	91,361.	79,615.	8,797.	2,949.
17	Travel	273.	185.	88.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,972.	99,827.	10,145.	
23	Insurance	19,814.	12,104.	7,090.	620.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule O.)	30,289.	18,227.	6,042.	6,020.
a h	CLINICAL EXPENSES	24,035.	19,925.	3,541.	569.
c	LICENSES AND TAXES	2,813.	2,332.	414.	67.
c d		2,010.	2,002.		
u e	All other expenses	36,943.	30,625.	5,443.	875.
25	Total functional expenses. Add lines 1 through 24e	3,537,226.	2,783,183.	590,431.	163,612.
26	Joint costs. Complete this line only if the organization	, · · · , – – – •	, , =	• • • • •	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	990 (2 t X	2021) FKA COMMUNITY HEALTH Balance Sheet	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			433,129.	1	461,185	
	2	Savings and temporary cash investments			175,781.	2	175,933	
	3	Pledges and grants receivable, net			352,500.	3	280,000	
	4	Accounts receivable, net	276,590.	4	567,96			
	5		Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%				
		controlled entity or family member of any of the	e persons	6		5		
	6	Loans and other receivables from other disquali						
		under section 4958(f)(1)), and persons described				6		
。	7	Notes and loans receivable, net		Г		7		
499019	8	Inventories for sale or use				8		
2	9				41,048.	9	46,74	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	4,126,147.				
	b		1 1	736,613.	3,489,871.	10c	3,389,53	
	11	Investments - publicly traded securities			552,743.	11	480,42	
	12	Investments - other securities. See Part IV, line				12		
	13	Investments - program-related. See Part IV, line				13		
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11	54,189.	15	61,67			
	16	Total assets. Add lines 1 through 15 (must equ			5,375,851.	16	5,463,46	
	17	Accounts payable and accrued expenses			247,102.	17	264,55	
	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						
Ď		trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the		· · ·		22		
1 2	23	Secured mortgages and notes payable to unrela	-	F		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	-		49,295.	25	54,25	
	26	Total liabilities. Add lines 17 through 25			296,397.	26	318,80	
		Organizations that follow FASB ASC 958, che	ck here	X				
ß		and complete lines 27, 28, 32, and 33.		·				
	27				4,759,454.	27	4,857,15	
	28	Net assets with donor restrictions	320,000.	28	287,50			
2		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 ed				30		
Ϋ́	31	Retained earnings, endowment, accumulated in				31		
	32	Total net assets or fund balances			5,079,454.	32	5,144,65	
	33	Total liabilities and net assets/fund balances			5,375,851.	33	5,463,460	

Form **990** (2021)

	CHAC				
Form	990 (2021) FKA COMMUNITY HEALTH AWARENESS COUNCIL	94-22236	70	Pa	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,681,	462.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,537,	226.
3	Revenue less expenses. Subtract line 2 from line 1	3		144,	236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,079,	454.
5	Net unrealized gains (losses) on investments	5		-79,	036.
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			٥.
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	,144,	654.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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 Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

SCHEDULE A	1
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(Form 990)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service			►	► Go to www.irs.gov		Open to Public Inspection				
Nan	ne of t	the organizati	on CHAC						Employer	identification numbe
					AWARENESS COUNCIL					94-2223670
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		•	•		llege or university owned	l 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 gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from tl	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		•			than 33 1/3% of its supp			•		•
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	om busines	sses acqui	red by the ore	ganization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			•	
			••	-	ed in section 509(a)(1) o					Check the box on
		-	•		f supporting organization		-		-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
	_	¬ ~		complete Part IV, Se					··· (-) · ··· · · · ·	•
b					l or controlled in connec			•		-
			-		anization vested in the s	ame perso	ns that co	ntroi or mana	ge the supp	Joned
		¬ ~		t complete Part IV,		in connoci	tion with	and functions	lly intograte	d with
С			-		g organization operated				ny megrate	u with,
d			-		 You must complete l porting organization oper 				rtod organi	vation(c)
u		••	-	• •	ation generally must sat				°.	. ,
					nplete Part IV, Sections					611655
е		- ·	•	,	written determination fro					
		_	0		nally integrated supporti			турет, туре	п, туре ш	
f	Ente	er the number	0,	,	, , , , , , , , , , , , , , , , , , , ,	0 0				
				about the supporte	d organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization		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 ii	nstructions)	support (see instructions
_										
									-	
Tota	al									

OMB No. 1545-0047

2021

	membership fees received. (Do not include any "unusual grants.")	1,993,207.	2,389,250.	2,286,369.	2,835,135.	2,711,274.	12,215,235.
2	Tax revenues levied for the organ-	2,000,207.	_,,	_,,	_,,	_,,,	,,
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,993,207.	2,389,250.	2,286,369.	2,835,135.	2,711,274.	12,215,235.
	The portion of total contributions	· ·			· ·		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						12,215,235.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,993,207.	2,389,250.	2,286,369.	2,835,135.	2,711,274.	12,215,235.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,221.	15,007.	17,557.	10,664.	10,721.	78,170.
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	Total support. Add lines 7 through 10						12,296,280.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	livided by line 11, c	olumn (f))		14	99.34 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the c	organization did no	ot check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circun	nstances test, cheo	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	imstances test. Th	ne organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	₅►
						Schedule A	(Form 990) 2021

Section A. Public Support

Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and

Schedule A (Form 990) 2021

ly 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.)

(a) 2017

CHAC

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)

(b) 2018

(c) 2019

(d) 2020

94-2223670

(e) 2021

Page 2

(f) Total

Schedule A (Form 990) 2021 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	I (f) Total
	Amounts from line 6	(u) 2017	(6) 2010	(0) 2010			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
N	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
		<u> </u>					
	Add lines 10a and 10b Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			olumn (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organizatio						

1

2

Yes No

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")? *If* "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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.)

Schedule A (Form 990) 2021

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Yes

1

2

No

No

		Yes	No
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 on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Type T Supporting Organizations

Schedule A (Form 990) 2021

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	
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

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the sum article association (s)	-1		

organ ation(s) 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 on 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

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

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

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

- 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 on 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.

No Yes

Sche	dule A (Form 990) 2021 FKA COMMUNITY HEALTH AWARENESS CO	DUNCIL		94-2223670 Page
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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	ion C - Distributable Amount			Current Year
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-function	ally integrated	Type III supporting orga	anization (see
		-		

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 FKA COMMUNITY HEALTI	H AWARENESS COUNCIL			94-2223670	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)		
Sect	ion D - Distributions		·		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2021	s	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Schedule A (Form 990) 2021

94-2223670

		CHAC					
Schedule A	(Form 990) 2021	FKA COMMUNITY	HEALTH	AWARENESS COUNCIL		94-2223670	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part	the explan 5a, 6, 9a, 9 IV, Section	hations required by Part II, lir bb, 9c, 11a, 11b, and 11c; P I E, lines 1c, 2a, 2b, 3a, and s 2, 5, and 6. Also complete	art IV, Section B, lines 1 a 3b; Part V, line 1; Part V,	7b; Part III, line 12; nd 2; Part IV, Sectio Section B, line 1e; P	n C,

Schedule B

(Form 990)

Department	of	the	Treasu	Ir

Internal Revenue Service	

Name of the organization

** PUBLIC DISCLOSURE COPY *	* *	PUBLIC	DISCLOSURE	COPY	*:
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202⁻

Employer identification number

C	HAC	
F	KA COMMUNITY HEALTH AWARENESS COUNCIL	94-2223670
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust 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	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special 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

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page 2
	rganization	E	mployer identification number
CHAC FKA COMM	UNITY HEALTH AWARENESS COUNCIL		94-2223670
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$280,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$509,92	2. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$124,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$221,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$493,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$396,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule	B (Form 990) (2021)		Page 2
Name of o CHAC	rganization	Emplo	yer identification number
	MUNITY HEALTH AWARENESS COUNCIL	9,	4-2223670
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$120,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$192,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$125,216.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$95,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$110,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

	ganization	Er	nployer identification numbe
IAC	UNITY HEALTH AWARENESS COUNCIL		94-2223670
Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	54 2223070
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
(a) No. from Part I	(b) Description of noncash property given	\$(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_\$	

Schedule	B (Form 990) (2021)		Page 4						
	organization		Employer identification number						
CHAC									
	MUNITY HEALTH AWARENESS COUNCIL		94-2223670						
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.) \$						
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2021
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interna	Revenue Service		90 for instructions and the latest informati		Inspection
Nam	e of the organizati	ON CHAC FKA COMMUNITY HEALTH AWAREN	IESS COUNCIL	Em	ployer identification number 94-2223670
Pa	t I Organiza		d Funds or Other Similar Funds or		
		n answered "Yes" on Form 990, Part IV, lin		/10004	
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
			exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only	
			r donor advisor, or for any other purpose cor	•	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Par	+ 1) / 15	
				rt IV, line <i>i</i>	· .
1		servation easements held by the organizati n of land for public use (for example, recrea		historically	y important land area
		of natural habitat	Preservation of a		
	=	n of open space		oortinou n	
2			fied conservation contribution in the form of a	a conserva	ation easement on the last
	day of the tax yea				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic str	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, rel	eased, extinguished, or terminated by the or	ganizatior	n during the tax
	year 🕨				
4		where property subject to conservation eas			
5	-	tion have a written policy regarding the per			
6	,	forcement of the conservation easements it	holds? holds? handling of violations, and enforcing conserv		
6		a nours devoted to morntoning, inspecting,	rianding of violations, and emorcing conserv	valion eas	ements during the year
7	Amount of expens		lling of violations, and enforcing conservation	n easemer	ats during the year
•	► \$			1 cuscinei	
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)	
	and section 170(h				Yes No
9	In Part XIII, descril	be how the organization reports conservati	on easements in its revenue and expense sta	atement a	nd
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statement	s that des	cribes the
Dee	organization's acc	ounting for conservation easements.			
Pa	_	-	f Art, Historical Treasures, or Othe	er Simila	ar Assets.
	· · · ·	f the organization answered "Yes" on Form			
а	0		8, not to report in its revenue statement and		
		· · ·	blic exhibition, education, or research in furth	lerance of	public
b			ncial statements that describes these items. i8, to report in its revenue statement and bala	ance shee	t works of
U	-		exhibition, education, or research in further		
		ing amounts relating to these items:			
	-			►	\$
					\$
2	.,		asures, or other similar assets for financial ga		le
		unts required to be reported under FASB A		· -	
а	Revenue included	on Form 990, Part VIII, line 1	-	►	\$
b					\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

	CHAC							
		ITY HEALTH AWAR				94-222		Page 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	Other Si	milar Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	ake signifi	cant use of its		
	collection items (check all that apply):							
а	Public exhibition	c		change program				
b	Scholarly research	e	• Dther					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organization's	s exempt p	ourpose in Part	XIII.	
5	During the year, did the organization solicit of			-			-	_
D -	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Ye	es" on Fori	m 990, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi						7	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		Г			
					ŀ		Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance						7	
	Did the organization include an amount on F				•	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete					Three years heal	(a) Four w	are book
		(a) Current year	(b) Prior year	(c) Two years b	Dack (d)	Three years back	(e) Four ye	ars Dack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses			_				
d	Grants or scholarships			_				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered	for the or	ganization	_	
	by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule R?	•			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, P	art X, line	10.		
	Description of property	(a) Cost or c	• •	st or other	(c) Accur		(d) Book v	alue
		basis (investr	nent) basis	s (other)	deprec	iation		
1a	Land			1,371,249.			1,37	71,249.
	Buildings			2,461,435.		591,332.	1,87	70,103.
	Leasehold improvements							
	Equipment			293,463.		145,281.	14	18,182.
	Other							
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	aual Form 990. Part	X. column (B). line	10c.)			3,38	39,534.

Schedule D (Form 990) 2021

FKA COMMUNITY HEALTH AWARENESS COUNCIL

Schedule D (Form 990) 2021 FKA COMMUNITY Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD IN TRUST	54,250.
(3)		
(4)		
(5)		
(6)		

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

Total. (Column (b) must equal Form 390, Part X, Col. (b) line 23.)

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

54,250.

(7) (8) (9)

	CHAC				
Sche	edule D (Form 990) 2021 FKA COMMUNITY HEALTH AWARENESS COUL			94-2223670) Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Ro	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,548,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-79,036.		
b	Donated services and use of facilities	2b	945,919.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	866,883.
3	Subtract line 2e from line 1			3	3,681,462.
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	٥.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,681,462.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	4,483,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	945,919.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	945,919.
3	Subtract line 2e from line 1			3	3,537,226.
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	<u>})</u>		5	3,537,226.
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 504(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, 2022, CHAC DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS

FOR WHICH A RESERVE WOULD BE NECESSARY.

Schedule D (Form 990) 2021 FKA COMMUNITY HEALTH AWARENESS COUNCIL 94-2223670 Part XIII Supplemental Information (continued)	Page

SCI	HEDULE J	Compensation Information			OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highes	t	_	20	91	
	-	Compensated Employees			20		1
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990.	23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informati	on.		Inspe	ction	
Nam	e of the organization		1		identificatio	on nui	mber
		FKA COMMUNITY HEALTH AWARENESS COUNCIL		94-2	2223670		
Pa	rt I Question	s Regarding Compensation					——
						Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on F	Form 9	90,			
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments Health or social club dues or initiatio					
	Discretionary s	spending account Personal services (such as maid, cha	uffeur	, chet)			
	16						
D		on line 1a are checked, did the organization follow a written policy regarding payment o			4		
•		rovision of all of the expenses described above? If "No," complete Part III to explain			<u>1b</u>		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directo			0		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organizat	ion's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the orga		n to			
		ation of the CEO/Executive Director, but explain in Part III.	Izatio	1110			
	Compensation						
	·	ompensation consultant X Compensation survey or study					
	·	ther organizations X Approval by the board or compensat	ion co	mmittee			
				anninitiee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	•	e payment or change-of-control payment?			4a		x
		eive payment from a supplemental nonqualified retirement plan?					x
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			4c		X
	If "Yes" to any of lir	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comper	sation	ı			
	contingent on the r	evenues of:					
а	The organization?				5a		x
		ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comper	sation	ı			
	contingent on the n						
а	The organization?				<u>6a</u>		X
		ation?					X
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payn					
		ies 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	e			
					8		X
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?	<u></u>				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Scheo	dule J (Forn	n 990)) 2021

Schedule J (Form 990) 2021

90) 2021 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.

94-2223670

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARSHA DESLAURIERS	(i)	152,217.	4,684.	0.	4,025.	0.	160,926.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i) (ii)							
	(ii) (i)							
	(i) (ii)							
	(i)			<u> </u>				
	(i) (ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2021 FKA COMMUNITY HEALTH AWARENESS COUNCIL

Page 3

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 J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 94-2223670

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

FKA COMMUNITY HEALTH AWARENESS COUNCIL

CHAC

CHILDREN AND TEENS AND THEIR FAMILIES.

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

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 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 CLINIC WITH 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:

TURNED AWAY DUE TO INABILITY TO PAY. CHAC'S ASSESSMENT CLINIC

PROVIDES COMPREHENSIVE PSYCHOLOGICAL ASSESSMENTS USING BEST-PRACTICE

MODELS AND EVIDENCE-BASED TESTING MEASURES.

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

Schedule O (Form 990) 2021
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Name of the organization CHAC

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 BOARD CHAIR SIGNS THE REVIEWED FORM 990.

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

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

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

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

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

BENEFITS FOR THEMSELVES, MEMBERS OF THEIR FAMILIES OR ANY OTHER

INDIVIDUALS, CORPORATIONS OR BUSINESS ENTITIES.

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

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

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

EMPLOYEE IS OF UTMOST IMPORTANCE.

EMPLOYEES OF CHAC SHALL CONDUCT THEIR PERSONAL AFFAIRS SUCH THAT THEIR

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

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

REGARDING OUR CONFLICT OF INTEREST POLICY AND PRACTICE:

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

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

Name of the organization CHAC FKA COMMUNITY HEALTH AWARENESS COUNCIL	Employer identification number 94-2223670
ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST TO THEIR SUPERVISOR." EACH	
COI IS SIGNED AND RETAINED IN THE EMPLOYEE FILE. ANY REPORTED OR	
IDENTIFIED CONFLICTS ARE REVIEWED BY THE ED AND A DECISION IS MADE BY THE	
ED FOR APPROPRIATE ACTIONS TO BE TAKEN IF NECESSARY.	
ANNUALLY, THE POLICY IS REVIEWED WITH THE ENTIRE STAFF TO ENSURE THAT THEY	
REPORT ANY CHANGES TO THEIR STATED CONFLICT OF INTEREST TO THEIR	
SUPERVISOR. MANAGEMENT REMAINS ATTENTIVE TO REPORTED KNOWLEDGE OF THE	
ACTIVITIES OF ITS EMPLOYEES TO ENSURE THAT ANY CONFLICTS ARE REVIEWED BY	
SENIOR MANAGEMENT.	
THE COI FOR THE BOARD OF DIRECTORS IS ADMINISTERED ANNUALLY AS WELL.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALL EMPLOYEES ARE EVALUATED ON AN ANNUAL BASIS, USUALLY IN THE SUMMER. THE	
ANNUAL EVALUATION IS BASED ON THE EMPLOYEE'S JOB DESCRIPTION AND THE GOALS	
SET DURING THE EVALUATION PERIOD IN THE PREVIOUS YEAR. ALL EVALUATIONS	
WILL BE RENDERED IN WRITING ON CHAC'S PERFORMANCE EVALUATION FORM. 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 DOUMENTS, 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 THE PRIOR YEAR.

Schedule O (Form 990) 20		Page 2
Name of the organization	CHAC FKA COMMUNITY HEALTH AWARENESS COUNCIL	Employer identification number 94-2223670
	FRA COMMONITI NEALTH AWARENESS COUNCIL	54-2223070