

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form 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/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

<p>B Check if applicable</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization THE CHAS FOUNDATION</p> <hr/> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 7400 HAMPTON BLVD</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23505</p>	<p>D Employer identification number 46-0761549</p> <hr/> <p>E Telephone number (757) 489-2427</p> <hr/> <p>F Group Exemption Number ▶</p>
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G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ [HTTP://THECHASFOUNDATION.ORG/](http://THECHASFOUNDATION.ORG/)

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 98,356

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1	Contributions, gifts, grants, and similar amounts received		85,019
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		
	4	Investment income		2
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 48,408 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,335
c	Less direct expenses from gaming and fundraising events	6c	15,282	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,947	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	83,074	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits		41,338
	13	Professional fees and other payments to independent contractors		8,232
	14	Occupancy, rent, utilities, and maintenance		1,075
	15	Printing, publications, postage, and shipping		134
	16	Other expenses (describe in Schedule O)		16,178
17	Total expenses. Add lines 10 through 16 ▶	17	66,957	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,117
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	23,796
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	39,913

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,347	22 41,908
23 Land and buildings		23
24 Other assets (describe in Schedule O)	26	24
25 Total assets	26,373	25 41,908
26 Total liabilities (describe in Schedule O).	2,577	26 1,995
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,796	27 39,913

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE MISSION OF THE CHAS FOUNDATION IS TO STREAMLINE ACCESS TO EFFECTIVE TREATMENT FOR THE MENTALLY ILL IN THE HAMPTON ROADS REGION MENTAL ILLNESS IS A DISEASE THAT HAS HAD A STIGMA FOR FAR TOO LONG AND OUR ORGANIZATION CONTINUES TO ADVOCATE FOR NOT ONLY THOSE SUFFERING FROM MENTAL ILLNESS, BUT ALSO THEIR FAMILIES AND CARETAKERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 53,414

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARGARET CORPREW PRESIDENT	000 00	0		
FRED FITCH TREASURER	000 00	0		
MISSY CALLAHAN SECRETARY	000 00	0		
BEAU KIRKWOOD EXECUTIVE DI	50 00	36,600		
MARGARET BALLARD DIRECTOR	000 00	0		
JANE STEINHILBER DIRECTOR	000 00	0		
DR J MARK LAWSON DIRECTOR	000 00	0		
DR PAUL ARAVICH DIRECTOR	000 00	0		
DAVID W FAIRCLOTH DIRECTOR	000 00	0		
JANELLE MASON DIRECTOR	000 00	0		
RYAN BOSE DIRECTOR	000 00	0		
AARON AMBROSE DIRECTOR	000 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of BEAU KIRKWOOD Telephone no (757) 489-2427 Located at 5426 POWHATAN AVE NORFOLK , VA ZIP + 4 23508

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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.

***** Signature of officer	2019-10-11 Date
MARGARET CORPREW PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHARLES T SAUNDERS CPA	Preparer's signature	Date 2019-10-22	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00486920
	Firm's name ▶ SAUNDERS MATTHEWS & PFITZNER PLLC			Firm's EIN ▶ 20-3700655	
	Firm's address ▶ 327 WEST 21ST STREET SUITE 203 NORFOLK, VA 23517			Phone no (757) 625-7849	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 46-0761549
Name: THE CHAS FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28</p> <p>COMMUNITY OUTREACH/PARTNERSHIPS IN ORDER TO INCREASE ACCESS TO MENTAL HEALTHCARE AND SERVICES, THE CHAS FOUNDATION HAS COLLABORATED AND PARTNERED WITH NUMEROUS HOSPITALS AND ORGANIZATIONS IN 2018, THE CHAS FOUNDATION BEGAN WORKING ON THE "MENTALLY HEALTHY NORFOLK" INITIATIVE WITH LOCAL NONPROFITS, HEALTH PROFESSIONALS, AND CITY LEADERS TO RAISE AWARENESS AND "IMPROVE THE COMMUNITIES MENTAL HEALTH " THE CHAS FOUNDATION CONTINUED ITS WORK WITH CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS, BY ADVOCATING AND ATTENDING HEARINGS FOR THE NEWLY PROPOSED BEHAVIORAL HEALTH FACILITY CHILDREN IN THE HAMPTON ROADS AREA ARE STILL HAVING TO WAIT MONTHS FOR SPECIALIZED BEHAVIORAL HEALTH CARE AND THIS NEW FACILITY WILL HELP ALLEVIATE THAT THE EXECUTIVE DIRECTOR OF CHAS IS ON NUMEROUS MENTAL HEALTH TASKFORCES, INCLUDING ONE WITH THE CHILDREN'S HOSPITAL AND IS HELPING TO PROVIDE INPUT FOR THE NEW BEHAVIORAL HEALTH FACILITY THE CHAS FOUNDATION CONTINUES TO WORK CLOSELY WITH AND ALONGSIDE THE COMMUNITY SERVICE BOARD, THE EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), I NEED A LIGHTHOUSE, AND THE NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI) CLOTHING AND TOILETRIES ARE ALSO PROVIDED TO THE NORFOLK CRISIS STABILIZATION CENTER PUBLIC AWARENESS FOR THE THIRD YEAR IN A ROW, THE CHAS FOUNDATION LAUNCHED A MENTAL HEALTH AWARENESS CAMPAIGN UNLIKE MANY PHYSICAL CONDITIONS AND/OR DISEASES, INDIVIDUALS OFTEN HIDE MENTAL HEALTH ISSUES AND MASK THEM, ESPECIALLY IN THE EARLY STAGES EARLY TREATMENT AND DIAGNOSIS OF MENTAL ILLNESS HAS SHOWN TO INCREASE AN INDIVIDUAL'S ABILITY TO ACHIEVE A SUCCESSFUL RECOVERY ALSO, RAISING AWARENESS AND HAVING ANTI-STIGMA BILLBOARDS CAN HELP AN INDIVIDUAL RECOGNIZE THAT THEY SHOULD NEVER FEEL ASHAMED ASKING FOR HELP AND SEEKING TREATMENT FOR THE SECOND YEAR, THE CHAS FOUNDATION PARTNERED WITH HAMPTON ROADS TRANSIT (HRT) ON A MENTAL ILLNESS AWARENESS CAMPAIGN TO HELP ADDRESS THE STIGMA THE BILLBOARD ON THE SIDE OF THE BUSES SAID "MENTAL ILLNESS STIGMA HURTS EVERYONE" ALONG WITH PICTURES OF DIFFERENT TYPES OF SHOES THE SHOES WERE MEANT TO SHOW THAT ANYONE AND EVERYONE CAN STRUGGLE WITH MENTAL HEALTH ISSUES SOCIAL MEDIA IS ALSO USED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ON NEW RESEARCH AND CURRENT TRENDS REGARDING MENTAL ILLNESS MENTAL ILLNESS NAVIGATOR & SUPPORT IN 2018, THE CHAS FOUNDATION CHANGED THE PROGRAM NAME FROM "INDIVIDUALIZED FAMILY SUPPORT" (IFS) TO "MENTAL ILLNESS NAVIGATOR & SUPPORT" (MINS) THE NEW NAME HELPS PEOPLE THROUGHOUT THE COMMUNITY UNDERSTAND EXACTLY WHAT WE DO THE PROGRAM NAVIGATES THE COMPLEX SYSTEM AND CONNECTS INDIVIDUALS TO LOCAL MENTAL HEALTH SERVICES WHILE PROVIDING A CONTINUUM OF CARE THROUGH REFERRALS (TREATMENT PROVIDERS, HOUSING, POLICE, COURT, JAILS) WHEN SERVICES AND RESOURCES ARE INADEQUATE OR THE INDIVIDUAL AND/OR FAMILY HAS EXHAUSTED ALL THEIR OPTIONS, THE CHAS FOUNDATION CONTINUES TO PROVIDE PEER SUPPORT AS WELL AS PEER FAMILY SUPPORT IN ORDER TO HELP THE FAMILY AS AN ENTIRE UNIT ADDITIONAL SUPPORT IS GIVEN BY MEETING WITH INDIVIDUALS AND FAMILIES AT THEIR CHOICE OF LOCATION, PROVIDING TRANSPORTATION TO REACH SERVICE PROVIDERS, AND MAKING DOCTORS' APPOINTMENTS THE MENTAL HEALTH SYSTEM CAN BE A MAZE FOR INDIVIDUALS FAMILIES DO NOT KNOW WHERE TO START OR HOW TO NAVIGATE THE SYSTEM AN ONLINE MENTAL HEALTH RESOURCE GUIDE SHOWING RESOURCES AND SERVICES IN EVERY HAMPTON ROADS CITY IS CONTINUALLY UPDATED FOR COMMUNITY USE EDUCATION/TRAINING THE CHAS FOUNDATION HAS BEEN INSTRUMENTAL IN THE DEVELOPMENT OF THE CRISIS INTERVENTION TEAM IN NORFOLK, VA CRISIS INTERVENTION TEAMS (CIT) ARE PROGRAMS THAT BRING TOGETHER LOCAL STAKEHOLDERS, INCLUDING LAW ENFORCEMENT, EMERGENCY DISPATCHERS, MENTAL HEALTH PROVIDERS, CONSUMERS OF MENTAL HEALTH SERVICES, AND FAMILY ADVOCATES IN ORDER TO IMPROVE MULTI-SYSTEMS' RESPONSE TO PERSONS EXPERIENCING BEHAVIORAL HEALTH CRISIS WHO COME INTO CONTACT WITH LAW ENFORCEMENT OR OTHER FIRST RESPONDERS THE EXECUTIVE DIRECTOR OF THE CHAS FOUNDATION HAS BEEN AN INSTRUCTOR FOR THE NORFOLK POLICE DEPARTMENT'S CRISIS INTERVENTION TEAM FOR 5 YEARS AND HAS TRAINED OVER 550 OFFICERS IN ADDITION, THE CHAS FOUNDATION ATTENDS MENTAL HEALTH FAIRS THROUGHOUT HAMPTON ROADS EDUCATING THE PUBLIC ON OUR PROGRAMS AND SERVICES ALONG WITH PROMOTING DISCUSSIONS ON MENTAL HEALTH ISSUES FACING OUR COMMUNITIES IN 2018, THE CHAS FOUNDATION BEGAN PROVIDING A COMMUNITY MENTAL HEALTH TRAINING THAT EDUCATES THE PUBLIC ABOUT WHAT MENTAL ILLNESS LOOKS LIKE, SOME OF THE MOST COMMON TYPES, AND STEPS TO TAKE IF AN INDIVIDUAL OR FAMILY MEMBER IS STRUGGLING WITH A MENTAL ILLNESS MINDFULNESS IN LATE 2018, THE CHAS FOUNDATION BEGAN TO DEVELOP A MINDFULNESS AND WELLNESS ROOM IN ITS NEWLY ACQUIRED OFFICE SPACE MINDFULNESS IS NOW RECOMMENDED AS AN ALTERNATIVE OR SUPPLEMENTAL TREATMENT FOR INDIVIDUALS WHO EXPERIENCE MENTAL HEALTH PROBLEMS SUCH AS ANXIETY, DEPRESSION, AND BIPOLAR DISORDER THE INITIAL STAGE OF THE MINDFULNESS PROGRAM INCLUDED TRANSFORMING THE AESTHETICS OF THE ROOM BY REMOVING OLD CARPET AND LAYING DOWN WOOD PANEL FLOORING TO GIVE IT A "YOGA OR DANCE STUDIO FEEL" IN ADDITION TO THE FLOORING, THE CHAS FOUNDATION BEGAN MAKING SUPPLY PURCHASES FOR THE PROGRAM THAT INCLUDED CUSHIONS, MATS, SHELVEING, AND OTHER ITEMS NEEDED TO GET THE PROGRAM STARTED THE MINDFULNESS PROGRAM WILL BEGIN IN 2019 AND START AS A WORKSHOP THAT INTRODUCES MINDFULNESS FOR ADULTS HELPING THEM DEVELOP COPING SKILLS AND TECHNIQUES TO IMPROVE THEIR MENTAL HEALTH AND OVERALL WELL-BEING</p> <p>(Grants \$)</p>	28a	53,414
<p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHAS FOUNDATION

Employer identification number

46-0761549

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	34,373	43,520	99,852	101,541	85,019	364,305
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	34,373	43,520	99,852	101,541	85,019	364,305
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						109,212
6	Public support. Subtract line 5 from line 4						255,093

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	34,373	43,520	99,852	101,541	85,019	364,305
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2	2
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.)						
11	Total support. Add lines 7 through 10						364,307
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	70.020 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	74.070 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

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

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	AMOUNTS PREVIOUSLY REPORTED ON SCHEDULE A, PART II, SECTION B, LINE 10, HAVE BEEN REMOVED TO PROPERLY REFLECT THEIR NATURE. THE AMOUNTS PREVIOUSLY SHOWN WERE GROSS RECEIPTS FROM FU NDRAISING EVENTS THAT SHOULD NOT HAVE BEEN SHOWN ON LINE 10.

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHAS FOUNDATION

Employer identification number

46-0761549

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<u>ANNUAL RACE/WAL</u> (event type)	<u>ANNUAL CELEBRAT</u> (event type)	<u>1</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25,612	19,905	16,226	61,743
	2 Less Contributions	23,412	14,220	10,776	48,408
	3 Gross income (line 1 minus line 2)	2,200	5,685	5,450	13,335
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			927	927
	6 Rent/facility costs		848	4,863	5,711
	7 Food and beverages		2,821	655	3,476
	8 Entertainment				
	9 Other direct expenses	531	1,746	2,891	5,168
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,282
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,947

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
THE CHAS FOUNDATION

Employer identification number

46-0761549

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING/MARKETING 3,786 OFFICE SUPPLIES 1,621 WEBSITE 540 CRM DATABASE 1,287 TELEPHONE 539 TELEPHONE & INTERNET 953 MEETING MEALS 518 MEETING FEE EXPENSE 145 SUPPLIES 1,065 BANK CHARGES 1,018 BUSINESS REGISTRATION FEE 225 PROGRAM EXPENSE 4,455 NON-INVESTMENT DEPRECIATION 26 TOTAL 16,178

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	1,534 1,534 LESS ACCUMULATED DEPRECIATION 1,508 1,534 TOTAL 26 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 2,577 1,995

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE MISSION OF THE CHAS FOUNDATION IS TO STREAMLINE ACCESS TO EFFECTIVE TREATMENT FOR THE MENTALLY ILL IN THE HAMPTON ROADS REGION. MENTAL ILLNESS IS A DISEASE THAT HAS HAD A STIGMA FOR FAR TOO LONG AND OUR ORGANIZATION CONTINUES TO ADVOCATE FOR NOT ONLY THOSE SUFFERING FROM MENTAL ILLNESS, BUT ALSO THEIR FAMILIES AND CARETAKERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990-EZ, PART III, LINE 28</p>	<p>COMMUNITY OUTREACH/PARTNERSHIPS IN ORDER TO INCREASE ACCESS TO MENTAL HEALTHCARE AND SERVICES, THE CHAS FOUNDATION HAS COLLABORATED AND PARTNERED WITH NUMEROUS HOSPITALS AND ORGANIZATIONS IN 2018, THE CHAS FOUNDATION BEGAN WORKING ON THE "MENTALLY HEALTHY NORFOLK" INITIATIVE WITH LOCAL NONPROFITS, HEALTH PROFESSIONALS, AND CITY LEADERS TO RAISE AWARENESS AND "IMPROVE THE COMMUNITIES MENTAL HEALTH " THE CHAS FOUNDATION CONTINUED ITS WORK WITH CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS, BY ADVOCATING AND ATTENDING HEARINGS FOR THE NEWLY PROPOSED BEHAVIORAL HEALTH FACILITY CHILDREN IN THE HAMPTON ROADS AREA ARE STILL HAVING TO WAIT MONTHS FOR SPECIALIZED BEHAVIORAL HEALTH CARE AND THIS NEW FACILITY WILL HELP ALLEVIATE THAT THE EXECUTIVE DIRECTOR OF CHAS IS ON NUMEROUS MENTAL HEALTH TASKFORCES, INCLUDING ONE WITH THE CHILDREN'S HOSPITAL AND IS HELPING TO PROVIDE INPUT FOR THE NEW BEHAVIORAL HEALTH FACILITY THE CHAS FOUNDATION CONTINUES TO WORK CLOSELY WITH AND ALONGSIDE THE COMMUNITY SERVICE BOARD, THE EASTERN VIRGINIA MEDICAL SCHOOL (EVMS), I NEED A LIGHTHOUSE, AND THE NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI) CLOTHING AND TOILETRIES ARE ALSO PROVIDED TO THE NORFOLK CRISIS STABILIZATION CENTER PUBLIC AWARENESS FOR THE THIRD YEAR IN A ROW, THE CHAS FOUNDATION LAUNCHED A MENTAL HEALTH AWARENESS CAMPAIGN UNLIKE MANY PHYSICAL CONDITIONS AND/OR DISEASES, INDIVIDUALS OFTEN HIDE MENTAL HEALTH ISSUES AND MASK THEM, ESPECIALLY IN THE EARLY STAGES EARLY TREATMENT AND DIAGNOSIS OF MENTAL ILLNESS HAS SHOWN TO INCREASE AN INDIVIDUAL'S ABILITY TO ACHIEVE A SUCCESSFUL RECOVERY ALSO, RAISING AWARENESS AND HAVING ANTI-STIGMA BILLBOARDS CAN HELP AN INDIVIDUAL RECOGNIZE THAT THEY SHOULD NEVER FEEL ASHAMED ASKING FOR HELP AND SEEKING TREATMENT FOR THE SECOND YEAR, THE CHAS FOUNDATION PARTNERED WITH HAMPTON ROADS TRANSIT (HRT) ON A MENTAL ILLNESS AWARENESS CAMPAIGN TO HELP ADDRESS THE STIGMA THE BILLBOARD ON THE SIDE OF THE BUSES SAID "MENTAL ILLNESS STIGMA HURTS EVERYONE" ALONG WITH PICTURES OF DIFFERENT TYPES OF SHOES THE SHOES WERE MEANT TO SHOW THAT ANYONE AND EVERYONE CAN STRUGGLE WITH MENTAL HEALTH ISSUES SOCIAL MEDIA IS ALSO USED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ON NEW RESEARCH AND CURRENT TRENDS REGARDING MENTAL ILLNESS MENTAL ILLNESS NAVIGATOR & SUPPORT IN 2018, THE CHAS FOUNDATION CHANGED THE PROGRAM NAME FROM "INDIVIDUALIZED FAMILY SUPPORT" (IFS) TO "MENTAL ILLNESS NAVIGATOR & SUPPORT" (MINS) THE NEW NAME HELPS PEOPLE THROUGHOUT THE COMMUNITY UNDERSTAND EXACTLY WHAT WE DO THE PROGRAM NAVIGATES THE COMPLEX SYSTEM AND CONNECTS INDIVIDUALS TO LOCAL MENTAL HEALTH SERVICES WHILE PROVIDING A CONTINUUM OF CARE THROUGH REFERRALS (TREATMENT PROVIDERS, HOUSING, POLICE, COURT, JAILS) WHEN SERVICES AND RESOURCES ARE INADEQUATE OR THE INDIVIDUAL AND/OR FAMILY HAS EXHAUSTED ALL THEIR OPTIONS, THE CHAS FOUNDATION CONTINUES TO PROVIDE PEER SUPPORT AS WELL AS PEER FAMILY SUPPORT IN ORDER TO HELP THE FAMILY AS AN ENTIRE UNIT ADDITIONAL SUPPORT I</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	<p>S GIVEN BY MEETING WITH INDIVIDUALS AND FAMILIES AT THEIR CHOICE OF LOCATION, PROVIDING TRANSPORTATION TO REACH SERVICE PROVIDERS, AND MAKING DOCTORS' APPOINTMENTS THE MENTAL HEALTH SYSTEM CAN BE A MAZE FOR INDIVIDUALS FAMILIES DO NOT KNOW WHERE TO START OR HOW TO NAVIGATE THE SYSTEM AN ONLINE MENTAL HEALTH RESOURCE GUIDE SHOWING RESOURCES AND SERVICES IN EVERY HAMPTON ROADS CITY IS CONTINUALLY UPDATED FOR COMMUNITY USE EDUCATION/TRAINING THE CHAS FOUNDATION HAS BEEN INSTRUMENTAL IN THE DEVELOPMENT OF THE CRISIS INTERVENTION TEAM IN NORFOLK, VA CRISIS INTERVENTION TEAMS (CIT) ARE PROGRAMS THAT BRING TOGETHER LOCAL STAKEHOLDERS, INCLUDING LAW ENFORCEMENT, EMERGENCY DISPATCHERS, MENTAL HEALTH PROVIDERS, CONSUMERS OF MENTAL HEALTH SERVICES, AND FAMILY ADVOCATES IN ORDER TO IMPROVE MULTI-SYSTEMS' RESPONSE TO PERSONS EXPERIENCING BEHAVIORAL HEALTH CRISIS WHO COME INTO CONTACT WITH LAW ENFORCEMENT OR OTHER FIRST RESPONDERS THE EXECUTIVE DIRECTOR OF THE CHAS FOUNDATION HAS BEEN AN INSTRUCTOR FOR THE NORFOLK POLICE DEPARTMENT'S CRISIS INTERVENTION TEAM FOR 5 YEARS AND HAS TRAINED OVER 550 OFFICERS IN ADDITION, THE CHAS FOUNDATION ATTENDS MENTAL HEALTH FAIRS THROUGHOUT HAMPTON ROADS EDUCATING THE PUBLIC ON OUR PROGRAMS AND SERVICES ALONG WITH PROMOTING DISCUSSIONS ON MENTAL HEALTH ISSUES FACING OUR COMMUNITIES IN 2018, THE CHAS FOUNDATION BEGAN PROVIDING A COMMUNITY MENTAL HEALTH TRAINING THAT EDUCATES THE PUBLIC ABOUT WHAT MENTAL ILLNESS LOOKS LIKE, SOME OF THE MOST COMMON TYPES, AND STEPS TO TAKE IF AN INDIVIDUAL OR FAMILY MEMBER IS STRUGGLING WITH A MENTAL ILLNESS MINDFULNESS IN LATE 2018, THE CHAS FOUNDATION BEGAN TO DEVELOP A MINDFULNESS AND WELLNESS ROOM IN ITS NEWLY ACQUIRED OFFICE SPACE MINDFULNESS IS NOW RECOMMENDED AS AN ALTERNATIVE OR SUPPLEMENTAL TREATMENT FOR INDIVIDUALS WHO EXPERIENCE MENTAL HEALTH PROBLEMS SUCH AS ANXIETY, DEPRESSION, AND BIPOLAR DISORDER THE INITIAL STAGE OF THE MINDFULNESS PROGRAM INCLUDED TRANSFORMING THE AESTHETICS OF THE ROOM BY REMOVING OLD CARPET AND LAYING DOWN WOOD PANEL FLOORING TO GIVE IT A "YOGA OR DANCE STUDIO FEEL" IN ADDITION TO THE FLOORING, THE CHAS FOUNDATION BEGAN MAKING SUPPLY PURCHASES FOR THE PROGRAM THAT INCLUDED CUSHIONS, MATS, SHELVING, AND OTHER ITEMS NEEDED TO GET THE PROGRAM STARTED THE MINDFULNESS PROGRAM WILL BEGIN IN 2019 AND START AS A WORKSHOP THAT INTRODUCES MINDFULNESS FOR ADULTS HELPING THEM DEVELOP COPING SKILLS AND TECHNIQUES TO IMPROVE THEIR MENTAL HEALTH AND OVERALL WELL-BEING</p>