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

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u> I	For	the 20	ر کا 19 calendar year, or tax year beginning	<u>UL 1, 2019</u> and	ل ending	<u>UN 30, 20</u>	<u> 120</u>			
В	Checl	k if cable:	C Name of organization CLEO EULAU CENTER FOR (	CHILDREN AND		D Employer id	entific	cation number		
	¬Ac ch	ldress ange	ADOLESCENTS							
Ē	= Na	ime ange	Doing business as ACKNOWLEDGE	ALLIANCE		77-039	936'	76		
F	⊟Ini	tial turn	Number and street (or P.O. box if mail is not de		Room/suite	E Telephone n				
	Fir		2483 OLD MIDDLEFIELD WA	650-33	650-314-0180					
_		ed nended	City or town, state or province, country, and			G Gross receipts \$		2,005,351.		
Ļ	ret	urn	MOUNTAIN VIEW, CA 9404			H(a) Is this a gr				
	tio	plica- n nding	F Name and address of principal officer: SHA	RON NAVARRO		for subordi	inates	? Yes X No		
	pe	nuing	SAME AS C ABOVE			H(b) Are all subordi	inates in	cluded? Yes No		
1	Тах-	exem	ot status: X 501(c)(3) 501(c) ( )		or 527	If "No," att	ach a	list. (see instructions)		
J	Web	site:	► HTTP://WWW.ACKNOWLEDGE	ALLIANCE.ORG		H(c) Group exe	mptio	n number 🕨		
K	orm	of ord	ganization: X Corporation Trust As	sociation Other	<b>L</b> Year			A State of legal domicile: CA		
	art		ummary		1					
	1	Bri	efly describe the organization's mission or most	significant activities: TO P	ROMOTE	LIFELONG	RE	ESILIENCE		
ç	'		CHILDREN AND YOUTH.	<u>===</u>						
Governance	2		eck this box  if the organization disco	atinued its operations or dispo	cod of more	than 25% of its n	ot acc	oote		
Je.	3		mber of voting members of the governing body				1 1	9		
ó	3		0 0 ,	, , ,			-	9		
			mber of independent voting members of the gov				-	41		
<u>ies</u>	5		al number of individuals employed in calendar y				5			
ĭ	6		al number of volunteers (estimate if necessary)				6	11		
Activities &	7		tal unrelated business revenue from Part VIII, co				7a	0.		
	_	<b>b</b> Ne	t unrelated business taxable income from Form	990-T, line 39	······		7b	0.		
						Prior Year		Current Year		
Φ	8	Co	ntributions and grants (Part VIII, line 1h)			479,60		1,118,716.		
Š	9	Pro	ogram service revenue (Part VIII, line 2g)			801,94	41.	883,201.		
Revenue	10	) Inv	estment income (Part VIII, column (A), lines 3, 4,	and 7d)		3,12	25.	3,434.		
ď	1.		ner revenue (Part VIII, column (A), lines 5, 6d, 8c			9,45	51.	0.		
	12		tal revenue - add lines 8 through 11 (must equal			1,294,12	_	2,005,351.		
	1:		ants and similar amounts paid (Part IX, column (			•	0.	0.		
	14		nefits paid to or for members (Part IX, column (A				0.	0.		
	۱.,		aries, other compensation, employee benefits (F			1,356,24		1,369,012.		
Expenses	',					1,330,2	0.	0.		
ë	"	b Tak	ofessional fundraising fees (Part IX, column (A), li	70.05	0.4		•	0.		
X	١		tal fundraising expenses (Part IX, column (D), line			166,23	2 /	170,691.		
_	'		ner expenses (Part IX, column (A), lines 11a-11d,			1,522,4				
	18		tal expenses. Add lines 13-17 (must equal Part I)					1,539,703.		
	19	<b>9</b> Re	venue less expenses. Subtract line 18 from line	12		-228,35		465,648.		
t Assets or					Ве	ginning of Current		End of Year		
sset	20		al assets (Part X, line 16)			403,95		1,138,882.		
Ä	2	<b>1</b> To	tal liabilities (Part X, line 26)			38,83		308,117.		
Net			t assets or fund balances. Subtract line 21 from	line 20		365,13	17.	830,765.		
	art		Signature Block							
Und	er p	enaltie	s of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best	t of my	knowledge and belief, it is		
true	, coi	rect, a	nd complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge				
Sig	n		Signature of officer			Date				
Her	е		SHARON NAVARRO, EXECUT	IVE DIRECTOR						
			Type or print name and title							
		Pr	int/Type preparer's name	Preparer's signature			ieck	PTIN		
Paid	d		ACOB YAU	p an an a angliatana		if se	ے If-employ	P01560332		
	pare		m's name ► HOOD & STRONG LL	D		Firm's El		94-1254756		
Use			m's address 275 BATTERY ST,			I IIIII S EI	111	<u>, , , , , , , , , , , , , , , , , , , </u>		
USE	UIII	y   [ [ [	SAN FRANCISCO, C			Dhana -	. // 1	5.781.0793		
N 4 -	, 11-		discuss this return with the preparer shown about			I Priorie n	U. ¥ I	X Ves No		
11/1/21	/ Th	ココピン	DISCUSS THIS PATILITY WITH THE DYANGPAP SHOWN ARA	VE / ISSE INSTRUCTIONS				IAIVAC I INA		

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

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

Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
	rations required to file an income tax return other than Fo			s, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaver	identification numb	er (TIN)
print	CLEO EULAU CENTER FOR CHILI		ND			(,
	ADOLESCENTS				77-039367	6
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 2483 OLD MIDDLEFIELD WAY, N					
instructions.	City, town or post office, state, and ZIP code. For a form MOUNTAIN VIEW, CA 94043	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227		10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph	pooks are in the care of $\blacktriangleright$ MOUNTAIN VIEW, none No. $\blacktriangleright$ 650-314-0180 organization does not have an office or place of business	CA 94	Fax No.			)1 -
	is for a Group Return, enter the organization's four digit					heck this
box ▶ [		_	ch a list with the names and TINs of			
the ▶[ ▶[	quest an automatic 6-month extension of time until organization named above. The extension is for the extension is for the extension in the extension of time until organization named above. The extension is for the organization named above. The extension named above. The ext	anization's	return for: d ending JUN 30, 2020	e the exem	npt organization retu ·	ırn for
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•				0
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			_		0
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
instructio	If you are going to make an electronic funds withdrawal ns.	(airect dei	DIT) WITH THIS FORM 8868, SEE FORM 84	153-EO an	a Form 8879-EO for	payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

#### CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS 77-0393676 <u> Page</u> **2** Form 990 (2019) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS, D.B.A. ACKNOWLEDGE ALLIANCE, IS DEDICATED TO PROMOTING LIFELONG RESILIENCE IN CHILDREN AND STRENGTHENING THE CARING CAPACITY OF THE AND YOUTH ADULTS WHO INFLUENCE THEIR LIVES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 618,464. including grants of \$ 0 • ) (Revenue \$ 465,706. ) (Expenses \$ 4a THE RESILIENCE CONSULTATION PROGRAM, SERVING K-12 SCHOOLS, PROVIDES A UNIQUE APPROACH TO HEALTHIER SCHOOL ENVIRONMENTS, IMPROVING SOCIAL EMOTIONAL LEARNING (SEL) COMPETENCIES AND REDUCING THE IMPACTS OF MENTAL HEALTH FOR SCHOOL LEADERS, TEACHERS, AND STUDENTS. THE WORK WE DO WITH THIS POPULATION INCLUDES TEACHER AND PRINCIPAL SUPPORT THROUGH ONE-ON-ONE COACHING, TRAININGS, PROFESSIONAL DEVELOPMENT, CLASSROOM 7TH GRADE SOCIAL EMOTIONAL LEARNING (SEL) LESSONS; OBSERVATIONS; 3RD -AND STUDENT COUNSELING. MANY OF THE SCHOOLS WE SERVE ARE UNDERPERFORMING WITH, ON AVERAGE, 72% OF THE STUDENTS ON THE FREE OR REDUCED MEAL PLAN. STUDENTS MAY BE FACING ADVERSITIES SUCH AS EXPERIENCING EARLY CHILDHOOD TRAUMA INCLUDING DEVELOPING MENTAL HEALTH ISSUES, LIVING IN HOME ENVIRONMENTS WITH STRESS AND ANXIETY, 594,372. including grants of \$ 0 • \_ ) (Revenue \$ 417,495. 4h ) (Expenses \$ THE COLLABORATIVE COUNSELING PROGRAM (CCP) WORKS WITH APPROXIMATELY 215 OF THE MOST AT-RISK YOUTH IN GRADES 9 - 12 IN SAN MATEO COUNTY. STUDENTS ARE AT EXTREMELY HIGH RISK FOR FAILURE; THEY ARE FACING EXTREME ADVERSITIES. THEY ARE VICTIMS OF PERVASIVE DOMESTIC AND COMMUNITY VIOLENCE, COERCED GANG INVOLVEMENT, POVERTY, RACISM, FAMILIES TORN APART AND UNDIAGNOSED LEARNING AND MENTAL HEALTH ISSUES. OUR PSYCHODYNAMIC COUNSELING SERVICES INCLUDE BOTH INDIVIDUAL AND GROUP THERAPY TO HELP THESE YOUTH PROCESS THE COMPLEX TRAUMA THEY INCUR, BECOME MORE SELF-AWARE, CONSTRUCTIVELY EXPRESS THEIR FEELINGS, AND BEGIN TO MAKE POSITIVE CHOICES FOR THEMSELVES. WE BELIEVE IN THEM AND

THE OUTREACH PROGRAM CONTINUES TO BUILD OUR REGIONAL AND STATEWIDE COLLABORATION SO THAT EVENTUALLY OUR MESSAGE OF RESILIENCE, SOCIAL AND EMOTIONAL LEARNING, AND POSITIVE MENTAL HEALTH CAN BE EMBEDDED INTO EVERY LEVEL OF AMERICA'S EDUCATIONAL SYSTEM, FROM PRESCHOOL THROUGH HIGHER EDUCATION. COMMUNICATION TO THE LARGER COMMUNITY IS DELIVERED THROUGH OUR OUTREACH PROGRAM. SERVICES INCLUDE TRAINING FOR PROFESSIONALS IN THE FIELDS OF EDUCATION, MENTAL HEALTH AND YOUTH DEVELOPMENT, PARTICIPATION IN COMMUNITY-WIDE COLLABORATION FOCUSED ON SOCIAL AND EMOTIONAL WELLNESS IN YOUTH, AND THE DELIVERY OF PAPERS AT NATIONAL CONFERENCES SUCH AS THE NEW TEACHER'S SYMPOSIUM. ADDITIONALLY OUR EXECUTIVE TEAM SPENDS TIME REACHING OUT TO LOCAL COMMUNITY SERVICE PROVIDERS IN ORDER TO HELP WITH THE AIM OF LEVERAGING OUR KNOWLEDGE TO

THEIR ABILITIES TO GROW AND THRIVE. WE HOLD HIGH EXPECTATIONS OF THEM IN TURN, WILL BELIEVE IN THEIR ABILITY TO SUCCEED.

22,688. including grants of \$

4d	Other program	services	(Describe o	n Schedule O

including grants of \$ 1,235,524. ) (Revenue \$

Form **990** (2019)

0.

0 •\_ ) (Revenue \$

# CLEO EULAU CENTER FOR CHILDREN AND

Form 990 (2019)

ADOLESCENTS

Part IV Checklist of Required Schedules

1 Is the organization described in section 50 (c)(s) or 4947(s)(1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors?  3 Jid the organization engage in direct or indirect political campalign activities, or heart of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I and the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II and the organization activities on behalf of or in opposition to candidate for similar amounts as defined in Revenue Procedule et 98-19 If "Yes," complete Schedule C, Part III and the organization as defined in Revenue Procedule et 98-19 If "Yes," complete Schedule C, Part III and the organization and interest on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice in the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice in the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice in the distribution of investment of the complete Schedule D, Part III and 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 regolation services? If "Yes," "organization demonstration or part X or provide credit counseling, debt management, and the part X, line 10? If "Yes," complete Schedule D, Part V III III the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X III III III III III III III III III	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices (**) "Yes,** complete Schedule C, Part I"  5 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fit) election in effect oduring the tax year" If "Yes,** complete Schedule C, Part II II.  5 Is the organization a section 501(ii)(6), 501(ii)(6), 501 (iii)(6), 501 (i					
section 50(kgl) organization. Did the organization engage in lobbying activities, or have a section 50(kgl) election in effect during the tax year? # 'Yes," complete Schedule C, Part # # X	_		2	<u> </u>	
Section SO1(s)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(s)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section SO1(s)(4), SO1(s)(5), SO1(s)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96:197 If "Yes," complete Schedule C, Part II II X X SO1 Did the organization maintain any donor advised under oar sy institution 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 II II Did the organization receive not dia conservation assement, including assements to preserve open species. Schedule D, Part II II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II Did the organization proof an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X for provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II	3				37
during the tax year? If Yes, "complete Schedule C, Part II or bright or bright or provide activation a section 501(4), 501(5), 50 r510(6) or 910(6) or 910(6	_		3		<u> </u>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III  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 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 II  7 Did the organization maintain collections of works of art, historical researces, or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II  9 Did the organization 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 V III (Yes, complete Schedule D, Part V	4				v
similar amounts as defined in Revenue Procedure 88.19? (**Yes,** complete Schedule C, Part III to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**I*Yes,** complete Schedule D, Part II to the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historics structures? (**I*Yes,** complete Schedule D, Part III to 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? (**I*Yes,** complete Schedule D, Part IV to the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (**I*Yes,** complete Schedule D, Part V to the organization assets or any of the following questions is "Yes," then complete Schedule D, Part V to the organization report an amount for land, buildings, and equipment in Part X, line 10? (**I*Yes,** complete Schedule D, Part V to Did the organization report an amount for investments - other securities in Part X, line 10? (**I*Yes,** complete Schedule D, Part V to 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? (**I*Yes,** complete Schedule D, Part V to 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? (**I*Yes,** complete Schedule D, Part X to Did the organization and 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? (**I*Yes,** complete Schedule D, Part X to Did the organization shape and an amount for other in	_		4		
6 Dit the organization maintain any donor advised funds or any smillar funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receives 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  8 Did the organization receives 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  9 Did the organization report an amount in Part X, line 21, for secrow 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  10 Did the organization directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization same to any of the following questions is "Yes," then complete Schedule D, Part VII II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  11 If 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 18? If "Yes," complete Schedule D, Part VIII  11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII II X  11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II II X  12 Did the organization shall be organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X II II X  13 Did the organization orbital separate, indepen	5		_		v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 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 The Capanization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II The organization report an amount in IPart 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 The organization, hold assets in donor-restricted endowments or in quasia endowments? If "Yes," complete Schedule D, Part V The organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, X, or X as applicable.  a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII The Account of 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 The Part X, line 16? If "Yes," complete Schedule D, Part X The Part X, line 16? If "Yes," complete Schedule D, Part X The Part X, line 15? If "Yes," complete Schedule D, Part X The Part X, line 15? If "Yes," complete Schedule D, Part X The Part	_	· · · · · · · · · · · · · · · · · · ·	5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures "/ "Yes," complete Schedule D, Part III   X   X   Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   Did the organization report an amount in Part X, line 21, for escrew 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   Yes, "complete Schedule D, Part IV   9   X   If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV   10   If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV   10   Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part IV   11   X   2   2   2   2   2   2   2   2   2	6				v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  8	_		6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Yes," 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 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V VIII, VIII, VIII, IX, or X as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 15? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for other isabilities in Part X, line 15? If "Yes," complete Schedule D, Part X VIII Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Part I II and IV VIIII Did the organiz	1		_		v
Schedule D, Part III  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  Did the organization or service or or or organization or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization service or organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for worstments - 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  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  110	•		-		
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 courseling, debt management, credit repair, or debt negotiation services?  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	8	, ,			v
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			21		X

932003 01-20-20

## CLEO EULAU CENTER FOR CHILDREN AND

Form 990 (2019)

ADOLESCENTS

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
	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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
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 lines 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
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			- T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. 41	Check if Schoolule O contains a recompose or note to any line in this Bort V			
	Check it Schedule O Contains a response of note to any line in this Part V		Voc	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	Yes	140
b		5		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
C	(gambling) winnings to prize winners?	1c	Х	
	0 0 1		<del></del>	

932004 01-20-20

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

			Yes	No
<b>2</b> a	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 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			х
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year  Pid the exemplation receive any findle directly as indicately to pay promiting an appropriate part of the exemplation	7.		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b	-		
	Enter the amount of reserves on hand  Did the organization receive any payments for indeer tapping son/less during the tay year?	11-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.	"		
		Form	990	(2019)

77-0393676 Page **6** ADOLESCENTS Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, 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	_		
	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 9			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		X
				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
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			
	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
40-	Did the every instinct have level about on hypothese or effication	40-	162	X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	١		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	Х	
b	Other officers or key employees of the organization	15b	X	
D		130	-22	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.	-		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BEVERLY CORRIERE - 650-314-0180			
	2483 OLD MIDDLEFIELD WAY, SUITE 201, MOUNTAIN VIEW, CA 94043			
	2405 CHA MILADHELIEHA WAI, BUILE ZUI, MOUNIAIN VIEW, CA 94045		000	

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

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

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

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

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

Check this box if neither the organization in	nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Positio (do not check more			l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	person is both an a director/trustee)			compensation	compensation	amount of
	week	_	Cei aii		Tecto	ector/trustee)		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2) 1000 111100)		and related
	below	idual	ution	la e	Key employee	est co oyee	ler			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) STEVE HOPE	3.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) NANCY HIGHBARGER	3.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(3) JACOB IYPE	3.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(4) SERG DOUGOUD	3.00									
BOARD MEMBER		Х						0.	0.	0.
(5) LINDA KEEGAN	3.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(6) SUSAN ESTERLY	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) BROOKE KERNICK	3.00									
BOARD MEMBER	1 2 2 2	Х						0.	0.	0.
(8) RAGI PILLAI	3.00	ļ								
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) AUDE MERGLIK	3.00									•
BOARD MEMBER	40.00	Х						0.	0.	0.
(10) SHARON NAVARRO	40.00	-		,,				110 272	_	•
EXECUTIVE DIRECTOR				Х				112,373.	0.	0.
		1								
		-								
		1								
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	990 (2019) ADOLESCE									77-03	<u> 3936</u>	76	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(B) (C) Position (do not check more than one box, unless person is both an						(D)  Reportable compensation	(continued) (E) Reportable compensatio		Est	(F) imate	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer of	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ns	comp fro orga and	other pensati om the nizati relate nizatio	e on ed
			•											
	Subtotal Total from continuation sheets to Part VI							<b>&gt;</b>	112,373.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but n							o re	112,373. ecceived more than \$100,	000 of reportable	0.			0.
_	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
	rendered to the organization? If "Yes." comtion B. Independent Contractors	-										5		X
	Complete this table for your five highest co the organization. Report compensation for (A)	•	•								Densati	(C)		
	Name and business	address	NC	ONI	3				Description of s	ervices	Cc	ompen		1
	Total number of independent contractors (in	ncludina but na	ot lin	nite	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	•				(	_					orm 9	90 (2	2019)

Form 990 (2019) ADOLESC
Part VIII Statement of Revenue

			Check if Schedule O co	ontair	ns a respor	ise (	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1.1						30000013 3 12 3 14
nts			Federated campaigns					4			
Sra			Membership dues					_			
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events					_			
a ii		d	Related organizations		1d						
s, ( ini		е	Government grants (contrib	oution	ns) <b>1e</b>		<u> 153,000.</u>				
ion		f	All other contributions, gifts, g	rants,	and						
but			similar amounts not included a	bove	1f		965,716.				
ÖĘ		g	Noncash contributions included in Iir				1,167.				
泛		h	Total. Add lines 1a-1f					1,118,716.			
<u> </u>			Totally last miles facility.				Business Code	, , , , , ,			
	2	_	PROGRAM REVENU	H.			611710	883,201.	883,201.		
ice						_	011710	003,201.	003,201.		
er ne		b				_					
n S		С									
Je Se		d				_					
Program Service Revenue		е				_					
۵			All other program service re								
		g	Total. Add lines 2a-2f					883,201.			
	3		Investment income (including	ng di	vidends, in	tere	st, and				
			other similar amounts)					3,434.			3,434.
	4		Income from investment of								
	5		Royalties								
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a ├				-			
				6b				-			
			' " F	6c				-			
			` ′ -	00							
			Net rental income or (loss)		(i) Securiti		(ii) Other				
	1	а	Gross amount from sales of		(i) Securiti		(ii) Other	-			
			í F	7a				4			
		b	Less: cost or other basis								
her Revenue			and sales expenses					_			
Ver		С	Gain or (loss)	7с							
Re		d	Net gain or (loss)				<b></b>				
Jer	8	а	Gross income from fundraising	j even	its (not						
₹			including \$		of						
			contributions reported on li	ne 1	c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from fu			ls	<b></b>				
			Gross income from gaming								
	Ŭ	u	Part IV, line 19			9a					
		h	Less: direct expenses			9b		-			
			Net income or (loss) from g								
							·····				
	10	а	Gross sales of inventory, le			l. <u>.</u>					
			and allowances			10a		4			
			Less: cost of goods sold			10b					
$\rightarrow$		С	Net income or (loss) from sa	ales o	of inventor	/					
S							Business Code				
on e	11	а				_					
ane		b									
Miscellaneous Revenue		С				_					
Alisc B		d	All other revenue								
_			Total. Add lines 11a-11d .								
	12		Total revenue. See instruction	s			<b>&gt;</b>	2,005,351.	883,201.	0.	3,434.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 117,500. 99,875. 11,750. 5,875. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,129,311. 943,692. 145,171. 40,448. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,081. 27,043. 17,913. 4,049. Other employee benefits 9 95,158. 78,981. 11,419. 4,758. 10 Payroll taxes Fees for services (nonemployees): Management Legal 21,700. 21,700. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 42,542. 28,555. 10,626. 3,361. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,941. 8,157. 2,653. 4,131. Office expenses 13 Information technology 14 15 Royalties 58,774. 48,749. 7,120. 2,905. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,841. 1,409. 1,574. 1,858. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 19,519. 4,741. 14,492. 286. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,562. 459. 2,721. 382. EMPLOYEE & BOARD DEV. 4,812. 2,993. 1,819. All other expenses 1,539,703. 1,235,524. 233,275. 70,904. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

# Form 990 (2019) Part X Balance Sheet

Part A	Balance Sheet					
	Check if Schedule O contains a response or r	ote to any l	ine in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			24,612.	1	14,190.
2	Savings and temporary cash investments			272,741.	2	971,573.
3	Pledges and grants receivable, net			90,000.	3	0.
4	Accounts receivable, net		5,000.	4	133,695.	
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sul					
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
8   B	Prepaid expenses and deferred charges			6,262.	9	14,086.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	. 10a	12,173.			
b	Less: accumulated depreciation		12,173.	0.	10c	0.
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, lin		12			
13	Investments - program-related. See Part IV, lir		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			5,338.	15	5,338.
16	Total assets. Add lines 1 through 15 (must e			403,953.	16	1,138,882.
17	Accounts payable and accrued expenses	38,836.	17	50,217.		
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complet	e Part IV of	Schedule D		21	
္က 22	Loans and other payables to any current or fo	rmer officer	, director,			
<b>≝</b>	trustee, key employee, creator or founder, sul	ostantial cor	ntributor, or 35%			
Liabilities	controlled entity or family member of any of the	iese person	s		22	
□   <sub>23</sub>	Secured mortgages and notes payable to unr		23			
24	Unsecured notes and loans payable to unrela	ted third pa	rties		24	257,900.
25	Other liabilities (including federal income tax,	payables to	related third			
	parties, and other liabilities not included on lir	es 17-24). (	Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			38,836.	26	308,117.
,,	Organizations that follow FASB ASC 958, c	heck here	► X			
š	and complete lines 27, 28, 32, and 33.			100 615		500 565
<u>E</u> 27	Net assets without donor restrictions	190,617.	27	790,765.		
<u>m</u>   28	Net assets with donor restrictions			174,500.	28	40,000.
<u> </u>	Organizations that do not follow FASB ASC	958, checl	k here			
<u>L</u>	and complete lines 29 through 33.					
<u>د</u> 29	Capital stock or trust principal, or current fund				29	
8 30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 27 28 29 30 1 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated			265 117	31	020 765
_	Total net assets or fund balances			365,117.	32	830,765.
33	Total liabilities and net assets/fund balances			403,953.	33	1,138,882.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	46	5,6	<u>48.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	5,1	<u> 17.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	83	0,7	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	• · · · · · · · · · · · · · · · · · · ·	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

CLEO EULAU CENTER FOR CHILDREN AND

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization ADOLESCENTS 77-0393676 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

77-0393676 Page 2 Schedule A (Form 990 or 990-EZ) 2019 ADOLESCENTS

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	455,595.	530,857.	706,339.	479,604.	1118716.	3291111.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	455,595.	530,857.	706,339.	479,604.	1118716.	3291111.
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)						831,136.
6	Public support. Subtract line 5 from line 4.						2459975.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	455,595.	530,857.	706,339.	479,604.	1118716.	3291111.
	Gross income from interest,	,	•	•	·		
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	621.	1,097.	1,849.	3,125.	3,434.	10,126.
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.)	15,715.	16,433.	15,922.	24,685.		72.755.
11	<b>Total support.</b> Add lines 7 through 10	,	,	-,-	,		72,755. 3373992.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 3	,207,706.
	<b>First five years.</b> If the Form 990 is for	•	,	fourth, or fifth ta	x vear as a section		, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and <b>stor</b>	-					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	72.91 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	70.39 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						▶ 5
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the orga	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						
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	now, picase comp	oloto i art ii.j						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 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								
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	_							
k	nother 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								
Sec	Public support. (Subtract line 7c from line 6.)								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for	the organization	e firet socond this	d fourth or fifth to	av vear as a saction	n 501(c)(3) crassi-r	L		
	check this box and stop here	-			•				
Se	ction C. Computation of Public								
	Public support percentage for 2019 (li			column (f))		15	%		
16						16	<u> </u>		
	ction D. Computation of Inves					1	70		
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%		
18	Investment income percentage from 2					18	%		
	a 33 1/3% support tests - 2019. If the					33 1/3%, and line 17			
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	<b>&gt;</b>		
k	33 1/3% support tests - 2018. If the	•			•	·			
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

932023 09-25-19

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401-		
0	10b 90 or 99	∩_E7\	2010
J	JU UI 33	·U-EE	<b>2013</b>

Par	T IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	<u> </u>
360	uon B. Ali Type ili Supporting Organizations		V	N <sub>2</sub>
4	Did the expenientian provide to each of its supported expenientians, but he lost day of the fifth month of the		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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	$oxed{oxed}$	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ш	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	7,1,0			
	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b	1 /	1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections 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):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions		,	Current Year			
1	Amounts paid to supported organizations to accomplish exer						
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 purpose	3					
_4	Amounts paid to acquire exempt-use assets						
_5_	Qualified set-aside amounts (prior IRS approval required)						
_6_	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
_9_	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T	<b>.</b>				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
_1_	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
c	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2019 distributable amount						
<u>i</u>	Carryover from 2014 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2019 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
<u>a</u>	Excess from 2018  Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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.)						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:						
GROSS INCOME FROM FUNDRAISING EVENTS						
2015 AMOUNT: \$ 15,715.						
2016 AMOUNT: \$ 16,433.						
2017 AMOUNT: \$ 15,922.						
2018 AMOUNT: \$ 24,685.						
2019 AMOUNT: \$ 0.						

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS

Employer identification number

77-0393676

Organiz	prganization type (cneck one):							
Filers of	:	Section:						
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	eral Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , 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; line 1. Complete Parts I and II.						
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year						
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
CLEO EULAU CENTER FOR CHILDREN AND
ADOLESCENTS

Employer identification number

77-0393676

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 210,450.	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 40,000.	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
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Tuning dudi ooo, dira <u>al</u> i T T	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CLEO EULAU CENTER FOR CHILDREN AND
ADOLESCENTS

Employer identification number

77-0393676

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7		\$\$	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		\$\$	Person X Payroll				
(a)	(b)	(c)	(d)				
No. 9	Name, address, and ZIP + 4	* 35,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 10	Name, address, and ZIP + 4	* 30,000.	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				
		\$	Person Payroll Complete Part II for noncash contributions.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
110.	Hullo, audi 635, alia Elf T T	\$	Person Payroll Occupation (Complete Part II for noncash contributions.)				

Name of organization

CLEO EULAU CENTER FOR CHILDREN AND

ADOLESCENTS

Employer identification number

77-0393676

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>			
			1

Name of organization **Employer identification number** CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS 77-0393676 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS

**Employer identification number** 77-0393676

	organization answered "Yes" on Form 990, Part IV, line		ripod funds	(la) Fl	o and other access	nto
		(a) Donor ad	risea tunas	( <b>b)</b> Fund	s and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	-				<b></b>
_	are the organization's property, subject to the organization's e				Yes	∟ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or	·		•		<b></b>
Pa	impermissible private benefit?  rt II Conservation Easements. Complete if the org	enization enguered			Yes	No
	•			Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizatio					
	Preservation of land for public use (for example, recreat	ion or education)		-	nportant land area	
	Protection of natural habitat		Preservation of	a certified hist	oric structure	
•	Preservation of open space	ad aanaamiatian aan	wibution in the form	of a concentati	an accoment on th	a laat
2	Complete lines 2a through 2d if the organization held a qualific	eu conservation con	inbution in the form		Held at the End of the	
_	day of the tax year.  Total number of conservation easements				neiu at the Eliu of the	C IAX ICAI
a						
b	Number of conservation easements on a certified historic stru	cture included in (a)				
d						
u	listed in the National Register					
3	Number of conservation easements modified, transferred, rele				uring the tax	
•	year ▶	acca, extingaionea,	or torrimiatod by the	organization a	aring the tax	
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period		ection, handling of			
•	violations, and enforcement of the conservation easements it	• • •			Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
	<b>&gt;</b>	J	,		,	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	tion easements	during the year	
	<b>&gt;</b> \$	,	· ·			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirem	ents of section 170(I	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	n's financial stateme	ents that descri	bes the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical 1	reasures, or Ot	her Similar	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	revenue statement a	nd balance she	eet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, educat	ion, or research in fu	rtherance of pu	ublic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that	describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reve	nue statement and b	oalance sheet v	vorks of	
	art, historical treasures, or other similar assets held for public	exhibition, educatior	, or research in furth	erance of publ	ic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical trea	sures, or other simila	r assets for financial	gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese items:			
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			> \$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		9	Schedule D (Form	990) 2019

932051 10-02-19

Scho	CLEO EUL dule D (Form 990) 2019 ADOLESCE	AU CENTER	FOR	CHILDE	REN AND		7	7-03	93676	. D	ana <b>2</b>
	t III Organizations Maintaining Col		. Histo	rical Tre	asures, or	Other					age –
3 a	Using the organization's acquisition, accession collection items (check all that apply):  Public exhibition		s, check	any of the f		make siç			<u>(COMM)</u>	ueu)	
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	how the	y further th	ie organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or r	eceive donations o	f art, his	torical treas	sures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		te if the	organizatio	n answered "`	Yes" on I	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodian on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	lowing ta	ble:							
									Amount	:	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on For	m 990, Part X, line 2	21, for es	scrow or cu	ıstodial accou	ınt liabilit	ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. C tV Endowment Funds. Complete if t										
		(a) Current year		ior year	(c) Two years		(d) Three yea	ars hack	(e) Four	vears	hack
1a	Beginning of year balance	(2) 5 211 511 7 521	(2)	y	(C) The year	o zuem ,	(4)		(5) : 54:	j ca. c	Buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the currer	nt vear end balance	line 1a	column (a)	) held as:						
	Board designated or quasi-endowment	•	%	(u)	,						
	Permanent endowment	%	_′°								
	Term endowment ▶%										
20	The percentages on lines 2a, 2b, and 2c should have there and authors that a percentage of the percent	•	tion that	ara hald an	d administar	ad for the	organizati	on			
Sa	Are there endowment funds not in the possess	ion or the organizat	lion mai	are rielu ai	iu auriiriistere	ed for the	e organizati	OH	Г	Yes	No
	by:									162	No
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations								3a(ii)		
_	If "Yes" on line 3a(ii), are the related organization								3b		
4 Par	Describe in Part XIII the intended uses of the or tVI Land, Buildings, and Equipme		vment fu	nds.							
	Complete if the organization answered '	'Yes" on Form 990,	, Part IV,	line 11a. S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or ot basis (investm	ther	(b) Cost	or other (other)	( <b>c</b> ) Ac	ccumulated preciation		(d) Book	value	e
4.0	Lond	1, ,	,		` '						

Schedule D (Form 990) 2019

e Other

12,173.

**b** Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

12,173.

	Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part X line 12	
	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial				,
	neld equity interests			
( <b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related.			
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line on Form 990, Part IV,	11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or en	d of year market value
(4)	(a) pescription of investment	(b) DOOK value	(6) Method of Valuation. Cost of en	u orgeal mainet value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	Tra. occ Form 550, Fart X, mic 15.	(b) Book value
(1)	()			(=, = = = = = = = = = = = = = = = = = =
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990. Part X. col. (B) line	15)	<b>•</b>	
Part X	Other Liabilities.	10./		l .
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	j.
1.	(a) Description of liability	,,		(b) Book value
	eral income taxes			
(2)	14			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	25.)		
	or uncertain tax positions. In Part XIII, provide		the organization's financial statements t	:hat reports the

932053 10-02-19

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

ADOLESCENTS

77-0393676 Page 4

Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	<u></u> <u></u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1				1	2,078,209.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities		72,858.	-	
	Recoveries of prior year grants		,	-	
	Other (Describe in Part XIII.)	1 4 . 1		-	
	Add lines <b>2a</b> through <b>2d</b>			2e	72,858.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,005,351.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,005,351.
	t XII   Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	1,612,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a	72,858.		
	Prior year adjustments		•		
	Other losses				
	Other (Describe in Part XIII.)	1 1		-	
	Add lines <b>2a</b> through <b>2d</b>			2e	72,858.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,539,703.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	—		-	
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18.)			5	1,539,703.
	t XIII Supplemental Information.				, ,
Provi	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b a	and 2b: Part V. line 4	: Part )	K. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,	, , , , , ,
PAR	T X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM INCOME TAXES	UNDER	SECTION 50	1(C	)(3) OF
THE	INTERNAL REVENUE CODE (IRC) AND SECTION	23701D	OF THE CAL	IFO	RNIA
REV	ENUE AND TAXATION CODE. THE ORGANIZATION	HAS ALS	O BEEN CLA	SSI	FIED AS AN
ENT	ITY THAT IS NOT A PRIVATE FOUNDATION WITH	IN THE	MEANING OF	SE	CTION
509	(A) OF THE IRC.				
THE	ORGANIZATION EVALUATES ITS UNCERTAIN TAX	POSITI	ONS AND WI	LL I	RECOGNIZE
<u>A</u> I	OSS CONTINGENCY WHEN IT IS PROBABLE THAT .	A LIABI	LITY HAS B	EEN	INCURRED
AS	OF THE DATE OF THE FINANCIAL STATEMENTS A	ND THE	AMOUNT OF	THE	LOSS CAN
BE	REASONABLY ESTIMATED. MANAGEMENT HAS CONC	TUDED T	HAT THE OR	GAN'	TZATTON

HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS TO THE

Schedule D (Form 990) 2019

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## CLEO EULAU CENTER FOR CHILDREN AND

Schedule D (Form 990) 2019 ADOLESCENTS	77-0393676 Page 5
Part XIII Supplemental Information (continued)	
FINANCIAL STATEMENTS.	

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CLEO EULAU CENTER FOR CHILDREN AND ADOLESCENTS

**Employer identification number** 77-0393676

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EXPERIENCING POVERTY, HUNGER, AND STRESS THAT EACH INHIBITS A POSITIVE LEARNING EXPERIENCE.

ACKNOWLEDGE RESILIENCE PROGRAM STAFF, COMPRISED OF A TEAM OF LICENSED MENTAL HEALTH PROFESSIONALS, MEET WITH EDUCATORS IN THEIR CLASSROOMS AND PRINCIPALS TO OFFER SUPPORT AND IMPLEMENT WAYS TO MAKE SCHOOL A POSITIVE PLACE. OUR DIRECT WORK WITH EDUCATORS HELPS THEM DISCOVER THEIR UNIQUE STRENGTHS IN THE PROFESSION AND PROVIDES THEM WITH THE TOOLS TO WORK WITH STUDENTS IN AN EMPATHIC, EFFECTIVE, AND STRENGTH-BASED WAY. 95% OF THE TEACHERS WE SERVE ARE EXPRESSING "ACKNOWLEDGE STAFF HELP US WORK THROUGH OBSTACLES & POSITIVE CHANGE: CHALLENGES THEY MAY BE FACING REGARDING EVERY ASPECT OF STAFF STUDENT RELATIONSHIP."

SOCIAL EMOTIONAL LEARNING (SEL) IS THE FOUNDATION OF SUPPORT NEEDED TO ACQUIRE THE SKILLS FOR LIFELONG EFFECTIVENESS. IN EDUCATION, SEL CREATES A SUPPORTIVE SCHOOL ENVIRONMENT WHERE STUDENTS ARE RESPECTED CARED FOR AND CONNECTED. THE RESILIENCE PROGRAM INCLUDES SEL CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL TO TEACH STUDENTS HOW TO EFFECTIVELY MANAGE EMOTIONS, MAKE RESPONSIBLE DECISIONS, ESTABLISH MEANINGFUL RELATIONSHIPS AND ACHIEVE GOALS. OUR STAFF FACILITATES THESE LESSONS TO INCLUDING THE TEACHER, TO MAKE IT A COLLABORATIVE THE ENTIRE CLASSROOM, LEARNING ENVIRONMENT AND SUPPORT THE EDUCATORS' SEL SKILLS. RESEARCH LINKS SEL TO IMPROVED ATTITUDES ABOUT SCHOOL, ACADEMIC ACHIEVEMENT, AND REDUCTIONS IN AGGRESSION, MENTAL HEALTH PROBLEMS, AND SUBSTANCE USE. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

932211 09-06-19

**Employer identification number** 77-0393676

TEACHERS, NEXT TO FAMILY, SPEND THE MOST TIME WITH YOUTH AND CAN HAVE AN INCREDIBLE INFLUENCE ON THEIR LIVES. ACKNOWLEDGE ALLIANCE HELPS MAKE THIS HAPPEN, CHANGING LIVES IN A POSITIVE WAY. THIS PROGRAM SERVES 15 SCHOOLS IN SAN MATEO AND SANTA CLARA COUNTIES IMPACTING 25 PRINCIPALS AND ADMINISTRATORS, 400 EDUCATORS, AND OVER 10,000 STUDENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THEM TO SUCCESSFULLY TRANSITION BACK TO THEIR PUBLIC SCHOOLS AND REMAIN THERE TO GRADUATE. OUR TRANSITION PROGRAM IS A CONTINUUM OF SERVICES FOR THE STUDENTS WHO ARE TRANSITIONING FROM THE COLLABORATIVE COUNSELING PROGRAM AT THE COURT AND COMMUNITY SCHOOLS TO THEIR LARGER COMPREHENSIVE HIGH SCHOOLS IN SEQUOIA UNION SCHOOL DISTRICT, THE BOYS AND GIRLS CLUB IN REDWOOD CITY AND PENINSULA BRIDGE YOUTH. THIS PROGRAM SERVES APPROXIMATELY 180 STUDENTS AT SEVEN HIGH SCHOOLS IN SEQUOIA UNION HIGH SCHOOL DISTRICT WHO NEED A SUPPORT PERSON TO HELP THEM AS THEY NAVIGATE THE HIGH SCHOOL SYSTEM, MANAGING NEGATIVE PEER PRESSURES, AND THEIR EMOTIONAL WELLNESS IN GENERAL. THIS PROGRAM HAS AN OVER 89% SUCCESS RATE OF KEEPING THESE YOUTHS IN SCHOOL AND ON TRACK TO GRADUATE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ENHANCE PROGRAMS FOR CHILDREN, ADOLESCENTS, EDUCATORS, ADMINISTRATORS, AND FAMILIES. THE EXECUTIVE TEAM DEVOTES TIME TO MEET WITH A VARIETY OF LOCAL COMMUNITY SERVICE PROVIDERS, INSTITUTES OF HIGHER EDUCATION, AND BUSINESSES TO SHARE OUR WORK AND EXPLORE POTENTIAL PARTNERSHIPS. WE ANTICIPATE THAT OVER THE NEXT 3 - 5 YEARS, OUR CURRENT ACTIVITIES WILL INCREASE AND OUR OUTREACH PROGRAM MAY INCLUDE SERVICES ON THE WEB AND

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization CLEO EULAU CENTER FOR CHILDREN AND **Employer identification number** 77-0393676 **ADOLESCENTS** OTHER SOCIAL MEDIA PLATFORMS. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS APPOINTED AN AUDIT COMMITTEE TO REVIEW FORM 990 WHICH, WHEN COMPLETED, IS SUBMITTED TO THE BOARD OF DIRECTORS FOR ITS REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST CODE AND SIGN AN ACKNOWLEDGEMENT OF ANY CONFLICT OF INTEREST ON AN ANNUAL BASIS. BOARD MEMBERS SHALL DISCLOSE TO THE ACKNOWLEDGE ALLIANCE BOARD CHAIR OR EXECUTIVE DIRECTOR ANY PERSONAL INTEREST WHICH HE OR SHE MAY HAVE, INCLUDING THE INTERESTS OF ANY DEPENDENT/IMMEDIATE FAMILY MEMBER, IN ANY MATTER PENDING BEFORE THE ORGANIZATION; THE BOARD MEMBER SHALL REFRAIN FROM PARTICIPATION IN ANY DISCUSSION OR DECISION ON SUCH MATTER. FORM 990, PART VI, SECTION B, LINE 15: THE FULL BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE FAIR PAY FOR NORTHERN CALIFORNIA NON-PROFITS SURVEY BY NONPROFIT COMPENSATION ASSOCIATES IS USED TO CALIBRATE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST FOR THE SAME PERIOD

OF TIME SET FORTH IN SEC. 6104(D).