PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

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

B Control	AI	or the	e 2021 calendar year, or tax year beginning ar	ia enaing		
Contributions and grants (Part VIII, Incume) Contributions	В	Check if applicable	C Name of organization		D Employer identifie	cation number
Doing Dusiness as To-U3 50 93 93 93 93 93 93 93 93 93 93 93 93 93		chang	e Children At Risk			
Number and street (of Y-D. bot if mail is not delived to street adoress) Number and street (of Y-D. bot if mail is not delived to street adoress) Possible Po		chang	Doing business as	_	76-03605	33
City or town, state or province, country, and ziP or foreign postal code Houston, TX 77027-5259 House and address of principal officer. Robert Sanborn Same as C above Houston, TX 77027-5259 House and address of principal officer. Robert Sanborn Houston, Tsx 77027-5259 House and address of principal officer. Robert Sanborn Houston, Tsx 77027-5259 House and address of principal officer. Robert Sanborn Houston, Tsx 77027-5259 House and address of principal officer. Robert Sanborn Houston, Tsx 77027-5259 House and address of principal officer. Sanborn Houston, Tsx 77027-5259 House and address of principal officer. Sanborn Houston, Tsx 77027-5259 House and address of principal officer. Sanborn Houston, Tsx 77027-5259 Houston,		return			•	
Rouston, TX 77027-5259 Houston, TX 77027-5259 Fame and address of principal officer. Robert Sanborn Faxewampt status: [X] 9010(13) \$010(1) \$010(1) \$010(1) \$120(return/		400	713-869-	7740
Houston, TX, 77027-5259 Houston, TX, 77027-5259 Houston, Fame and address of principal efficier. Robert Sanborn Tax-exempt status: X 501(c) 3 4947(a)(1) or 527 1 1 1 1 1 1 1 1 1		termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,540,117.
Fame and actions of principal onlicer. NODE: C. Salmon High press passor principal onlicer. NODE: C. Salmon High principal onlicer. NODE: C. Salmon High principal onli		return	Houston, IX //02/-5259		H(a) Is this a group re	eturn
Taxexemptratus:		tion	F Name and address of principal officer: ROBELC Saliborii		for subordinates	? Yes X No
Website: Wrww.childrenatrisk.org		pendir	same as C above		H(b) Are all subordinates in	cluded? Yes No
Form of organization X Corporation Trust Association Other L Year of formation: 1991 M State of legal domicille: TX	1	Tax-exe	empt status: $X = 501(c)(3)$ 501(c) () \checkmark (insert no.) 4947(a)(1) or 527	If "No," attach a	list. See instructions
Part Summary	J	Websit	e:▶ www.childrenatrisk.org		H(c) Group exemptio	n number 🕨
Briefly describe the organization's mission or most significant activities: Children At Risk serves as a catalyst for change to improve the quality of life for children. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1991 N	1 State of legal domicile: TX
Catalyst for change to improve the quality of life for children. 2 Check this box	Pa	art I	Summary			
Catalyst for change to improve the quality of life for children. 2 Check this box		1	Briefly describe the organization's mission or most significant activities: Chi	ldren A	t Risk serve	es as a
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8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	Ęį	7 a				0.
Prior Year Current Year 2,683,010. 3,130,721.	Ă	Ь				0.
8 Contributions and grants (Part VIII, line 1h) 2, 683, 010. 3, 130, 721. 9 Program service revenue (Part VIII, line 2g) 53, 963. 90, 210. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1, 351. 2, 907. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e) -4, 250. 75, 018. 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2, 734, 074. 3, 298, 856. 13 Grants and similiar amounts paid (Part IX, column (A), lines 13) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 16a Professional fundraising efees (Part IX, column (A), line 4) 0. 0. 0. 16a Professional fundraising efees (Part IX, column (A), line 1e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 1e) 0. 0. 0. 18 Total expenses (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 2, 582, 933. 3, 001, 087. 19 Revenue less expenses. Subtract line 18 from line 12 72, 7494. 840, 892. 151, 141. 297, 769. 19 Revenue less expenses. Subtract line 18 from line 12 151, 141. 297, 769. 19 Revenue less expenses. Subtract line 18 from line 20 151, 141. 297, 769. 19 Revenue less expenses. Subtract line 21 from line 20 17, 748, 139. 2, 051, 060. 11, 748, 139. 11, 136, 12, 1						Current Year
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,855,439. 2,160,195. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.		1				
16a Professional fundraising fees (Part IX, column (A), line 11e) 0		45			_	
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19 Revenue less expenses. Subtract line 18 from line 12 151,141. 297,769. Beginning of Current Year 1, 1920,403. 2,179,872. 1,920,403. 2,179,872. 172,264. 128,812. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign					2,582,933.	
Beginning of Current Year End of Year 1,920,403. 2,179,872. 1,722,264. 128,812. 172,264. 128,812. 1,748,139. 2,051,060. Part II Signature Block		1			151,141.	297,769.
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign **Flectronically Filed** Signature of officer** **Preparer Sanborn, President & CEO** **Type or print name and title* **Print/Type preparer's name** **Preparer's signature** **Preparer's signature** **Preparer's signature** **Preparer's name** **Preparer's name** **Preparer's name** **Preparer's name** **Preparer's name** **Print's name** **Paid** **Print's name** **Print's name** **Paid** **Print's name** **Print's name** **Print's name** **Print's name** **Print's name** **Print's name** **Print's address** **Pol 386215* **Print's EIN** **Print's EIN*	ASS	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign **Flectronically Filed** Signature of officer** **Preparer Sanborn, President & CEO** **Type or print name and title* **Print/Type preparer's name** **Preparer's signature** **Preparer's signature** **Preparer's signature** **Preparer's name** **Preparer's name** **Preparer's name** **Preparer's name** **Preparer's name** **Print's name** **Paid** **Print's name** **Print's name** **Paid** **Print's name** **Print's name** **Print's name** **Print's name** **Print's name** **Print's name** **Print's address** **Pol 386215* **Print's EIN** **Print's EIN*	Net	22				
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of my	knowledge and belief, it is
Sign Here Robert Sanborn, President & CEO Type or print name and title Print/Type preparer's name Barbara Murphy Preparer Firm's name ▶ Blazek & Vetterling Use Only Firm's address ▶ 2900 Weslayan, Suite 200 Houston, TX 77027 Pate Date Preparer's signature Barbara Murphy Preparer's signature Barbara Murphy Preparer's signature Barbara Murphy Firm's EIN ▶ 76-0269860 Phone no.713-439-5739					· · · · · · · · · · · · · · · · · · ·	,
Sign Signature of officer Date						
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Paid Barbara Murphy Barbara Murphy $11/13/22$ if self-employed P01386215 Preparer Firm's name Blazek & Vetterling Firm's address 2900 Weslayan, Suite 200 Houston, TX 77027 Phone no.713-439-5739						
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Use Only Firm's address 2900 Weslayan, Suite 200 Houston, TX 77027 Phone no.713-439-5739				<u> </u>	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	
Houston, TX 77027 Phone no.713-439-5739	-				5 E	
		,			Phone no. 71	3-439-5739
	Ma	y the IF	-		1	

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Children At Risk (C@R) is a statewide nonprofit organization whose
	mission is to serve as a catalyst for change to improve the quality of
	life for children through strategic research, public policy analysis,
	education, collaboration, and advocacy.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 1,176,510 . including grants of \$) (Revenue \$ 90,210 .)
ти	Since its inception, C@R has placed a high value on ensuring equitable
	access to education. To drive change in this area, C@R staff meets
	regularly with public officials, leaders in the academic community, and
	education agencies to discuss reform strategies. C@R educates the
	community on the need to improve the public education system through
	prominent media attention (press conferences, news stories, editorials,
	and articles), conducting and presenting research, and hosting an
	annual Education Reform Conference. C@R also draws public attention to
	outstanding public schools and raises awareness around the need for
	education reform through its annual Texas Public Schools Rankings.
	250 241
4b	(Code:) (Expenses \$ 359,341. including grants of \$) (Revenue \$)
	C@R established the Center for Parenting and Family Well-Being (CPFWB)
	in 2011. In its first phase, CPFWB took an inventory of the current
	network of parenting services in Houston, and found that there is a
	strong need for evidence-based parent education that is not punitive.
	Through a partnership including organizations that provide parent
	education services, pediatricians, academics, and public health
	practitioners, CPFWB determined that the community should move forward
	with developing structure to implement the Positive Parenting Program
	(Triple P). During its second phase, the CPFWB is creating an
	infrastructure to disseminate Triple P across Harris County.
	227 024
4c	(Code:) (Expenses \$ 227,834. including grants of \$) (Revenue \$)
	COR established the Center to End the Trafficking and Exploitation of
	Children (CETEC) in 2007 through its Public Policy & Law Center to
	launch a broad educational and outreach campaign to combat human
	trafficking. Because C@R has been a leader in making significant
	progress in the fight against human trafficking in Texas, it plans to
	replicate its success on a national level. To attain this goal, CQR
	will grow CETEC into a national center with a focus on enacting and
	changing state and local legislation through coordinating a national
	conference, establishing a human trafficking summer institute for law
	students, and increasing its partnerships.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 307,845 • including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,071,530.
	Form 990 (2021)

Form 990 (2021) Children At Risk Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			- T
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
_		116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
ıza	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	, ,	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) Children At Risk
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
0 _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
20	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?	00		_ 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			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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)? Х 4a **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). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х 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). Х 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d 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? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2021) Children At Risk 76-0360533 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sect	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 34											
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, trustees, or key employees to a management company or other person?	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х								
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		Х								
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	The governing body?	8a	Х									
	Each committee with authority to act on behalf of the governing body?	8b	Х									
	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		Х								
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	(This decisin b regulate information about policies not required by the internal nevertice dead,		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done	12c	Х									
	Did the organization have a written whistleblower policy?	13	Х									
	Did the organization have a written document retention and destruction policy?	14	Х									
	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									
	Other officers or key employees of the organization	15b		Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		Х								
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100										
	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										
Sect	tion C. Disclosure	100										
	List the states with which a copy of this Form 990 is required to be filed ▶ None	only)	availal	ole								
18	List the states with which a copy of this Form 990 is required to be filed ► None 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)	availat	ole								
18	List the states with which a copy of this Form 990 is required to be filed None 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 for public inspection. Indicate how you made these available. Check all that apply.	only)	availat	ole								
18	List the states with which a copy of this Form 990 is required to be filed None 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			ole								
18 19	List the states with which a copy of this Form 990 is required to be filed ▶ None 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			ole								
18	List the states with which a copy of this Form 990 is required to be filed 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			ole								
18 19 20	List the states with which a copy of this Form 990 is required to be filed ▶ None 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			ble								

Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)	rganization compensated (C) Position						(D)	(E)	(F)
Name and title	Average	(do	Position				200	Reportable	Reportable	Estimated
	hours per	box	do not check more than one ox, unless person is both an				an	compensation	compensation	amount of
	week	_	cer an	d a di	director/trustee)		tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1099-1120)	and related
	below	idual t	utions	ъ	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Robert Sanborn	40.00									
President & CEO	0.00	Х		Х				212,420.	0.	13,504.
(2) Amanda Kimball	40.00									
VP/Director of Public Policy	0.00					X		149,730.	0.	12,445.
(3) Paul Dewey	40.00									
Chief Development Officer	0.00					Х		147,272.	0.	12,342.
(4) Devika Kornbacher	2.00									
Chair	0.00	Х		Х				0.	0.	0.
(5) Kindel Nuno	2.00									
Treasurer	0.00	Х		X				0.	0.	0.
(6) Sukanti Ghosh	2.00								_	
Secretary	0.00	Х		Х				0.	0.	0.
(7) Erich Almonte	2.00	.,							_	
Director	0.00	Х						0.	0.	0.
(8) Olivia Barvin	2.00	. ,							_	
Director (9) Donald Bowers	2.00	Х						0.	0.	0.
Director	0.00	Х						0.	0.	0.
(10) Adam Branscum	2.00	Λ						0.	0.	U •
Director	0.00	Х						0.	0.	0.
(11) Erich Canseco	2.00	Λ						0.	0.	0.
Director	0.00	Х						0.	0.	0.
(12) Michael Carrasco	2.00							•	•	· ·
Director	0.00	х						0.	0.	0.
(13) Blake Denison	2.00	T-								
Director	0.00	х						0.	0.	0.
(14) Jason Durham	2.00	ļ								
Director		Х						0.	0.	0.
(15) Doe Florsheim	2.00								-	
Director	0.00	Х						0.	0.	0.
(16) Asha George	2.00									
Director	0.00	Х						0.	0.	0.
(17) Lance Gilliam	2.00									
Director	0.00	Х						0.	0.	0.

Page 7

Part VII Section A. Officers, Directors, Trust	tees. Kev Emr	olov	ees.	and	l Hi	ahes	st C	ompensated Employee	s (continued)				
(A)	(B)	,			C)	Jc		(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation		an	nount	of
	week		Cer ar	ia a a	recio	r/trus	iee)	from	from related			other	
	(list any hours for	director						the	organizations	,		pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	'		om th anizat	
	organizations	ruste	l trus		99/	mpen		1099-NEC)	1033 (120)		•	d relat	
	below	Individual trustee or	Institutional trustee	75	Key employee	sst co	-B	,				nizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) Deborah Gordon	2.00												
Director	0.00	Х						0.	().			0.
(19) Rebecca Hove	2.00												
Director	0.00	Х						0.	().			0.
(20) Steve Jones	2.00												
Director	0.00	Х						0.	().			0.
(21) Manon Kebodeaux	2.00												
Director	0.00	Х						0.	().			0.
(22) Michael Kelly	2.00												
Director	0.00	Х						0.	().			0.
(23) Michelle Lopez	2.00												
Director	0.00	Х						0.	().			0.
(24) Ann Miller	2.00												
Director	0.00	Х						0.	().			0.
(25) Timmy Newsome	2.00												
Director	0.00	Х						0.	().			0.
(26) Manish Panjwani	2.00												
Director	0.00	Х						0.).			0.
1b Subtotal							ightharpoons	509,422.).	38	<u>8,2</u>	91.
c Total from continuation sheets to Part VII	, Section A						ightharpoons	0.).			0.
d Total (add lines 1b and 1c)							<u> </u>	509,422.).	38	8,2	91.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization													3
										_		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual									.	3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150											4	<u> </u>	
5 Did any person listed on line 1a receive or a	•				•			•					
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	•	•							•	nsati	on fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	addraga							(B) Description of s	an door	Co	(C	;) nsatio	'n
	address						\dashv	Description of s	lei vices		inpe	isalio	,, i
Lisa S. Gertsch LLC	mv 770	00						7 ~ ~ ~ · · · · · ·			11'	7 1	0 E
2514 South Blvd, Houston, TX 77098 Accounting											тт	,,4	85.
							-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

(A)	(B)		,		C)	J		Compensated Employer (D)	(E)	(F)
Name and title	Average				ition	ľ		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				loyee		the	organizations	compensation
	(list any hours for	or director				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	3e or 0	stee			satec		(44-27 1099-141130)		and related
	organizations	truste	al tru		yee	эш				organizations
	below	Individual trustee	Institutional trustee	Je .	Key employee	Highest compensated employee	ner			
	line)	Indi	Insti	Officer	Key	ij	Former			
(27) Jay Pasale	2.00									
Director		Х						0.	0.	0
(28) Maya Pomroy	2.00									
Director		Х						0.	0.	0
(29) Benjamin Samuels	2.00									
Director		Х						0.	0.	0
(30) Adolfo Santos	2.00									
Director		Х						0.	0.	0
(31) John Seo	2.00	1						_	_	
Director		Х						0.	0.	0
(32) Keri Sprung	2.00	1								
Director		Х						0.	0.	0
(33) Jasmine Turner	2.00									
Director		Х						0.	0.	0
(34) Genai Walker-Macklin	2.00								•	•
Director		Х				_		0.	0.	0
(35) Chris Wallace	2.00	٠,,							0	0
Director (36) Chris Watt		Х						0.	0.	0
	2.00	.						0.	0	0
Director (37) Carol Wise	2.00	Х				_		0.	0.	0
Director		Х						0.	0.	0
(38) Larry Wisniewski	2.00	Δ						0.	0.	U
Director		Х						0.	0.	0
51166661	0.00	22						0.	0.	0
		1								
		1								
		1								
		1								
		1								
				L			L			
			L	L		L				
		1	l							

Form 990

Form 990 (2021) Children At Risk
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse (or note to any lin	e in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
iran		b	Membership dues			1b					
Ĕ,		С	Fundraising events			1c	548,001.				
Ή̈́		d	Related organizations			1d					
s, G		е	Government grants (contr	ibutio	ons)	1e	508,971.				
Sign		f	All other contributions, gifts,	grant	s, and						
but			similar amounts not included	abov	⁄е	1f 2,	073,749.				
ÖĘ		g	Noncash contributions included in	lines 1	a-1f	1g \$	073,749. 21,270.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					3,130,721.			
							Business Code				
Program Service Revenue	2	а	Education res	ea	rch		611710	69,643.	69,643.		
			Program initi				611710	20,567.	20,567.		
Se		С									
an eve		d									
ge B		е									
P		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				>	90,210.			
	3		Investment income (include	ding o	dividen	ds, intere	st, and				
	other similar amounts)							2,907.			2,907.
	4		Income from investment of	of tax	-exemp	ot bond p	roceeds				
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)) <u></u>			_				
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
/en		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
ther Revenue	8	а	Gross income from fundraising	ng ev	ents (no	ot					
₹			including \$ 548	, 0	<u>01.</u>	of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a	316,279.				
		b	Less: direct expenses			8b	241,261.				
		С	Net income or (loss) from	fund	raising	events_	>	75,018.			75,018.
	9	а	Gross income from gamin	g act	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing acti	vities	<u></u>				
	10	а	Gross sales of inventory, I	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inve	entory	>				
_ω							Business Code				
e jon:	11	а									
ane		b									
Miscellaneous Revenue		С									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d					2 222 2 2 2	00.010		
	12		Total revenue. See instruction	ons			>	3,298,856.	90,210.	0.	77,925.

	990 (2021) Children At t IX Statement of Functional Expense			76-03	60533 _{Page} 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nolete column (A)	
JGUI	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	225,924.	180,690.	35,860.	9,374
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,662,442.	1,241,514.	51,403.	369,525
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,152.	29,880.	986.	9,286
9	Other employee benefits	83,181.	62,332.	3,082.	17,767
10	Payroll taxes	148,496.	111,788.	6,742.	29,966
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1.00 - 1.0		1.50 - 1.0	
С	Accounting	162,740.		162,740.	
d	Lobbying	56,400.	56,400.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0.45 0.55	455 604	00 506	44 64 5
	column (A), amount, list line 11g expenses on Sch O.)	247,977.	177,624.	28,736.	41,617 2,993
12	Advertising and promotion	7,389.	2,853.	1,543.	2,993
13	Office expenses	54,018. 45,110.	11,383.	25,888.	16,747
14	Information technology	45,110.	27,210.	1,865.	16,035
15	Royalties	150 077	104,286.	10 216	20 275
16	Occupancy	152,877. 33,751.		10,216.	38,375
17	Travel	33,731.	16,830.	10,301.	6,420
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	9,246.	131.	5,118.	3,997
19	Conferences, conventions, and meetings	9,240.	131.	3,110.	3,331
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	38,731.	26,277.	2,600.	9,854
22 23		11,299.	6,077.	2,967.	2,255
23 24	Other expenses. Itemize expenses not covered	11,200.	0,017.	2,5071	2,233
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 0.)				
а	Equipment rental, maint	13,600.	9,238.	910.	3,452
	Memberships and dues	7,754.	7,017.	64.	673
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,001,087.	2,071,530.	351,221.	578,336
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	aducational campaign and fundraicing colicitation				

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

Pai	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			764,161.	1	726,510.
	2	Savings and temporary cash investments			151,470.	2	494,914.
	3	Pledges and grants receivable, net			871,125.	3	780,055.
	4	Accounts receivable, net			417.	4	47,240.
	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	alified pers				
		under section 4958(f)(1)), and persons describ	ed in secti	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		1		8	
As	9	Prepaid expenses and deferred charges			14,838.	9	32,544.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	268,904.			
	b	Less: accumulated depreciation		213,596.	82,696.	10c	55,308.
	11	Investments - publicly traded securities		35,696.	11	43,301.	
	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		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 33	3)	1,920,403.	16	2,179,872.
	17	Accounts payable and accrued expenses		162,569.	17	123,352.	
	18	Grants payable				18	
	19	Deferred revenue			9,695.	19	5,460.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	te Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
ia de		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			172,264.	25	120 012
	26	Total liabilities. Add lines 17 through 25			1/2,204.	26	128,812.
တ္က		Organizations that follow FASB ASC 958, o	neck nere				
nce		and complete lines 27, 28, 32, and 33.			509,355.	07	671 973
alaı	27				1,238,784.	27	674,873. 1,376,187.
g B	28	Net assets with donor restrictions			1,230,704.	28	1,370,107.
Ë		Organizations that do not follow FASB ASC	, 956, Chec	ck nere			
þ	20	and complete lines 29 through 33.	do			29	
ets	29 30	Capital stock or trust principal, or current fun- Paid-in or capital surplus, or land, building, or				30	
\ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,748,139.	32	2,051,060.
Ž	33	Total liabilities and net assets/fund balances			1,920,403.	33	2,179,872.
	33	TOTAL HADIILIES AND HET ASSETS/TUND DAIMINES			1,520,403.	აა	5,175,072.

Form	1990 (2021) Children At Risk	76-0360	533	Pa	ge 12
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)		3,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,00		
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	L,74		
5	Net unrealized gains (losses) on investments	5		<u>5,1</u>	<u>52.</u>
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	2,05	<u>1,0</u>	<u>60.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 School				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
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		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization Children At Risk 76-0360533 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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2502749.	2917031.	2940229.	2683010.	3130721.	14173740.
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	2502749.	2917031.	2940229.	2683010.	3130721.	14173740.
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)						3368201.
	Public support. Subtract line 5 from line 4.						10805539.
	ction B. Total Support				Г	Г	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2502749.	2917031.	2940229.	2683010.	3130/21.	14173740.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 670	2 206	1 707	1 251	2 007	10 041
_	and income from similar sources	1,670.	3,286.	1,727.	1,351.	2,907.	10,941.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						14184681.
11	Gross receipts from related activities,	eta (aca instructio	<u> </u>			12	815,634.
12 13		`	,	fourth or fifth tax y			013,034.
13	organization, check this box and stor						
Sec	etion C. Computation of Publi	c Support Per	centage				
14				column (f))		14	76.18 %
15	Public support percentage from 2020					15	76.89 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021 Children At Risk 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck 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.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities. he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2021

i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2021 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

76-0360533 Page 7 Children At Risk Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 **c** From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Children At Risk

This is the organization for the organization for

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	nuie	
	-	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 I	Rules	
	sections 509(a)(1) a contributor, during	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), Part II, line 13, 16a, or 16b, and that received from any one 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.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't con	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
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Children At Risk

76-0360533

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$600,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 342,903.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$166,068.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Children At Risk

76-0360533

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$100,000.	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hame, address, and Zir + 4	\$	Person 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Children At Risk

76-0360533

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
		- - - - \$	

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** Children At Risk 76-0360533 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	Childre	n At Risk			76-0360533
Pa	art I-A Complete if the org	janization is exempt under	section 501(c) o	r is a section 527 or	ganization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		▶ \$	
		anization is exempt under			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	of "Yes," describe in Part IV.	onization is exempt under	continu EO1(a)	woont postion E01/o	1/21
		anization is exempt under			, ,
	Enter the amount directly expended				
2	Enter the amount of the filing organ		J		
	exempt function activities			▶ \$	
3	Total exempt function expenditures		,	. .	
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and emmade payments. For each organizar				
	contributions received that were pro	·	0 0		·
	political action committee (PAC). If		•	•	o oogrogatou fariu of u
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) EIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	283,018.	290,857.	279,147.	300,054.	1,153,076.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,729,614.
c Total lobbying expenditures	32,900.	61,000.	56,400.	56,400.	206,700.
d Grassroots nontaxable amount	70,755.	72,714.	69,787.	75,014.	288,270.
e Grassroots ceiling amount (150% of line 2d, column (e))					432,405.
f Grassroots lobbying expenditures	32,900.	61,000.	56,400.	56,400.	206,700.

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 Children At Risk 76-03605 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the			(k	
	lobbying activity.	No	Amo	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
	Volunteers?			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?			
	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
	Total. Add lines 1c through 1i			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-1 0" 00	otion	
		o), or se	Cuon	
art	501(c)(6).			
art	501(c)(6).		Yes	1
		1	Yes	1
1	Were substantially all (90% or more) dues received nondeductible by members?		Yes	1
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (2 3 5), or se	ction	3, is
ı 2 3 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes."	2 3 5), or se (b) Part	ction	
ı 2 3 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members	2 3 5), or se (b) Part	ction	
e B art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes."	2 3 5), or se (b) Part	ction	
ı 2 3 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2 3 5), or see (b) Part	ction	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	2 3 5), or sec (b) Part	ction	
I 2 3 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	2 3 5), or sec (b) Part	ction	
I 2 3 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	2 3 5), or sec (b) Part 1 2a 2b 2c	ction	
1 2 3 art 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	2 3 5), or sec (b) Part 1 2a 2b 2c	ction	
1 2 3 art 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2 3 5), or sec (b) Part 1 2a 2b 2c	ction	
a b c c 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2 3 5), or see (b) Part 1 2a 2b 2c 3	ction	
1 2 3 7 art 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions	2 3 5), or see (b) Part 1 2a 2b 2c 3	ction	

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.

OMB No. 1545-0047 Inspection

Name of the organization

Children At Risk

Employer identification number 76-0360533

Par	organizations Maintaining Donor Advisorganization answered "Yes" on Form 990, Part IV, I		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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	n writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization'	's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recre	·	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic s		
	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the o	organization during the tax
	year ▶		
	Number of states where property subject to conservation e		
	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conse	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	on easements during the year
•	Door and account to a contract of the Cold black		(A)(D)(i)
	Does each conservation easement reported on line 2(d) about a service 170/b/4/00/00/00		
	In Part XIII, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the foo	•	
	, , , , , , , , , , , , , , , , , , , ,	3	its that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on For		
1a	If the organization elected, as permitted under FASB ASC 9		d halance sheet works
	of art, historical treasures, or other similar assets held for pi	•	
	service, provide in Part XIII the text of the footnote to its fin	, ,	•
	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for public	· · · · · · · · · ·	
	provide the following amounts relating to these items:	no exhibition, education, of research in further	rance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			L 4
	If the organization received or held works of art, historical tr	reasures or other similar assets for financial o	
	the following amounts required to be reported under FASB		gani, provide
	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	Assets included in Form 990, Part X		
			🗲 🗡

rai	Elidowine Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance	117,667.	117,667.	117,925.	153,230.	153,230			
b	Contributions								
С	Net investment earnings, gains, and losses			860.	258.				
d	Grants or scholarships			1,118.	35,563.				
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	117,667.	117,667.	117,667.	117,925.	153,230			
2	Provide the estimated percentage of the curr	ont year and balance	(line 1a column (a)) hold as:					

ne 1g, column (a)) held as:

	•			
2	Provide the estimated percent	tage of the curr	ent year end ba	alance (lir
а	Board designated or quasi-en	idowment 🕨		%
b	Permanent endowment	100	%	
С	Term endowment ▶		%	
	The percentages on lines 2a,	2b, and 2c shou	uld equal 100%) .

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

	by:		Yes	No
	(i) Unrelated organizations	3a(i)		X
	(ii) Related organizations	3a(ii)		X
)	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI	Land F	Buildings	and	Equipment	Ī

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements		102,205.	78,780.	23,425.		
d Equipment		47,452.	25,986.	21,466.		
e Other		119,247.	108,830.	10,417.		
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2021

			11b. See Form 990, Part X, line 12.	
	n of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market valu
	derivatives			
-	ld equity interests			
Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) art VIII I	must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market valu
(4)	(a) Description of investment	(b) BOOK value	(c) Wethod of Valuation. Cost of e	nu-or-year market valu
(1) (2)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6) (7)				
(7)				
(8)				
(9)	must squal Form 000 Port V sel. (P) line 10 \			
Part IX C	must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" o	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	1		()
<u>\''</u>				
(2)				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	n (h) must equal Form 990. Part Y. col. (R) line	15.)		
(3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
(3) (4) (5) (6) (7) (8) (9) tal. (Columniant X)	Other Liabilities.			25.
(3) (4) (5) (6) (7) (8) (9) tal. (Columniant X)	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability			
(3) (4) (5) (6) (7) (8) (9) (al. (Columniant X)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			
(3) (4) (5) (6) (7) (8) (9) (al. (Columniart X)	Other Liabilities. Complete if the organization answered "Yes" o			
(3) (4) (5) (6) (7) (8) (9) (al. (Columniant X) (1) Federa (2)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			
(3) (4) (5) (6) (7) (8) (9) (al. (Column art X) (Column (Colum	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			
(3) (4) (5) (6) (7) (8) (9) tal. (Column art X C (1) Feders (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			
(3) (4) (5) (6) (7) (8) (9) tal. (Column art X (0) (1) Federa (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			
(3) (4) (5) (6) (7) (8) (9) tal. (Column art X (2) (1) Federa (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			25. (b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column art X (2) (1) Federa (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" of a Description of liability			

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number Children At Risk 76-0360533 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Spring/		(add col. (a) through
			Una Notte	Stand Up	3	col. (c))
•			(event type)	(event type)	(total number)	COI. (C))
Revenue						
e e	1	Gross receipts	452,086.	136,707.	275,487.	864,280.
æ					•	,
	2	Less: Contributions	218,016.	107,347.	222,638.	548,001.
					•	,
	3	Gross income (line 1 minus line 2)	234,070.	29,360.	52,849.	316,279.
					-	-
	4	Cash prizes				
	5	Noncash prizes				
Se		•				
SUS	6	Rent/facility costs	74,972.	16,607.	43,146.	134,725.
ğ				·	•	,
Direct Expenses	7	Food and beverages		5,146.	5,000.	10,146.
ji	-			,	•	,
Ц	8	Entertainment				
	9	Other direct expenses	66,992.	12,351.	17,047.	96,390.
	10	Direct expense summary. Add lines 4 through				241,261.
	11				_	75,018.
Pa	irt I	Gaming. Complete if the organization				-
		\$15,000 on Form 990-EZ, line 6a.				
4			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
'n	2	Cash prizes				
JSe						
be	3	Noncash prizes				
Direct Expenses						
rec	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					-

Sch	nedule G (Form 990) 2021 Children At Risk 7	6-03605	33 Page 3
	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
40	to administer charitable gaming?	L Y	es No
	Indicate the percentage of gaming activity conducted in: a The organization's facility	13a	%
	b An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	[
	of gaming revenue retained by the third party > \$		
(c If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	District to the contract of th		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		es No
ŀ	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		es NO
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines	s 9, 9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			

Schedule G	(Form 990) Supplemental Info	Children At	Risk		76-0360533	Page 4
Part IV	Supplemental Info	rmation (continued)				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

Children At Risk 76-0360533
Part I Questions Regarding Compensation

			res	NO
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The second of the second and provide the applicable amounts for each term in that the			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Children At Risk 76-0360533 Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Robert Sanborn (i)	206,420.	6,000.	0.	7,383.	6,121.	225,924.	0.	
President & CEO (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Amanda Kimball (i)	149,730.	0.	0.	5,603.	6,842.	162,175.	0.	
VP/Director of Public Policy (ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Paul Dewey (i)	147,272.	0.	0.	5,500.	6,842.		0.	
Chief Development Officer (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
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(i)								
(1) (ii)								
(i)								
(1) (ii)								

Schedule J (Form 990) 2021	Children At	Risk			76-0360533	Page 3
Part III Supplemental Informa	tion					
Provide the information, explanati	on, or descriptions required f	or Part I, lines 1a, 1b, 3, 4a, 4b,	4c, 5a, 5b, 6a, 6b, 7, and 8,	and for Part II. Also complete th	is part for any additional informati	ion.

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public ► Go to www.irs.gov/Form990 for the latest information. Inspection

Internal Revenue Service Name of the organization

Employer identification number Children At Risk 76-0360533

Form 990, Part III, Line 4d, Other Program Services: Through its unique Food in Schools Initiative, C@R continues to raise awareness and advocate for the implementation of Universal Free School Breakfast (UFSB) in schools with high poverty levels. C@R's research shows that children who eat breakfast regularly are significantly less likely to be overweight, since breakfast can help jump-start their metabolism, improve their nutritional well-being, and decrease overeating later in the day. After playing an instrumental role during the 2013 legislative session in the passage of SB 376, which expanded UFSB in Texas' poorest schools, C@R will look at the implementation of that law to ensure that students in these low-income schools receive a nutritious breakfast. Other programs were juvenile justice and mental health related. Expenses \$ 307,845. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the Finance Committee prior to providing a copy to the Board and filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is monitored by having each Board Member complete a detailed questionnaire once per year. The responses are collected by the contract accountant and discussed with the President/CEO and Chairman of the Board. Any conflicts are reported to the entire Board.

OMB No. 1545-0047

Schedule O (Form 990) 2021 Page **2**

Name of the organization Children At Risk	Employer identification number 76-0360533
Form 990, Part VI, Section B, Line 15a:	
The Finance Committee reviews the performance and compensa	tion of the
President/CEO annually. The CEO's compensation is determin	ed by comparison
to other nonprofit organizations and a review of the CEO's	performance.
Major goals and accomplishments of the organization are al	so part of the
review process.	
Form 990, Part VI, Section C, Line 19:	
Available upon request.	