Form	990
⊦orm	220

# EXTENDED TO NOVEMBER 15, 2022

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

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

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



Department of the Treasury Internal Revenue Service

			enaing		
B	Check if applicab	C Name of organization		D Employer identific	cation number
Г	Addre				
F	Name Chang			83-27878	44
	Initial		Room/suite	E Telephone number	
F	Final		noom/suite	858-558-	
	return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	849,130.
	Amen			H(a) Is this a group re	
F					? Yes X No
	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax ox	empt status: $X = 501(c)(3)$ $501(c)(()) < ($	or 527		list. See instructions
		e: ► CRITICALROLEFOUNDATION.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: CA
	art I	Summary			
		Briefly describe the organization's mission or most significant activities: $\frac{\text{TO}  \text{LE}}{\text{TO}  \text{LE}}$	EAVE T	HE WORLD BE	TTER THAN
Activities & Governance	1.	WE FOUND IT.			
'nai		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets
Nel		Number of voting members of the governing body (Part VI, line 1a)			5
ğ		Number of independent voting members of the governing body (Part VI, line 1b)			5
ې د		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			0
cti				7a	0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<b>n</b>	8	Contributions and grants (Part VIII, line 1h)		377,168.	849,130.
ň		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		377,168.	849,130.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		204,412.	796,659.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
е б	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,022.	59,638.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		224,434.	856,297.
		Revenue less expenses. Subtract line 18 from line 12		152,734.	-7,167.
OC	S			ginning of Current Year	End of Year
Net Assets ( Fund Balanc	20	Total assets (Part X, line 16)		160,146.	150,068.
AS	21	Total liabilities (Part X, line 26)		7,412.	4,501.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		152,734.	145,567.
		Signature Block	•	I	-
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, 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 Here	Signature of officer MARKUS KORO, SECRETARY Type or print name and title			Date		
	Print/Type preparer's name MARY H. MCGROARTY	Preparer 5 Signature	Date	oon omproyou	PTIN P00735101	1
Preparer	Firm's name LINDSAY & BROWNE			Firm's EIN 🕨 33	-0885895	
Use Only	Firm's address 4225 EXECUTIVE S					
	LA JOLLA, CA 920	37		Phone no. <b>858</b>	5589200	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2	2021)

I Brie TC TC Prio Prio If "\ B Did If "\ B Did If "\ B Des Sec reve RA CC RA RA WC	"Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ser	a response or note hission: D BETTER T Significant program es on Schedule O. ing, or make signific a Schedule O. n service accomplis inizations are require ervice reported. 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	e to any line ir HAN WE HAN WE n services dur cant changes shments for ex- red to report for including gra LECTS A T CARRY UR PART	The set of the amount of the amount of the amount of the set of the amount of the amou	IT. which were not lis ducts, any progr e largest program f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	sted on the ram services? m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>000000000000000000000000000000000000</u>	Ured by expenses total expenses, a DING DAND WE Y DOLLAR	X X and
P Did prio If "\ B Did If "\ B Did If "\ B Des Sec reve RA CL RA WC	riefly describe the organization's m O LEAVE THE WORLD id the organization undertake any s rior Form 990 or 990-EZ? "Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) orgar evenue, if any, for each program ser code:) (Expenses \$ RITICAL ROLE FOUN IONPROFIT ORGANIZA' LOSELY ALONGSIDE : AISED IS GOING TO IORLD FOR THE BETT:	nission: ) BETTER T significant program es on Schedule O. ing, or make signific schedule O. n service accomplis unizations are required. 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	HAN WE h services dur cant changes shments for ea red to report f including gra LECTS A T CARRY UR PART RAMS AN	FOUND	IT. which were not lis ducts, any progr e largest program f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	sted on the ram services? m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>000000000000000000000000000000000000</u>	Ured by expenses total expenses, a DING DAND WE Y DOLLAR	X X and
2 Did prio If "\ 3 Did If "\ 4 Des Sec reve RA CL RA WC	id the organization undertake any s rior Form 990 or 990-EZ? "Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) orgar evenue, if any, for each program ser code:) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	significant program es on Schedule O. ing, or make signific of Schedule O. in service accomplis inizations are require ervice reported. 826,278 IDATION SE IDATION SE ATIONS THA EACH OF O WARD PROG	n services dur cant changes shments for ea red to report f LECTS A T CARRY UR PART RAMS AN	ing the year was in how it compared to fits three the amount of ants of \$ AND PARTY THE SAND PROJECTION THE SAND PROJECTION PROJECTI PROJECTION PROJECTION PROJECTI PROJECTI PROJECTI PROJECTI PROJECT	which were not lis ducts, any progr e largest prograr f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	ram services? m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>TH OUTSTANI</u> <u>ES AS WE DO</u> THAT EVERY	Ves ured by expenses e total expenses, a DING DAND WE Y DOLLAR	X and
Prio If ") Did If ") Des Secc reve CR CR CR CR CR CR CR CR CR CR CR CR CR	rior Form 990 or 990-EZ? "Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) orgar evenue, if any, for each program ser code: ) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	es on Schedule O. ing, or make signifie Schedule O. n service accomplise inizations are required. 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	cant changes shments for ea red to report f including gra LECTS A T CARRY UR PART RAMS AN	s in how it con- ach of its three the amount of ants of \$ AND PART AND PART THE SA THE SA THE SA THE SA THE SA THE SA THE SA THE SA	ducts, any progr e largest prograr f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	ram services? m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>TH OUTSTANI</u> <u>ES AS WE DO</u> THAT EVERY	Ves ured by expenses e total expenses, a DING DAND WE Y DOLLAR	X and
Prio If ") Did If ") Des Secc reve CR CR CR CR CR CR CR CR CR CR CR CR CR	rior Form 990 or 990-EZ? "Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) orgar evenue, if any, for each program ser code: ) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	es on Schedule O. ing, or make signifie Schedule O. n service accomplise inizations are required. 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	cant changes shments for ea red to report f including gra LECTS A T CARRY UR PART RAMS AN	s in how it con- ach of its three the amount of ants of \$ AND PART AND PART THE SA THE SA THE SA THE SA THE SA THE SA THE SA THE SA	ducts, any progr e largest prograr f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	ram services? m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>TH OUTSTANI</u> <u>ES AS WE DO</u> THAT EVERY	Ves ured by expenses e total expenses, a DING DAND WE Y DOLLAR	X and
Prio If ") Did If ") Des Secc reve CR CR CR CR CR CR CR CR CR CR CR CR CR	rior Form 990 or 990-EZ? "Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) orgar evenue, if any, for each program ser code: ) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	es on Schedule O. ing, or make signifie Schedule O. n service accomplise inizations are required. 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	cant changes shments for ea red to report f including gra LECTS A T CARRY UR PART RAMS AN	s in how it con- ach of its three the amount of ants of \$ AND PART AND PART THE SA THE SA THE SA THE SA THE SA THE SA THE SA THE SA	ducts, any progr e largest prograr f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	ram services? m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>TH OUTSTANI</u> <u>ES AS WE DO</u> THAT EVERY	Ves ured by expenses e total expenses, a DING DAND WE Y DOLLAR	X and
If "\ B Did If "\ Des Sec reve ka (Cod CR NC CL RA WC	"Yes," describe these new services id the organization cease conductir "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ser evenue, if any, for each program ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ection 501(c)(3) and 501(c)(4) organ ection 501(c)(4) organ ection 501(c)(3) and 501(c)(4) organ ection 501(c)(3) and 501(c)(4) organ ection 501(c)(3) and 501(c)(4) organ ection 501(c)(3) and 501(c)(4) organ ection 50	es on Schedule O. ing, or make signifie a Schedule O. a service accomplision inizations are required. 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	cant changes shments for earned to report the including grad LECTS A T CARRY UR PART RAMS AN	ach of its three the amount of ants of \$ AND PART THE SZ TNERS TO ND PROJE	ducts, any progr e largest program f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	ram services? m services, as measu cations to others, the 59.) (Revenue \$ TH OUTSTANI ES AS WE DO THAT EVERY	Ves ured by expenses e total expenses, a DING DAND WE Y DOLLAR	X and
B Did If "N Des Sec reve Ra (Cod RA WC CL RA WC 	id the organization cease conductin "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ser rode:) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	ing, or make signific o Schedule O. on service accomplis inizations are require ervice reported. 826,278 IDATION SE ATIONS THA EACH OF O DWARD PROG	shments for earling the shment	ach of its three the amount of ants of \$ AND PART AND PART AND PART THE SA THE SA THE SA THE SA THE SA THE SA THE SA THE SA THE SA THE SA	e largest program f grants and alloc 796,65 INERS WIT AME VALUE O ENSURE	m services, as measu cations to others, the <u>59.</u> ) (Revenue \$ <u>TH OUTSTANI</u> <u>ES AS WE DO</u> THAT EVERY	ured by expenses e total expenses, a DING D AND WE Y DOLLAR	s. and
La Dess Sector revelation CCR RA WC CL RA MC 	escribe the organization's program ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ser code: ) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	n service accomplis inizations are requirervice reported. 826,278 IDATION SE TIONS THA EACH OF O WARD PROG	red to report to including gra LECTS A T CARRY UR PART RAMS AN	the amount of AND PART THE SA THE SA THERS TO ND PROJE	f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	Cations to others, the <u>59.</u> ) (Revenue \$ <u>CH</u> OUTSTANI <u>CSASWEDC</u> THAT EVERY	e total expenses, a DING DAND WE Y DOLLAR	and
Sec reve CR CL RA WC	ection 501(c)(3) and 501(c)(4) organ evenue, if any, for each program ser fode: ) (Expenses \$ RITICAL ROLE FOUN CONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	nizations are requirer 826,278 IDATION SE TIONS THA EACH OF O WARD PROG	red to report to including gra LECTS A T CARRY UR PART RAMS AN	the amount of AND PART THE SA THE SA THERS TO ND PROJE	f grants and alloc 796,65 TNERS WIT AME VALUE O ENSURE	Cations to others, the <u>59.</u> ) (Revenue \$ <u>CH</u> OUTSTANI <u>CSASWEDC</u> THAT EVERY	e total expenses, a DING DAND WE Y DOLLAR	and
reve la (Cod CR NC CL RA WC	evenue, if any, for each program ser code:) (Expenses \$ RITICAL ROLE FOUN ONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	EVICE REPORTED 826,278 IDATION SE ATIONS THA EACH OF O WARD PROG	• including gra LECTS A T CARRY UR PART RAMS AN	ants of \$ AND PART 7 THE SZ TNERS TO ND PROJE	796,65 INERS WIT AME VALUE O ENSURE	59.) (Revenue \$ TH OUTSTANI ES AS WE DO THAT EVERY	DING D AND WE Y DOLLAR	
	RITICAL ROLE FOUN ONPROFIT ORGANIZA LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	IDATION SE TIONS THA EACH OF O WARD PROG	LECTS A T CARRY UR PART RAMS AN	AND PART	INERS WIT AME VALUE O ENSURE	TH OUTSTANI ES AS WE DO THAT EVERY	O AND WE Y DOLLAR	WO
	ONPROFIT ORGANIZA LOSELY ALONGSIDE : AISED IS GOING TO ORLD FOR THE BETT:	TIONS THA EACH OF O WARD PROG	T CARRY UR PART RAMS AN	THE SA	AME VALUE O ENSURE	ES AS WE DO THAT EVERY	O AND WE Y DOLLAR	WO
	LOSELY ALONGSIDE AISED IS GOING TO ORLD FOR THE BETT	EACH OF O	UR PART	TNERS TO	) ENSURE	THAT EVERY	Y DOLLAR	
	ORLD FOR THE BETT			Õ	ECTS THAT	F ARE CHANG	GING THE	
		'ER .	including gra	nts of \$				
	code:) (Expenses \$		including gra	nts of \$				
Hb (Cood	Code: ) (Expenses \$		including gra	nts of \$				
	code:) (Expenses \$		including gra	Ints of S				
Hb (Cood	Code:) (Expenses \$		including.gra	ints of \$				
	code: ) (Expenses \$		including gra	ints of \$				
Hb (Cod	Code: ) (Expenses \$		including gra	ints of \$				
						) (Revenue \$		
			_					
c (Cod	code: ) (Expenses \$		including gra	ants of \$		) (Revenue \$		
(000	ловеу (Expenses Ф					) (nevenue @		
	ther program services (Describe on						,	
	xpenses \$ otal program service expenses	including grants o	26,278.	,	) (Revenue \$		)	
							Form 9	90
2002 12-0				3				

Form 990 (2021)

Part IV Checklist of Required Schedules

CRITICAL ROLE FOUNDATION

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> </u>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			- v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
132003	3 12-09-21	Form	990	(2021)

15551026 795635 CRITIC1601 2021.04030 CRITICAL ROLE FOUNDATION

4

CRITIC11

Form	aan	(2021)
	330	(2021)

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	00		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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	<u> </u>	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
32004	↓ 12-09-21	Form	990	(2021
51	5 026 795635 CRITIC1601 2021.04030 CRITICAL ROLE FOUNDATION	<u>م</u> ی	ITI	71 1
, J T	VZO / JOOJO CATITCIOUI ZUZI • 04000 CATITCAL KOLE FOUNDATION	CΓ.	(	ᆂᆂ

Form 990	(2021)
Part V	State

# O21) CRITICAL ROLE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued)

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State			0			
	filed for the calendar year ending with or within the year covered by this return		2a	C			
b	If at least one is reported on line 2a, did the organization file all required federal employme				2b		
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See						x
	Did the organization have unrelated business gross income of \$1,000 or more during the y				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or				3b		
ła	At any time during the calendar year, did the organization have an interest in, or a signatul						x
<b>b</b>	financial account in a foreign country (such as a bank account, securities account, or othe	ertinancial	accour	ц)?	4a		
D	If "Yes," enter the name of the foreign country	Financial A					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and				Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the				5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shu				50 5c		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				50		
d	Does the organization have annual gross receipts that are normally greater than \$100,000				6a		x
h	any contributions that were not tax deductible as charitable contributions?				oa		- 23
b	If "Yes," did the organization include with every solicitation an express statement that suc			•	Gh		
	were not tax deductible?				6b		
_	Organizations that may receive deductible contributions under section 170(c).	ande and ea	ruicae n	rovidad to the pover?	70		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go				7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provide				7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for to file Form 8282?				7c		x
4					70		- 23
	If "Yes," indicate the number of Forms 8282 filed during the year			+0	70		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a person				7e		X
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be				7f	N/	
	If the organization received a contribution of qualified intellectual property, did the organiz				7g 7b	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did t				7h	11/	<u> </u>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund						
				N/A	8		
	Sponsoring organizations maintaining donor advised funds.			N / Z	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			N/A N/A	9a 9b		
b )	Did the sponsoring organization make a distribution to a donor, donor advisor, or related p				90		
	Section 501(c)(7) organizations. Enter:	N/A	100				
	Initiation fees and capital contributions included on Part VIII, line 12		10a 10b		-		
					-		
	Section 501(c)(12) organizations. Enter:	N/A	11a				
	Gross income from members or shareholders		11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources again		446				
_	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li		11b		10-		
			12b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			N/A	120		
a	Is the organization licensed to issue qualified health plans in more than one state?			IN / II	13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Sche						
b	Enter the amount of reserves the organization is required to maintain by the states in which		406				
_	organization is licensed to issue qualified health plans		13b		-		
	Enter the amount of reserves on hand				44-		X
	Did the organization receive any payments for indoor tanning services during the tax year'				14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation			~~	140		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000				15		x
	excess parachute payment(s) during the year?				15		
	If "Yes," see the instructions and file Form 4720, Schedule N.				10		x
;	Is the organization an educational institution subject to the section 4968 excise tax on net	Investmer	nt incor	ne?	16		
	If "Yes," complete Form 4720, Schedule O.	oncos -	001				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator			NT / Z	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4	+953.5		1N / A	17		
	If "Yes," complete Form 6069.				L.	000	(2004
	026 795635 CRITIC1601 2021.04030 CRITICAL	י ידר ס				9 <b>90</b>	
ΓL	020 795055 CRITICIOUL ZUZI-04050 CRITICAL		.001	DATION	CR.	L T T (	~ T T

Form 990	(2021)	)
----------	--------	---

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.

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.	2 3 4 5 6 7a 7b 8a 8b 9	Yes
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 0.         b       Enter the number of voting members included on line 1a, above, who are independent.       Ib         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?       Ib         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?         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         5       Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         6       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         7       Did the organization contemporaneously document the meetings held or written actions and the power by the following:         8       Did the organization contemporaneously document and addresses on Schedule O         8       Did the organization have written policies and procedures governing the quired by the Internal Revenue Code.)         104       the governing body?         9	2 3 4 5 6 7a 7b 8a 8b	X
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.         In           b         Enter the number of voting members included on line 1a, above, who are independent         In         In <td>2 3 4 5 6 7a 7b 8a 8b</td> <td>X</td>	2 3 4 5 6 7a 7b 8a 8b	X
b       Enter the number of voting members included on line 1a, above, who are independent       Ib       Ib         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?         4       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?         5       Did the organization become aware during the year of a significant diversion of the organization's assets?         6       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?         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         b       Each committee with authority to act on behalf of the governing body?         b       Each committee with authority to act on behalf of the governing body?         b       Each committee with authority to act on behalf of the governing body?         s       Bid the organization have members, storkholders, or affiliates?         d       Did the organization have written colicies not required by the Internal Revenue Code.)         loa on officer, di	2 3 4 5 6 7a 7b 8a 8b	X
<ul> <li>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</li> <li>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?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization bacome aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>II'</i> Yes," provide the names and addresses on Schedula O</li> <li>bid the organization have local chapters, branches, or affiliates?</li> <li>bif 'Yes," did the organization have written policies and procedures governing the sucrities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>14 Has the organization have a written conflict of inferest policy? <i>II'</i> No," <i>go to line</i> 13</li> <li>b Were officers, directors, or trustes, and key employee sequired to disclose annually interests that could give rise to conflicts?&lt;</li></ul>	2 3 4 5 6 7a 7b 8a 8b	x
<ul> <li>officer, director, trustee, or key employee?</li> <li>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?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>The governing body?</li> <li>Biach committee with authority to act on behalf of the governing body?</li> <li>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization mailing address? <i>If "Yes," provide the names and addresses on Schedula</i> O</li> <li>election B. Policies (<i>This Section B requests information about policies for required by the Internal Revenue Code.</i>)</li> <li>Did the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>Has the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>C Did the organization have a written document referition and destruction policy?</li> <li>Jid the organization have a written doc</li></ul>	3 4 5 6 7a 7b 8a 8b	x
<ul> <li>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?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?</li> <li>b If "Yes," did the organization have written policies not required by the Internal Revenue Code.)</li> <li>Oa Did the organization have local chapters, branches, or affiliates?</li> <li>b 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 governing body before filing the form?</li> <li>c Describe on Schedule O the process, if any, used by the organization for eview this Form 990.</li> <li>2a Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written document retention and destruction poli</li></ul>	3 4 5 6 7a 7b 8a 8b	x
<ul> <li>of officers, directors, trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>Ta 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?</li> <li>A re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g 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? <i>If "Yes," provide the names and addresses on Schedule O</i></li> <li>eection B. Policies (<i>This Section B requests information about policies for required by the Internal Revenue Code.</i>)</li> <li>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?</li> <li>H as the organization provided a complete copy of this Form 990 to al members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>20 Did the organization nave a written conflict of inferest policy? <i>It "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organi</li></ul>	4 5 6 7a 7b 8a 8b	x
<ul> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employee required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written consistent ymonitor and enforce compliance with the policy? If "Yes," describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2b Did the organization have a written consistent ym</li></ul>	4 5 6 7a 7b 8a 8b	x
<ul> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employee required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written consistent ymonitor and enforce compliance with the policy? If "Yes," describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2b Did the organization have a written consistent ym</li></ul>	5 6 7a 7b 8a 8b	x
<ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g Is there any officer, director, trustee, or key employee listed in Part VII, Sectian A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g Is there any officer, director, trustee, or key employee listed in Part VII, Sectian A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>b Ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization's exempt purposes?</li> <li>b Were officers, directors, or trustes, and key employee required to disclose annually interest</li></ul>	6 7a 7b 8a 8b	x
<ul> <li>6 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>bection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization neve a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employee required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written workit monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>13 Did the organization have a written document retention and destruction policy?</li> <li>14 Did the o</li></ul>	7a 7b 8a 8b	x
<ul> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li> <li>iection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization nove during the organization to review this Form 990.</li> <li>12a Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written document retention and define organization policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>13 Did the organization have a written document retention and destruction policy?</li> <li>14 Ho organization have a written document retention and destruction policy?</li> <li>a Did the organization have a written document retention and destruction policy?</li> <li>b U di the organization have a written document reten</li></ul>	7b 8a 8b	x
<ul> <li>more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g 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? <i>If</i> "Yes," provide the names and addresses on Schedule O</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g 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? <i>If</i> "Yes," provide the names and addresses on Schedule O</li> <li>b Ecction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization nave a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written monitor and enforce compliance with the policy? If "Yes," <i>describe on Schedule O how this was d</i></li></ul>	7b 8a 8b	x
<ul> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>b Ecction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization nave a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written whistleblower policy?</li> <li>13 Did the organization have a written occument retention and destruction policy?</li> <li>14 Did the organization</li></ul>	7b 8a 8b	x
<ul> <li>persons other than the governing body?</li> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O</li> <li>Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done</li> <li>13 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	8a 8b	x
<ul> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li></ul>	8a 8b	x
<ul> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule</i> 0</li> <li>cection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>0a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written document retention and destruction policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	8b	X
<ul> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i></li></ul>	8b	
<ul> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li></ul>		<b>I</b>
<ul> <li>organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>.</li> <li>Section B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>Oa Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	9	
<ul> <li>a Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	3	
<ul> <li>Oa Did the organization have local chapters, branches, or affiliates?</li> <li>b 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?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>		
<ul> <li>b 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?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>		Yes
<ul> <li>b 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?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	10a	100
<ul> <li>and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>3 Did the organization have a written document retention and destruction policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	104	
<ul> <li>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> </ul>	104	
<ul> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	10b	X
<ul> <li>2a Did the organization have a written conflict of interest policy? If "No," go to line 13</li></ul>	11a	- 23
<ul> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> on Schedule O how this was done</li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	12a	x
<ul> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> on Schedule O how this was done</li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>		X
<ul> <li>on Schedule O how this was done</li> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	12b	
<ul> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>5 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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>		x
<ul> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	12c	X
<ul> <li>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> </ul>	13	X
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? <b>a</b> The organization's CEO, Executive Director, or top management official	14	
a The organization's CEO, Executive Director, or top management official		
<b>b</b> Other officers or key employees of the organization	15a	
	15b	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
6a 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	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
exempt status with respect to such arrangements?	16b	
ection C. Disclosure		
7 List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA		
8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only	/) avai
for public inspection. Indicate how you made these available. Check all that apply.		
Own website Another's website X Upon request Other (explain on Schedule O)		
9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial
statements available to the public during the tax year.		
0 State the name, address, and telephone number of the person who possesses the organization's books and records		
EDUARDO LOPEZ - 858-558-9200		
, BURBANK, CA 91504		
12006 12-09-21	Forn	1 <b>990</b>
7		
51026 795635 CRITIC1601 2021.04030 CRITICAL ROLE FOUNDATION	00.0	ITI

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title         Average hours per list any blow line         Description to the and attractivity of the and attractivity of th	(A)	(B)		(C)		(D)	(E)	(F)			
hours print         compensation of the related organizations         compensation from the organizations           (1) ASHLEY JOHNSON         4.000         X         X         0.         <	Name and title	Average	(do			Reportable	Reportable	Estimated			
Weik         Weik <th< td=""><td></td><td></td><td>box</td><td colspan="2">box, unless person is both an</td><td></td><td></td><td></td></th<>			box	box, unless person is both an							
(1) ASHLEY JOHNSON       4.00       x       x       0.       0.       0.         (2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         TREASURER/BOARD MEMBER       x       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.<				cer ar		lirecto	n/irus	(iee)			
(1) ASHLEY JOHNON       4.00       x       x       0.       0.       0.         (2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         Cis RacHER MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.         Image: Image: Image and themage and themage and themage and the			irecto								
(1) ASHLEY JOHNON       4.00       x       x       0.       0.       0.         (2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         Cis RacHER MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.         Image: Image: Image and themage and themage and themage and the			e or d	tee			sated				
(1) ASHLEY JOHNON       4.00       x       x       0.       0.       0.         (2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         Cis RacHER MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.         Image: Image: Image and themage and themage and themage and the			rustee	l trus		ee	npen			1099-1120)	
(1) ASHLEY JOHNON       4.00       x       x       0.       0.       0.         (2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         Cis RacHER MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.       0.         Image: Image: Image and themage and themage and themage and the			d ual t	utiona	L_	mploy	st co	5			
(1) ASHLEY JOHNSON       4.00       x       x       0.       0.       0.         (2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKUS KORO       4.00       x       x       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.       0.       0.       0.       0.         (5) RACHER MEMBER       x       x       0.       0.       0.       0.       0.         TREASURER/BOARD MEMBER       x       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.       0.       0.       0.         BOARD MEMBER       4.00       x       x       0.<		line)	Indivi	Institu	Office	Keye	Highe	Forme			0
(2) MATTHEW MERCER       4.00       x       x       0.       0.       0.         (3) MARKING KORO       4.00       x       x       0.       0.       0.       0.         (3) MARKING KORO       4.00       x       x       0.       0.       0.       0.       0.         (4) EDDARD MEMBER       x       x       0.	(1) ASHLEY JOHNSON	4.00									
VICE PRESIDENT/BOARD MEMBE         X         X         X         0.         0.         0.           (3) MARKUS KORO         4.00         X         X         0.         0.         0.         0.           (4) EDUARDO LOPEZ         4.00         X         X         0.         0.         0.         0.           TRESUMER/BOARD MEMBER         X         X         X         0.         0.         0.         0.           (4) EDUARDO LOPEZ         4.00         X         X         0.         0.         0.         0.           (5) RACHEL ROMERO         4.00         X         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.         0.           Image: Comparison of the memory in the memo	PRESIDENT/BOARD MEMBER		X		X				0.	0.	0.
(3) MARKUS KORO       4.00       X       X       0.       0.       0.         SECRETARY/BOARD MEMBER       4.00       X       X       0.       0.       0.         (4) EDUARDO LOPE2       X       X       0.       0.       0.       0.       0.         (5) RACHEL ROMERO       4.00       X       X       0.       0.       0.       0.         BOARD MEMBER       4.00       X       X       0.       0.       0.       0.         BOARD MEMBER       4.00       X       X       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         Image: State of the state of	(2) MATTHEW MERCER	4.00				K			Ť		
SECRETARY/BOARD MEMBER       X       X       0.       0.       0.         (4) EDUARD LOPEZ       4.00       X       X       0.       0.       0.         TREASURER/BOARD MEMBER       X       X       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       X       X       X       X       X       X       X       X       X         BOARD MEMER       X       X       X       X       X <td>VICE PRESIDENT/BOARD MEMBE</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td>1</td> <td>0.</td> <td>0.</td> <td>0.</td>	VICE PRESIDENT/BOARD MEMBE		x		x			1	0.	0.	0.
(4) EDUARDO LOPEZ       4.00       X       X       0.0.0.0.0.0.         TREASURER/BOAD MEMBER       4.00       X       X       0.0.0.0.0.         BOARD MEMBER       4.00       X       0.0.0.0.0.       0.0.0.0.         BOARD MEMBER       4.00       X       0.0.0.0.0.0.       0.0.0.0.         BOARD MEMBER       4.00       X       0.0.0.0.0.0.       0.0.0.0.         BOARD MEMBER       4.00       X       0.0.0.0.0.0.0.       0.0.0.0.0.0.         BOARD MEMBER       4.00       X       0.0.0.0.0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(3) MARKUS KORO	4.00									
TREASURER/BOARD MEMBER       X       X       X       0       0       0         BOARD MEMBER       4.00       X       0       0       0       0         BOARD MEMBER       X       X       0       0       0       0         Image: State of the s	SECRETARY/BOARD MEMBER		Х		X				0.	0.	0.
(5) RACHEL ROMERO       4.00       x       0.0.0.0.         BOARD MEMBER       0.0.0.0.0.       0.0.0.0.         Image: Constraint of the second se	(4) EDUARDO LOPEZ	4.00									
BOARD MEMBER 0. 0. 0. 0. 	TREASURER/BOARD MEMBER		x		х				0.	0.	0.
	(5) RACHEL ROMERO	4.00									
Image: state	BOARD MEMBER		x						0.	0.	0.
12007 12-09-21											
Image: Second											
Image: Second											
Image: state			1								
Image: Second											
Image: state			1								
Image: state											
Image: state			1								
Image: Second											
Image: state			1								
Image: state											
Image: state of the state o			1								
Image: state											
La											
Image: state of the state o											
Image: Second											
Image: state											
Image: Second											
Image: Second											
Image: Second			1								
Image: Non-State         Image: Non-State<											
132007 12-09-21 Form <b>990</b> (2021) 8			1								
Image:											
132007         12-09-21         Form <b>990</b> (2021)           8         8		<u> </u>	1								
8	132007 12-09-21	1	-			-			1	I	Form <b>990</b> (2021)
							8				

15551026 795635 CRITIC1601

2021.04030 CRITICAL ROLE FOUNDATION

	990 (2021) CRITICAL	ROLE FO	JUN	1DZ	AT I	101	N			83-2	7878	844	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghe	st C			r			
	(A) (B) Name and title Average hours pe week		box, offic	not cl unle	ss per	i <b>tion</b> more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MI3 1099-NEC)	SC/	fr orga and	pensa om the anizati d relate anizatio	e on ed
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.00.00.		0.0.0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization					 00ve	e) wh	no re	-	),000 of reportab				0
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes." <i>complete Schedule J for su</i>			•	-	•		-		-		3	Yes	No X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl	e co	ompe	ensa	ation	n and	d otl				4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i> tion <b>B. Independent Contractors</b>	-				-			-			5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								npensa	ation f	rom	
	(A)     (B)     (C)       Name and business address     NONE     Description of services     Compensation							า						
								_						
2	Total number of independent contractors (ir		ot li-	nita	d to	the			above) who received a	ore than				
	\$100,000 of compensation from the organiz	•	J. 11	-incer			)				[	Form	<b>990</b> (2	2021)

132008 12-09-21

Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	e or note to any li				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$	Business Code	849,130.			
Program Service Revenue	b c d f g						
	3 4 5 6 a b c		proceeds	8			
Revenue	7 a b	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis and sales expenses         Gain or (loss)	(ii) Other				
Other Rev	d 8 a	Net gain or (loss)         Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18         Less: direct expenses	a				
	c 9 a b	Net income or (loss) from fundraising events         Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses	a b	_			
	10 a b	Net income or (loss) from gaming activities         Gross sales of inventory, less returns         and allowances         Less: cost of goods sold         Net income or (loss) from sales of inventory	Da Db	-			
Miscellaneous Revenue	11 a b c		Business Code				
Σ	е	All other revenue	►	0.40 1.20			
13200	<b>12</b> 9 12-09	Total revenue. See instructions	►	849,130.	0.	0.	0 • Form <b>990</b> (2021

Form 990 (2021)

15551026 795635 CRITIC1601

10 2021.04030 CRITICAL ROLE FOUNDATION

CRITIC11

83-2787844 Page 9

Form 990 (				CRITIC		
Part IX	Sta	itement	of	Functional	Exp	penses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	796,659.	796,659.		
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 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,002.		5,002.	
с	Accounting	22,501.		22,501.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	<u> </u>			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	F				
23 24	Insurance Other expenses. Itemize expenses not covered				
27	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	PROCESSING FEES	29,619.	29,619.		
b	SOFTWARE	2,351.	_ ,	2,351.	
c	BANK FEES	90.		90.	
d	FILING FEE	75.		75.	
e					
25	Total functional expenses. Add lines 1 through 24e	856,297.	826,278.	30,019.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

15551026 795635 CRITIC1601

2021.04030 CRITICAL ROLE FOUNDATION

11

Form **990** (2021)

15551026 795635 CRITIC1601

CRITIC11

CRITICAL ROLE FOUNDATION

83-2787844 Page 11

Check if Schedule O contains a response or note to any line in this Part X         (A)           I         Cash - non-interest-bearing         159, 146, 1         148, 558, 1           I         Cash - non-interest-bearing         159, 146, 1         148, 558, 1           I         Cash - non-interest-bearing         159, 146, 1         148, 558, 1           I         Accounts receivable, net         3         3           I         Constant of the receivables from any current or former officer, director, trustes, key employee, creator or foundar, substantial contributor, or 35%, controlled entry or family member of any of these persons         5           I         Constant of the receivables from other disqualitied persons (as defined under saction 4958(r)(3)(g)), and persons described in section 4958(r)(3)(g)         6         0           I         Notes and loans receivable, net         7         7           I         Investments - scelvable, net         10a         0           I         Investments - publicly traded securities         111         111           I         Investments - publicly traded securities         13         0           I         Investments - publicly traded securities         111         13           I         Investments - publicly traded securities         3,0000,17         4,501.           I	1 41	C.A.				
Beginning of year         End of year           1         Cash - non-interest bearing         159, 160.1         148, 568.           2         Savings and temporary cash investments         1, 000.2         1, 000.2         1, 000.2           3         Piedges and grants receivable, net         3         4         4           4         Accounts receivable, net         4         4           5         Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons discontibutor, or 35% controlled entity or family member of any of these persons         5         6           6         Loans and other receivable, net         7         7         7           7         Notes and loans receivable, net         7         7         7           10a         Lohdidings, and equipment: cost or other basis. Complete Part V of Schedule D         10a         10c         11           11         Investments - publicly traded securities         111         11         11           11         Investments - publicly traded securities         11         12         11           12         Investments - publicly traded securities         11         12         12           13         Investments - publicly traded securities         11         14         15 </th <th></th> <th></th> <th>Check if Schedule O contains a response or note to any line in this Part X</th> <th></th> <th></th> <th></th>			Check if Schedule O contains a response or note to any line in this Part X			
2       Savings and temporary cash investments       1,000. 2       1,000.         3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from any current or former officer, director, furustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Loans and other receivables from other disqualind parsons (as defined under secton 4058(f)(1)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       8       5         9       Prepaid expenses and deferred tharges       9       5000 -         10       100       100       100       100         1       Investments - publicly traded securities       11       12         1       Investments - publicly traded securities       11       12         1       Investments - publicly traded securities       11       13         1       Investments - publicly traded securities       3,000. 1       4,501.         1       Integrational account part of format equal line 33       160,146. 16       150,068         1       Accounts payable and account expension       20       21         2       Loans and other pay				Beginning of year		End of year
2       Savings and temporary cash investments       1,000.       2       1,000.         3       Precises and grants receivable, net       4         4       Accounts receivable, net       4         5       Loans and other receivables from any current or former officer, director, furstee, key amployee, creator or founder, substantial contributor, or 35%       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(r)(3)(8)       6         7       Notes and loans receivable, net       8       5         9       Prepaid expenses and deferred charges       9       5000 -         10a Land, building, and expensition to or other       10a       10c         11       Investments - publicly traded securities       11       11         11       Investments - publicly traded securities (as a current of former		1	Cash - non-interest-bearing			
3       Pledges and grants receivable, net       3         4       Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of raminy member of any of these persons.       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3), b)       6         7       Notes and loans receivable, net       7         8       9       Foota section 4958(r)(3), and persons desorbed in section 4958(r)(3)(5)       6         10       10       7       8         9       Prepared expenses and deterred charges       9       9         10a       10a       10c       10c         11       Investments - publicly traded securities       11       11         11       Investments - publicly traded securities       11       11         11       Investments - publicly traded securities       11       12         11       Investments - publicly traded securities       11       11         11       Investments - publicly traded securities       11       11         13       Investments - publicly traded securities       13       160, 146.       16         16       Otar assets. Add lines 11       13       160, 146.       15 <th></th> <th>2</th> <td></td> <td></td> <td>2</td> <td>1,000.</td>		2			2	1,000.
4       Accounts receivable, net       4         5       Loans and other receivables from onther disqualified persons (as defined under section 4958)(f(1)), and persons described in section 4958(6)(3)(8)       5         6       Loans and other receivables from onther disqualified persons (as defined under section 4958)(f(1)), and persons described in section 4958(6)(3)(8)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       9         9       Prepaid expenses and deferred charges       9         9       Prepaid expenses and deferred charges       9         10a       Loans (quipment: cost or other basis. Compilete Part V of Schedule D       10b         11       Investments - publicly traded securities       111         12       Investments - publicly traded securities       111         13       Investments - publicly traded securities       114         14       Intagible assets       3, 000.0       17       4, 501.         16       Total assets. Acd lines 1 through 15 (must equal line 33)       160, 146.       16       150, 068.         17       Accounts payable and accrued expenses       3, 000.0       17       4, 501.         18       Grants payable       16.0       150.       160.         18		3			3	
S       Lans and other receivables from 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 and other receivables from other disqualified persons (as defined under section 4958(r)(3), and persons described in section 4958(r)(3)(B)       5         9       Fepsald expenses and deferred charges       9       5000         10a       8       9         10a       10a       10a         11       Investments - other socilities (or other trustee, key employee, creator of touring the socilities (or all of the socilities (or all of the socilities) (or all of the socielities) (or all of the soci		4			4	
security or family member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(2)       6         7       Notes and loans receivable, net       6         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       9         10       Land, buildings, and equipment: cost or other       10a         11       Investments - other securities.       10         12       Investments - other securities.       10         11       Investments - other securities.       11         11       Investments - other securities.       11         12       Investments - other securities.       11         13       Investments - other securities.       11         14       13       11         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       160, 146.6       16       150, 068.         17       Accounts payable and accrued expenses       23, 0000.17       74, 5011.         18       Grants payables to any current or former officer, director, trass and other payables to any current or former officer, director, trassets.       22         24 <th></th> <th>5</th> <td></td> <td></td> <td></td> <td></td>		5				
6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(8)       6         7       Notes and loans receivable, net understand (3)(8)       7         8       Inventories for sale or use understand (3)       8         9       Prepaid expanses and deferred charges       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a         11       Investments - other securities. See Part IV, line 11       13         13       Investments - other securities. See Part IV, line 11       13         14       Intragible assets       14         15       15       150, 068 at the there is through 15 (must equal line 33)       160, 146 c.         16       Total assets. Add lines 1 through 15 (must equal line 33)       160, 146 c.       16         18       Grants payable and accrued expenses       3, 000 c.       17         21       Escrow or custodial account liability. Complete Part IV of Schedule D       20       21         22       Loans and other payable to unrelated third parties       23       22         23       Secured mortigages and notes payable to unrelated third parties       24       24         24       Order is and other payables to any of these persons       25       27			trustee, key employee, creator or founder, substantial contributor, or 35%			
generation         ounder section 4958((r)(1)), and persons described in section 4958((c)(3)(B)         6           7         Notes and loans receivable, net         7           8         Inventories for sale or use.         9           9         Prepaid expenses and deferred charges         9           10         Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D         100           11         Investments - publicly traded securities         111           12         Investments - publicly traded securities         111           13         Investments - publicly traded securities         114           14         Intagible assets         144           15         Other assets. See Part IV, line 11         15           16         Total assets. Add lines 1 through 15 (must equal line 33)         160.0.146.6.16         150.0.068.1           19         Defered revenue         19         20         21         22           21         Eacrow or custodial accound to under, adsigniful and output flow, director, trustee, key employee, creator or founder, adsigniful and output flow, director, trustee, key employee, creator or founder, adsigniful and output flow flow flow flow flow flow flow flow			controlled entity or family member of any of these persons		5	
generation       7       Notes and loans receivable, net.       7         generation       7       1         generation       8       5000         generation       10a       8         generation       10a       10a         generation       10a       11         generation       11       112         generation       12       12       12         generation       13       160,1466.1		6	Loans and other receivables from other disqualified persons (as defined			
generation       7       Notes and loans receivable, net.       7         generation       7       1         generation       8       5000         generation       10a       8         generation       10a       10a         generation       10a       11         generation       11       112         generation       12       12       12         generation       13       160,1466.1			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
9       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       9         10a       Land, buildings, and equipment: cost or other       9         b       Less: accumulated depreciation       10a         11       Investments - publicly traded securities       111         12       Investments - publicly traded securities       111         13       Investments - program-related. See Part IV, line 11       12         14       Intargible assets       114         15       160       160         16       Other assets. See Part IV, line 11       13         17       Accounts payable and accrued expenses       3         18       Grants payable and accrued expenses       3         20       Tax exempt bond liabilities       20         21       Loss and other payables to any current or former officer, director, trustee, key employee, creator or founder, subStatilia contruburd, or 35% controlled onther payable to unrelated third parties       24         22       Loss and other payable to unrelated third parties       24         23       Secured morts gas and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Tot	ts	7			7	
9       Prepade expenses and observed charges       9       0.0000         10a       Land, buildings, and equipment: cost or other       10a       10b       10c         b       Less: accumulated depreciation       10b       10c       10c         11       Investments - publicly traded securities       111       112       111       112         11       Investments - other securities. See Part IV, line 11       113       114       114         11       Investments - other securities. See Part IV, line 11       113       114       114         11       Investments - other securities. See Part IV, line 11       114       114       114         11       Investments - other securities. See Part IV, line 11       113       114       114         12       Other assets. See Part IV, line 11       13       160, 1466.       150, 068.         13       Grants payable and accrued expenses       3, 000.       17       4, 501.         13       Grants payable and accrued expenses       3, 000.       17       4, 501.         14       Escrow or custodial account liability. Complete Part V of Schedue D       21       21       22       22       23       24       24       24         21       Coans and other payables to unre	ese.	8			8	
10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c         11       Investments - publicly traded securities       101       10c       10c         11       Investments - publicly traded securities. See Part IV, line 11       11       12         13       Investments - organ=related. See Part IV, line 11       13       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       160, 1466.       16       150, 068 .         17       Accounts payable and accrued expenses       3, 000.       17       4, 501.         19       Deferred revonue       19       0       0         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Losa and other payables to unrelated third parties       23       24         22       Losa and other payable to unrelated third parties       23       24         23       Secured nothers and lones payable to unrelated third parties       24       24         24       Unsecured nother albilities included on lines 17.24). Complete Part X of Schedule D       25       26       27 <th>¥</th> <th>9</th> <td></td> <td></td> <td>9</td> <td>500.</td>	¥	9			9	500.
basis. Complete Part VI of Schedule D       10a       10c       10c         b Less: accumulated depreciation       10c       10c       10c         11       Investments - publicity traded securities       11       11         12       Investments - publicity traded securities. See Part IV, line 11       13       11         13       Investments - program-related. See Part IV, line 11       13       14         14       Introstments - program-related. See Part IV, line 11       15       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       160, 146.       16       150, 068.         17       Accounts payable and accrued expenses       3,000.       17       4,501.         19       Deferred revenue       19       0       20         21       Ecrow or custodia account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current of former officer, director, trustee, key employce, creator of founder, substitutial contributor, or 35% controlled entity or family member of anyot these persons       22         23       Secured notes and loans payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       25         26       Tot		10a				
b Less: accumulated depreciation 10b 10c 111 Investments - publicity traded securities 111 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, Ine 11 13 Investments - program-related. See Part IV, Ine 11 13 Investments - program-related. Inter paysible see Part V, Ine 11 14 Intrangible assets - Add lines 1 through 15 (must equal line 33) Info - 146. If a Intervent is paysible to any current of former of Incerd, three parties Intervent is Intervent of Incerd - Intervent III on IIII on IIII on IIII on IIIII on IIII on IIII on IIII on IIII						
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - other securities. See Part IV, line 11       13         14       Intagible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       1600, 1466. 16       150, 068.         17       Accounts payable and accrued expenses       3, 000. 17       4, 501.         18       Grants payable       19       0.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part N of Schedule D       21       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       28         26       Total liabilities. Add lines 17 through 25       7, 412. 26 <t< td=""><th></th><th>b</th><td></td><td></td><td>10c</td><td></td></t<>		b			10c	
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intanjble assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. See Part IV, line 11       16         17       Accounts payable and accrued expenses       3,000. 17         18       Grants payable       4,412. 18       0.         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payable 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       22       23         23       Secured mortgages and notes payable to unrelated third parties       23       24       24         25       Other liabilities not included on lines 17.24). Complete Part X of Schedule D       25       25         26       Total liabilities. Add lines 17 through 25       7, 412. 26       4, 501.         27       Net assets with donor restrictions       152, 734. 27       145, 567.         28       Organizations that olot WASB ASC 958, check here					11	
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. Add lines 1 through 15 (must equal line 33)       160, 146.       16       150, 068.         17       Accounts payable and accrued expenses       3, 000.       17       4, 501.         18       Grants payable and accrued expenses       3, 000.       17       4, 501.         19       Deferred revenue       19       0         20       Tax exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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 ot these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecurred notes and loans payable to unrelated third parties       24         25       Other liabilities. Add lines 17 through 25       7, 412.       26         26       Total liabilities. Add lines 17 through 25       7, 412.       28         27       Net assets with donor restrictions       25       27       145, 567.						
14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       160,146.       16       150,068.         17       Accounts payable and accrued expenses       3,000.       17       4,501.         18       Grants payable       4,412.       18       0.         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substitutial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured notes and loans payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7, 412.       26       4, 501.         27       Net assets with donor restrictions       152, 734.       27       145, 567.		13			13	
15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       160,146.       16       150,068.         17       Accounts payable and accrued expenses       3,000.       17       4,501.         18       Grants payable       4,412.       18       0.         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Scheque D       21       21         22       Loans and other payables to any ournet or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7, 412.       26       4, 501.         27       Net assets without donor restrictions       152, 734.       27       145, 567.         28       Organizations that don to ballow FASB ASC 958, check here       13						
16       Total assets. Add lines 1 through 15 (must equal line 33)       160,146.       16       150,068.         17       Accounts payable and accrued expenses       3,000.       17       4,501.         18       Grants payable       4,412.       18       0.         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       23         24       Unsecured notes and loans payable to unrelated third parties       23         25       Other liabilities not included on lines 17.24). Complete Part X of Schedule D       25         26       Total liabilities not included on lines 17.24). Complete Part X of Schedule D       25         26       Total liabilities not included on lines 17.24). Complete Part X of Schedule D       25         27       Net assets without donor restrictions       152,734.       27       145,567.         28       Organizations that do not follow FASB ASC 958, check here       13       28       29         29       Capital stock or trust principal, or current funds						
17       Accounts payable and accrued expenses       3,000.17       4,501.         18       Grants payable       4,412.18       0.         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part N of Schedule D       21       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties       24         25       Other liabilities. Add lines 17 through 25       7, 412. 26       4, 501.         26       Total liabilities. Add lines 17 through 25       7, 412. 26       4, 501.         27       Net assets without donor restrictions       152, 734. 27       145, 567.         28       Capatial stock or trust principal, or current funds       29       30         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Total net assets or fund balances       152, 734. 32 <t< td=""><th></th><th></th><td></td><td></td><td></td><td>150,068.</td></t<>						150,068.
18       Grants payable       4,412.       18       0.         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       7, 412.       26         26       Total liabilities. Add lines 17 through 25       7, 412.       26       4, 501.         0       Organizations that follow FASB ASC 958, check here        28       28       28         0       Organizations that on follow FASB ASC 958, check here        28       28       29         29       Capital stock or trust principal, or current funds       29       29       30       31         29       Capital stock or trust principal, or current funds       31       <						
19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       23         25       Other liabilities included on lines 17.24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7, 412. 26       4, 501.         27       Net assets with donor restrictions       152, 734. 27       145, 567.         28       Organizations that follow FASB ASC 958, check here        28       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Total net assets or fund balances       152, 734. 32       145, 567.         33       Total net assets or fund balances       152, 734. 32       145, 567.						
20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7, 412.       26       4, 501.         30       Organizations that follow FASB ASC 958, check here Land complete lines 27, 28, 32, and 33.       152, 734.       27       145, 567.         28       Net assets with donor restrictions       29       29       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31       31         32       Total net assets or fund balances       152, 734.       32       145, 567.         33       Total net assets/fund balances       160, 1466.       33       150, 068. <th></th> <th></th> <td></td> <td></td> <td></td> <td></td>						
21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7,412.       26       4,501.         0rganizations that follow FASB ASC 958, check here ▶  and complete lines 27, 28, 32, and 33.       152,734.       27       145,567.         28       Net assets without donor restrictions       29       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total liabilities and net assets/fund balances       160,146.       33       150,068.						
22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7, 412.       26       4, 501.         0rganizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.       152, 734.       27       145, 567.         28       Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.       28       29         29       Capital stock or trust principal, or current funds       29       29         29       Capital stock or trust principal, or current funds       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total liabilities and net assets/fund balances       152, 734.       32       145, 567.         33       Total net assets of fund balances       150, 068.       150, 068. <th></th> <th></th> <td></td> <td></td> <td></td> <td></td>						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7, 412.       26       4, 501.         0rganizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.       152, 734.       27       145, 567.         28       Organizations that do not follow FASB ASC 958, check here ▶ 1       28       28       29         29       Capital stock or trust principal, or current funds       29       29       29         29       Capital stock or trust principal, or current funds       30       31         30       Retained earnings, endowment, accumulated income, or other funds       31       31         31       Total liabilities and net assets/fund balances       152, 734.       32       145, 567.         33       Total liabilities and net assets/fund balances       150, 146.       33       150, 068.	s					
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7,412.       26       4,501.         27       Net assets with follow FASB ASC 958, check here ▶ X       30       36         30       Organizations that follow FASB ASC 958, check here ▶ 3       30         31       Retained earnings, endowment, accumulated income, or other funds       30         32       Total liabilities and net assets/fund balances       31	itie					
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7,412.       26       4,501.         27       Net assets with follow FASB ASC 958, check here ▶ X       30       36         30       Organizations that follow FASB ASC 958, check here ▶ 3       30         31       Retained earnings, endowment, accumulated income, or other funds       30         32       Total liabilities and net assets/fund balances       31	lide				22	
24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7,412.26         27       Net assets without donor restrictions       152,734.27         27       Net assets with donor restrictions       28         Organizations that do not follow FASB ASC 958, check here ▶       28         Organizations that do not follow FASB ASC 958, check here ▶       28         Organizations that do not follow FASB ASC 958, check here ▶       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total liabilities and net assets/fund balances       152,734.32       145,567.         33       Total liabilities and net assets/fund balances       160,146.33       150,068.	Li	23				
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7,412. 26       4,501.         27       Net assets without donor restrictions       152,734. 27       145,567.         28       Organizations that do not follow FASB ASC 958, check here ▶       28         0rganizations that do not follow FASB ASC 958, check here ▶       28         0rganizations that do not follow FASB ASC 958, check here ▶       28         0rganizations that do not follow FASB ASC 958, check here ▶       28         0rganizations that do not follow FASB ASC 958, check here ▶       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       152,734. 32       145,567.         33       Total liabilities and net assets/fund balances       160,146. 33       150,068.						
parties, and other liabilities not included on lines 17-24). Complete Part X       25         26       Total liabilities. Add lines 17 through 25       7,412.26         26       Total liabilities. Add lines 17 through 25       7,412.26         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions       152,734.27         28       0rganizations that do not follow FASB ASC 958, check here ▶ 2       28         0rganizations that do not follow FASB ASC 958, check here ▶ 2       28         0rganizations that do not follow FASB ASC 958, check here ▶ 2       28         0rganizations that do not follow FASB ASC 958, check here ▶ 3       28         0rganizations that do not follow FASB ASC 958, check here ▶ 3       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total liabilities and net assets/fund balances       152,734.32       145,567.         33       Total liabilities and net assets/fund balances       160,146.33       150,068.						
of Schedule D       25         26       Total liabilities. Add lines 17 through 25       7,412.26         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions       152,734.27         28       Organizations that do not follow FASB ASC 958, check here ▶       28         Organizations that do not follow FASB ASC 958, check here ▶       28         Organizations that do not follow FASB ASC 958, check here ▶       28         Organizations that do not follow FASB ASC 958, check here ▶       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       152,734.32       145,567.         33       Total liabilities and net assets/fund balances       160,146.33       150,068.		20				
26       Total liabilities. Add lines 17 through 25       7,412.26       4,501.         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.       152,734.27       145,567.         27       Net assets with donor restrictions       152,734.27       145,567.         28       Organizations that do not follow FASB ASC 958, check here ▶       28         0       Organizations that do not follow FASB ASC 958, check here ▶       28         0       Organizations that do not follow FASB ASC 958, check here ▶       29         30       Paid-in or capital stock or trust principal, or current funds       29         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       152,734.32       145,567.         33       Total liabilities and net assets/fund balances       160,146.33       150,068.			of Schedule D		25	
Organizations that follow FASB ASC 958, check here ▶ X         and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions         28       152, 734. 27         29       Organizations that do not follow FASB ASC 958, check here ▶         30       Paid-in or capital surplus, or land, building, or equipment fund         31       Retained earnings, endowment, accumulated income, or other funds         32       Total net assets or fund balances         33       Total liabilities and net assets/fund balances		26				4,501.
and complete lines 27, 28, 32, and 33.       152, 734. 27       145, 567.         27       Net assets without donor restrictions       28         28       Organizations that do not follow FASB ASC 958, check here ▶       28         30       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       152, 734. 32       145, 567.         33       Total liabilities and net assets/fund balances       160, 146. 33       150, 068.						,
<b>33</b> Total liabilities and net assets/fund balances	Sec					
<b>33</b> Total liabilities and net assets/fund balances	anc	27		152,734.	27	145,567.
<b>33</b> Total liabilities and net assets/fund balances	Bal					-,
<b>33</b> Total liabilities and net assets/fund balances	pu	20			20	
<b>33</b> Total liabilities and net assets/fund balances	Fu					
<b>33</b> Total liabilities and net assets/fund balances	° or	29			29	
<b>33</b> Total liabilities and net assets/fund balances	sets					
<b>33</b> Total liabilities and net assets/fund balances	Ass					
<b>33</b> Total liabilities and net assets/fund balances	let,					145.567.
	2			1 CO 1 A C		
		00			_ 00	

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) CRITICAL ROLE FOUNDATION	83-278	7844	Pac	je <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	152	2,7	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	145	5,5	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer				
	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 separat				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
			Form	<b>990</b> (	2021)

132012 12-09-21

13 15551026 795635 CRITIC1601 2021.04030 CRITICAL ROLE FOUNDATION

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I The organ 1 2 3 4

5

6 7 X

8 9

10

Total

11 12

# 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

Name of the	organization
-------------	--------------

ame	e of t	the organization	_					Employer	identification number
			ICAL ROLE						3-2787844
Par	tl	Reason for Public (	Charity Status.	All organizations must o	omplete tł	nis part.) S	See instructior	ıs.	
ie o	rgan	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3 [		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	ii).		
1 [		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5 [		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental (	unit describ	bed in
		section 170(b)(1)(A)(iv). (C							
<b>3</b> [		A federal, state, or local gov		nental unit described in a	section 17	'0(b)(1)(A)	(v).		
7	Х	An organization that norma						he general	public described in
	-	section 170(b)(1)(A)(vi). (C	-		. e a get			se general	
<b>a</b> [		A community trust describe		1)(Δ)(vi) (Complete Par	ни)				
a [		An agricultural research org			-	d in coniu	inction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	grant conege of agric			name, eng	y, and state o	r the colleg	
<b>n</b> [		An organization that norma	lly racaivas (1) mara	than 33 1/3% of its sun	port from	contributio	ne mombore	hin foos a	ad aross receipts from
		•		•			-	•	•
		activities related to its exen							
		income and unrelated busin		(less section of r tax) in		sses acqu	lifed by the of	ganization	alter Julie 30, 1975.
. [		See section 509(a)(2). (Con		ively to test for public of	fatu Caa	<b>V</b>	O(a)(4)		
יי ה[		An organization organized a						orm out the	numpered of one or
2 1		An organization organized a							
		more publicly supported or							neck the box on
		lines 12a through 12d that	•••			-		-	
а		<b>Type I.</b> A supporting orga							
		the supported organization			a majority o	of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must o							
b		<b>Type II.</b> A supporting org					-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). <b>You mus</b>	-						
С		☐ Type III functionally inte						lly integrate	ed with,
		its supported organization	() (	· ·					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	_ requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		<b>0</b> ()		<u> </u>			
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
							1		

Schedule A	Eorm Q	au)	202
Schedule A	гонн э	90)	202

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		4,829.	1,263.	366,867.	848,230.	1221189.
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		4,829.	1,263.	366,867.	848,230.	1221189.
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)						
6	Public support. Subtract line 5 from line 4.						1221189.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		4,829.	1,263.	366,867.	848,230.	1221189.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1221189.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	•	,			01(c)(3)	
	organization, check this box and <b>stop</b>						► X
Sec	ction C. Computation of Public						
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	l			
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali						
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				•		
18	Private foundation. If the organizatio		•				s ►
			,	. , ,			(Form 990) 2021

15551026 795635 CRITIC1601

### 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.)

Calendar year (or fiscal year beginning in) 🕨 🔄	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2	021	(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							
B Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disgualified persons							
<b>b</b> Amounts included on lines 2 and 3 received							
from other than disqualified persons that							
exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
B Public support. (Subtract line 7c from line 6.) ection B. Total Support							
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2	021	(f) Total
9 Amounts from line 6	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2	021	(I) TOTAI
<b>0</b> a Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties,							
and income from similar sources							
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b							
1 Net income from unrelated business activities not included on line 10b,							
whether or not the business is							
regularly carried on							
2 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)							
<b>3 Total support.</b> (Add lines 9, 10c, 11, and 12.)	organization's f	I irst, second, third,	fourth, or fifth tax \	/ear as a section s	501(c)(3) c	organization	٦,
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the compared of the form 100 is for the compared of the compared of</li></ul>	-					-	
<ul> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>Section C. Computation of Public</li> </ul>						-	
<ul> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>Section C. Computation of Public</li> </ul>	Support Pe	rcentage				-	<b>&gt;</b>
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> </ul>	Support Pe	<b>rcentage</b> divided by line 13,	column (f))		15	-	►□ %
<ul> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (line</li> <li>6 Public support percentage from 2020 Set</li> </ul>	Support Pe 8, column (f), o chedule A, Part	ercentage divided by line 13, : III, line 15	column (f))			-	►□ %
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Se</li> <li>ection D. Computation of Investr</li> </ul>	Support Pe 8, column (f), c chedule A, Part ment Incom	divided by line 13, III, line 15	column (f))		15 16	-	►□ %
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Section D. Computation of Investre</li> <li>7 Investment income percentage for 2021</li> </ul>	Support Pe 8, column (f), c chedule A, Part nent Incom (line 10c, colu	divided by line 13, III, line 15 III <b>Percentage</b> mn (f), divided by li	column (f)) ne 13, column (f))		15 16 17	-	►□ %
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Section D. Computation of Investment</li> <li>Investment income percentage for 2021</li> <li>Investment income percentage from 2020</li> </ul>	Support Pe 8, column (f), c chedule A, Part ment Incom (line 10c, colu 20 Schedule A,	divided by line 13, III, line 15 <b>B Percentage</b> mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18		►□ % %
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Section D. Computation of Investr</li> <li>Investment income percentage for 2021</li> <li>Investment income percentage from 202</li> <li>3 3 1/3% support tests - 2021. If the org</li> </ul>	Support Pe e 8, column (f), c chedule A, Part nent Incom (line 10c, colu 20 Schedule A, ganization did r	divided by line 13, III, line 15 <b>Percentage</b> mn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15       16       17       18       33 1/3%, a		►□ % %
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Section D. Computation of Investre</li> <li>Investment income percentage from 2021</li> </ul>	Support Pe e 8, column (f), c chedule A, Part ment Incom (line 10c, colur 20 Schedule A, ganization did r stop here. The	divided by line 13, ill, line 15 <b>Percentage</b> mn (f), divided by li Part III, line 17 not check the box organization quali	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su	15 is more than 3	15 16 17 18 33 1/3%, a ation	and line 17	► □ % % % is not 
<ul> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (line</li> <li>6 Public support percentage from 2020 Section D. Computation of Investr</li> <li>7 Investment income percentage for 2021</li> <li>8 Investment income percentage from 202</li> <li>9a 33 1/3% support tests - 2021. If the ormore than 33 1/3%, check this box and</li> <li>b 33 1/3% support tests - 2020. If the ormore than 33 1/3%</li> </ul>	Support Pe e 8, column (f), o chedule A, Part ment Incom (line 10c, colur (line 10c, colur))	rcentage divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su i line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15           16           17           18           33 1/3%, a           ation           pre than 3	and line 17 3 1/3%, an	► □ % % % is not 
<ul> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (line</li> <li>6 Public support percentage from 2020 Section D. Computation of Investr</li> <li>7 Investment income percentage for 2021</li> <li>8 Investment income percentage from 202</li> <li>9a 33 1/3% support tests - 2021. If the ormore than 33 1/3%, check this box and</li> <li>b 33 1/3% support tests - 2020. If the ormore than 33 1/3%, check</li> </ul>	Support Pe e 8, column (f), o chedule A, Part ment Incom (line 10c, colur 20 Schedule A, ganization did r stop here. The ganization did r this box and st	ercentage divided by line 13, III, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or cop here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su I line 14 or line 19a nization qualifies as	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15           16           17           18           33 1/3%, a           ation           orre than 3           orted orga	and line 17 3 1/3%, an nization	► □ % % % is not 
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the order this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Societion D. Computation of Investre</li> <li>Investment income percentage for 2021</li> <li>Investment income percentage from 2029</li> <li>33 1/3% support tests - 2021. If the order more than 33 1/3%, check this box and</li> <li>b 33 1/3% support tests - 2020. If the order line 18 is not more than 33 1/3%, check</li> <li>Private foundation. If the organization of the order line of the order line of the order line 18 is not more than 33 1/3%.</li> </ul>	Support Pe e 8, column (f), o chedule A, Part ment Incom (line 10c, colur 20 Schedule A, ganization did r stop here. The ganization did r this box and st	ercentage divided by line 13, III, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or cop here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su I line 14 or line 19a nization qualifies as	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15           16           17           18           33 1/3%, a           ation           pre than 3           ported orga           structions	and line 17 3 1/3%, an nization	► □ % % % is not id ► □ id
<ul> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the orcheck this box and stop here</li> <li>Ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Section D. Computation of Investration of Investration of Investration and stop percentage for 2021</li> <li>Investment income percentage for 2021</li> <li>Investment income percentage for 2021</li> <li>Investment income percentage from 2020</li> <li>A 33 1/3% support tests - 2021. If the organize that 33 1/3%, check this box and b 33 1/3%, support tests - 2020. If the organize that 33 1/3%, check</li> </ul>	Support Pe e 8, column (f), o chedule A, Part ment Incom (line 10c, colur 20 Schedule A, ganization did r stop here. The ganization did r this box and st	ercentage divided by line 13, III, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or cop here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su I line 14 or line 19a nization qualifies as	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15           16           17           18           33 1/3%, a           ation           pre than 3           ported orga           structions	and line 17 3 1/3%, an nization	► □ % % % is not 

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A (Form 990) 2021

2021.04030 CRITICAL ROLE FOUNDATION

17

Sche	dule A (Form 990) 2021 CRITICAL ROLE FOUNDATION	33-278784	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	fficers, ported		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee insti	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	itv (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	-, ,	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
d	bid substantiany and the organization's activities during the tax year directly turtiler the exempt pulposes of			

- The supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | Schedule A (Form 990) 2021

CRITIC11

2a

2b

За

2021.04030 CRITICAL ROLE FOUNDATION

18

15551026 795635 CRITIC1601

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

ect	ion A - Adjusted Net Income		e Sections A through E.	(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 <b>Part VI</b> ):			
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		
	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		

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

15551026 795635 CRITIC1601

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	(i)(ii)E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributionPre-2021			s	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021			FOUNDATION		83-2787844 Pa
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c n D, lines 2 and 3; Par	, 5a, 6, 9a, 9 t IV, Section	b, 9c, 11a, 11b, and 11c; E, lines 1c, 2a, 2b, 3a, and	ine 10; Part II, line 17a or <sup>-</sup> Part IV, Section B, lines 1 a d 3b; Part V, line 1; Part V, e this part for any addition	I7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V
20020 01 04 2	00					Schedule A (Form 990)
32028 01-04-2	.2			21	ROLE FOUNDAT	Schedule A (FOITH 990)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (abook ano):

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

OMB No. 1545-0047

7112

Employer identification number

83-278784	14
-----------	----

CRITTCAL.	RUI'E	FOUNDATION
CULTICUU	<b>NODE</b>	LOONDAITON

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 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

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

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

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

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

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

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

#### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CRITICAL ROLE FOUNDATION

83-2787844

	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAPERE AUDE - GOLDMAN SACHS PHILANTHROPY FUND		Person X
	PO BOX 15203	\$50,000.	Payroll       Noncash       (Complete Part II for
	ALBANY, NY 12212		noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2	FIDELITY CHARITABLE FUND		Person X Payroll
	200 SEAPORT BOULEVARD	\$5,000.	Noncash (Complete Part II for
	BOSTON, MA 02210		noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
3	SCHWAB CHARITABLE FUND		Person X Payroll
	211 MAIN STREET	\$10,000.	Noncash (Complete Part II for
	SAN FRANCISCO, CA 94105		noncash contributior
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
			Person Payroll
		\$	Noncash (Complete Part II for
			noncash contributior
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
			Person
		\$	Payroll Noncash
		\$	Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	\$ (c) Total contributions	Payroll Noncash (Complete Part II for noncash contribution (d)
		(c)	Payroll Noncash (Complete Part II for noncash contribution (d) Type of contribut
		(c)	Payroll Noncash (Complete Part II for noncash contribution (d) Type of contributi

Schedule B (Form 990) (202	21)	
----------------------------	-----	--

Name of organization

Employer identification number

83 - 2787844

CRITICAL ROLE FOUNDATION

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
		\$	
3453 11-11-21	24		Schedule B (Form 990)

Schedule	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
CRITI	CAL ROLE FOUNDATION		83-2787844
Part III	from any one contributor. Complete columns	(a) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 🕨 \$
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		·	
		(e) Transfer of gif	
	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 gif	
	Transferee's name, address,	and 7IP + 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		(0) 000 01 girt	
		(e) Transfer of gif	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		·	
		(e) Transfer of gif	t i i i i i i i i i i i i i i i i i i i
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
123454 11-1	1-21	25	Schedule B (Form 990) (2021)

15551026 795635 CRITIC1601 2021.04030 CRITICAL ROLE FOUNDATION

CRITIC11

SCHEDULE D

Department of the Treasury

Internal Revenue Service

#### (Form 990)

## **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.



Employer identification number 83 - 2787844

Name of the organization

#### CRITICAL ROLE FOUNDATION

		(a) Donor advised funds	(b) Funds and other account
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor ad	lvised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes [
	Did the organization inform all grantees, donors, and donor are for charitable purposes and not for the benefit of the donor o impermissible private benefit?	r donor advisor, or for any other purpo	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea	·	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fo	
	day of the tax year.		Held at the End of the
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		ucture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organization during the tax
	year ►		
	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
'ar	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub	, , ,	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items:		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		• •
	If the organization received or held works of art, historical trea		icial gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		> \$

-		L ROLE FOU				-2787844 Page	<b>∋ 2</b>
Par	t III Organizations Maintaining C		-	-		. ,	
3	Using the organization's acquisition, accessi collection items (check all that apply):	ion, and other record	ls, check any of the	e following that make	significant use	of its	
а	Public exhibition	d	Loan or exe	change program			
b	Scholarly research	е					
с	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	empt purpose i	in Part XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or other simil	ar assets		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's c	ollection?		Yes N	lo
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Yes" o	n Form 990, Pa	art IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other assets no	t included		
	on Form 990, Part X?					🔛 Yes 🔛 N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
						Amount	
	Beginning balance						
	Additions during the year						
e	Distributions during the year						
T O-	Ending balance					Yes N	
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •		lo
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i						
		(a) Current year	(b) Prior year			back (e) Four years bac	ck
19	Beginning of year balance	(,	(2)	(0) *** 9****	(,	(0) * * * * * * * *	
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
-	and programs						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:	•		
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
с	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered for	the organizatio		
	by:					Yes N	0
	(i) Unrelated organizations						
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiza			?		3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipm		Dout IV line 110	Cas Farm 000 Dart )	(line 10		
	Complete if the organization answere						
	Description of property	<b>(a)</b> Cost or o basis (investn		• • •	Accumulated epreciation	(d) Book value	
1a	Land						
	Buildings						
с	Leasehold improvements						
	Equipment						
	Other						_
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)	►	0	).

Schedule D (Form 990) 2021

132052 10-28-21

15551026 795635 CRITIC1601

Schedule D (Form 990) 2021 CF	ITICAL ROLE	FOUNDATION
-------------------------------	-------------	------------

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) BOOK value	(c) Method of Valdation. Cost of end	oryear market value
<ol> <li>(1) Financial derivatives</li> <li>(2) Closely held equity interests</li> </ol>			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	FITE OF TIT. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			hat reports the
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2021

132053 10-28-21

15551026 795635 CRITIC1601

Chedule D (Form 990) 2021 CRITICAL ROLE FOUNDAT. Part XI Reconciliation of Revenue per Audited Financial S			8/844 Page 4
Complete if the organization answered "Yes" on Form 990, Part IV			
1 Total revenue, gains, and other support per audited financial statements		1	849,130
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			010,200
a Net unrealized gains (losses) on investments	2a		
<ul> <li>b Donated services and use of facilities</li> </ul>			
		2e	0
0			849,130
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li> </ul>			049,190
	4a		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			0
c Add lines 4a and 4b			849,130
5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial			-
		inses per neturn	•
Complete if the organization answered "Yes" on Form 990, Part IV		1	856,297
1 Total expenses and losses per audited financial statements			030,291
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			0
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	856,297.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIII.)	4b		•
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		856,297
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		Part V, line 4; Part X,	line 2; Part XI,

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE

TAX CODE AND CORRESPONDING SECTIONS OF THE CALIFORNIA REVENUE AND TAXATION

CODE, EXCEPT FOR TAXES ON NET UNRELATED BUSINESS INCOME. SINCE THE

FOUNDATION HAD NO UNRELATED BUSINESS INCOME FOR 2021 AND 2020, NO

PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

#### IN ACCORDANCE WITH FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES, THE FOUNDATION EVALUATES ANNUALLY ANY UNCERTAIN TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN BY APPLYING A THRESHOLD OF MORE

LIKELY THAN NOT FOR RECOGNITION. MANAGEMENT EVALUATED ITS TAX POSITIONS

AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2021
132054 10-28-21
Schedule D (Form 990) 2021
29

15551026 795635 CRITIC1601 2021.04030 CRITICAL ROLE FOUNDATION CRITIC11

WOULD	BE	CLASSIFIED	AS	TAX	EXPENSE	IN	THE	STATE	MENT	OF	ACTIVITIE	IS.
									-		-	
											Only -1	
132055 10-28-3	21										Sched	ule D (Form 990) :
102000 10 20 1							30					

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization CRITICAL	ROLE FOUN		-				Employer identification number 83-2787844
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	stance?						tion X Yes No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					nization answered "	(aall on Form 000, Dar	t N/ line O1 for any
Part II Grants and Other Assistance to recipient that received more than	-				anization answered	res on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
							TO SUPPORT STUDENTS WITH
826LA							THEIR WRITING SKILLS AND
1714 W. SUNSET BLVD							HELP TEACHERS INSPIRE
LOS ANGELES, CA 90026	38-3722092	501(C)(3)	226,336.	0.			THEIR STUDENTS TO WRITE.
							TO SUPPORT THE IMMEDIATE
ALL HANDS AND HEARTS				K			AND LONG-TERM NEEDS OF
6 COUNTRY ROAD, SUITE 6							COMMUNITIES IMPACTED BY
MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	10,000.	0.			NATURAL DISASTERS.
							TO SUPPORT THE ASIAN AND
ASIAN PACIFIC FUND							PACIFIC ISLANDER
465 CALIFORNIA STREET, SUITE 809							COMMUNITY IN THE BAY
SAN FRANCISCO, CA 94104	94-3201522	501(C)(3)	10,000.	٥.			AREA.
							TO SUPPORT THE RECOVERY
CARE USA FOUNDATION INC.							PROCESS FOR WOUNDED AND
12101 NEW HAMPSHIRE AVE							DISABLED MILITARY MEN AND
SILVER SPRING, MD 20904	80-0791500	501(C)(3)	10,000.	٥.			WOMEN.
							TO SUPPORT THE THE ANNUAL
COMIC RELIEF INC.							NATION-WIDE FUNDRAISING
28 LIBERTY STREET 35TH FLOOR							CAMPAIGN, RED NOSE DAY,
NEW YORK, NY 10005	01-0885377	501(C)(3)	76,336.	0.			TO END CHILD POVERTY.
HOPE FOR HAITI, INCORPORATED PO BOX 496							TO SUPPORT EDUCATION AND HELP THE COMMUNITIES OF
WESTMINSTER, MD 21158	20-3652579	501(C)(3)	15,000.	0.			HAITI.
2 Enter total number of section 501(c)(3) a			,				· • • • • • • • • • • • • • • • • • • •
3 Enter total number of other organization	-						• • • • • • • • • • • • • • • • • • •
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

### Schedule I (Form 990) CRITICAL ROLE FOUNDATION

03-2/0/044 Page 1	83-2787844	Page 1
-------------------	------------	--------

organization or governmentinif applicablecash grantinoncash assistancerolocash assistanceior assistanceNO US WITHOUT YOU LA 768 S BOYLE AVE LOS ANGELES, CA 9002385-0878455501(c)(3)15,000.0.NO US WITHOUT YOU LA POR DISEMPRANCHISE BOSPTALTY WORKER BOSPTALTY WORKER S TAULY SUITE 1-250 AUSTIN, TX 7873585-0878455501(c)(3)15,000.0.NO US WITHOUT YOU LA POR DISEMPRANCHISE BOSPTALTY WORKER BOSPTALTY WORKER S 10(c)(3)96,263.0.NO US WITHOUT YOU LA POR DISEMPRANCHISE BOSPTALTY WORKER POR DISEMPRANCHISE BOSPTALTY WORKERS.SPD7500 RIALTO BLVD SUITE 1-250 AUSTIN, TX 7873527-3842517501(c)(3)96,263.0.PAMILY MEMBERS.SUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH ST 17TH PLOOR NEW YORK, NY 1001794-3139952501(c)(3)76,336.0.NO SUPPORT HUMAN R PO SUPPORT UNDERFU CUTTING-EDGE PEDLA DO SUPPORT UNDERFU CUTTING-EDGE PEDLA DO SUPPORT UNDERFU CUTTING-EDGE PEDLA DO SUPPORT NORFUL CUTTING-EDGE PEDLA DO SUPPORT HUMAN R ESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT ELSO7 - XEW YORK, NY 1000226-3006100501(c)(3)26,336.0.NO SUPPORT HALTO SUPPORT HALTO SUPPORT HUMAN R ESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT ELSO7 - XEW YORK, NY 1000282-2737963501(c)(3)160,000.0.NO SUPPORT CHILDRE ENDIA'S LOWEST CASWORKEN FOR AFGHAN WORKEN 158-24 73 AVENUE26-4188445501(c)(3)160,000.0.NO SUPPORT AFGHAN FO SUPPORT AFGHANNOWEN FOR AFGHAN WOMEN 158-24 73 AVENUE26-4188445								
NO US WITHOUT YOU LA FOR DISENFRANCHISE HOSPITALITY WORKER SOULD SOL SOL SOL SOL SOL SOL SOL SOL	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
768 S BOYLE AVE       85-0878455       501(C)(3)       15,000.       0.       NOSPITALITY WORKER         LOS ANGELES, CA 90023       85-0878455       501(C)(3)       15,000.       0.       APFECTED BY THE PA         DSD       7500 RIALTO BLVD SUITE 1-250       27-3842517       501(C)(3)       96,263.       0.       PAMILY MEMBERS.         DUTRIGHT ACTION INTERNATIONAL       27-3842517       501(C)(3)       76,336.       0.       PAMILY MEMBERS.         DUTRIGHT ACTION INTERNATIONAL       94-3139952       501(C)(3)       76,336.       0.       PAL PEOPOELE.         NEW YORK, NY 10017       94-3139952       501(C)(3)       76,336.       0.       PAL PEOPOELE.         ABLOVE FOUNDATION INC       501(C)(3)       76,336.       0.       PAL PEOPOELE.       POUDATION INC         G607 W SUNSET BLVD       26-3006100       501(C)(3)       76,336.       0.       POUPOT WERESERANG AND CONTINUE POUNDATION INC       5501(C)(3)       76,336.       0.       POUPOT WERESERANG AND CONTINUE POUNDATION INC       S51(C)(3)       76,336.       0.       POUPOT WERESERANG AND CONTINUE POUNDATION INC       S51(C)(3)       76,336.       0.       POUNDATION INC       S51(C)(3)       POUDATION INC       S55,000.       POUDATION INC       S55,000.       POUDATION INC       S55,000.       POUD								TO SUPPORT FOOD RELIEF
LOS ANGELES, CA 90023         85-0878455         \$01(c)(3)         15,000.         0.         APFECTED BY THE PA           OGD 7500 RIALTO BLVD SUITE 1-250 AUSTIN, TX 78735         27-3842517         \$01(c)(3)         96,263.         0.         FAMILY MEMBERS.           OUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH ST 17TH FLOOR         27-3842517         \$01(c)(3)         76,336.         0.         FAMILY MEMBERS.           OUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH ST 17TH FLOOR         94-3139952         \$01(c)(3)         76,336.         0.         FA         FO SUPPORT UNDERFU CUTTING-EDGE PEDIA CANCER RESEARCH AN LOS ANGELES, CA 90028         26-3006100         \$01(c)(3)         76,336.         0.         FO SUPPORT UNDERFU CUTTING-EDGE PEDIA CANCER RESEARCH AN LOS ANGELES, CA 90028         26-3006100         \$01(c)(3)         76,336.         0.         FO SUPPORT UNDERFU CUTTING-EDGE PEDIA CANCER RESEARCH AN LOS ANGELES, CA 90028         26-3006100         \$01(c)(3)         76,336.         0.         FO SUPPORT UNDERFU CUTTING-EDGE PEDIA CANCER RESEARCH AN LOS ANGELES, CA 90028         26-3006100         \$01(c)(3)         76,336.         0.         FO SUPPORT HAKING RESTAURANT MORKER SCOMMUNITY RESTAURANT MORKER SCOMMUNITY RESTAURANT MORK, NY 10002         82-2737963         \$01(c)(3)         150,000.         0.         FO SUPPORT CHILDRE FO SUPPORT AFGHAN WOMEN FOR AFGHAN WOMEN								
OSD         OSD         TO         SUPport         VEX           7500 RIALTO BLVD SUITE 1-250         27-3842517         501(C)(3)         96,263.         0.         FAMILY MEMBERS.           OUTRIGHT ACTION INTERNATIONAL         216         EAST 45TH ST 17TH FLOOR         D         DF ALL PEOPLE.         D           NEW YORK, NY 10017         94-3139952         501(C)(3)         76,336.         0.         OF ALL PEOPLE.           PABLOVE FOUNDATION INC         6607 W SUNSET BLVD         DO SUPPORT UMBERFU         CUTTING-EGG PEDLA         CANCER RESERACH AN           LOS ANGELES, CA 90028         26-3006100         501(C)(3)         76,336.         0.         IMPROVE THE LIVES           RESTAURANT WORKERS COMMUNITY         FOUNDATION INC - 575 GRAND ST APT         82-2737963         501(C)(3)         15,000.         0.           SHANTI EHAVAN CHILDREN'S PROJECT         12819 SE 38TH ST #48         501(C)(3)         160,000.         0.         INDIA'S LOWEST CAS           NOMEN FOR AFGHAN WOMEN         158-24 73 AVENUE         TO SUPPORT AFGHAN         TO SUPPORT AFGHAN		85-0878455	501(C)(3)	15 000	0			
7500 RIALTO BLVD SUITE 1-250 AUSTIN, TX 7873527-3842517501(C)(3)96,263.0.TO SUPPORT VETERAN FAMILY MEMBERS.OUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH ST 17TH FLOOR NEW YORK, NY 1001794-3139952501(C)(3)76,336.0.0.0.0.PABLOVE FOUNDATION INC 6607 W SUNSET BLVD LOS ANGELES, CA 9002826-3006100501(C)(3)76,336.0.0.0.0.0.RESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 1000226-2737963501(C)(3)15,000.0.0.0.0.SHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 36TH ST #48 BELLEVUE, WA 9800626-4188445501(C)(3)160,000.0.0.0.0.WOREN FOR AFGHAN WOMEN 158-24 73 AVENUE26-4188445501(C)(3)160,000.0.0.0.0.		05 0070455	501(0)(3)	15,000.				AFFECTED DI THE TANDEMIC
AUSTIN, TX 78735       27-3842517       501(C)(3)       96,263.       0.       FAMILY MEMBERS.         DUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH ST 17TH FLOOR       94-3139952       501(C)(3)       76,336.       0.       FO SUPPORT HUMAN R DP ALL PROPLE.         NEW YORK, NY 10017       94-3139952       501(C)(3)       76,336.       0.       FO SUPPORT HUMAN R DP ALL PROPLE.         ABLOVE FOUNDATION INC       6607 W SUNSET BLVD       501(C)(3)       76,336.       0.       FO SUPPORT UNDERFU CUTTING-EDGE PEDIA CANCER RESEARCH AN LOS ANGELES, CA 90028       26-3006100       501(C)(3)       76,336.       0.       IMPROVE THE LIVES         RESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 10002       82-2737963       501(C)(3)       15,000.       0.       MOSPITABLE TO EVER FO SUPPORT CHILDREN'S PROJECT 12819 SE 387H ST #48 BELEVUE, WA 98006       26-4188445       501(C)(3)       160,000.       0.       FO SUPPORT CHILDRE FO SUPPORT CHILDRE FO SUPPORT CHILDRE FO SUPPORT CHILDRE FO SUPPORT AFGHAN WOMEN       26-4188445       501(C)(3)       160,000.       0.       FO SUPPORT AFGHAN	OSD							
DUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH ST 17TH FLOOR NEW YORK, NY 10017 94-3139952 501(C)(3) 76,336. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	7500 RIALTO BLVD SUITE 1-250							TO SUPPORT VETERANS AND
NEW YORK, NY 10017 94-3139952 501(C)(3) 76,336. 0. OF ALL PEOPLE. PABLOVE FOUNDATION INC 6607 W SUNSET BLVD LOS ANGELES, CA 90028 26-3006100 501(C)(3) 76,336. 0. IMPROVE THE LIVES RESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 10002 82-2737963 501(C)(3) 15,000. 0. O. TO SUPPORT MAKING RESTAURANT IBHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 98006 26-4188445 501(C)(3) 160,000. 0. O. TO SUPPORT CHILDRE INDIA'S LOWEST CAS WOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE	AUSTIN, TX 78735	27-3842517	501(C)(3)	96,263.	0.			FAMILY MEMBERS.
216 EAST 45TH ST 17TH FLOOR NEW YORK, NY 1001794-3139952501(C)(3)76,336.0.TO SUPPORT HUMAN R OF ALL PEOPLE.PABLOVE FOUNDATION INC 6607 W SUNSET BLVD LOS ANGELES, CA 9002826-3006100501(C)(3)76,336.0.TO SUPPORT UNDERFU CUTTING-EDGE PEDIA CANCER RESEARCH AN IMPROVE THE LIVESRESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 1000226-2737963501(C)(3)15,000.0.SHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 9800626-4188445501(C)(3)160,000.0.WOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE26-4188445501(C)(3)160,000.0.TO SUPPORT AFGHAN	ΟΠΦΡΤΩΗΦ ΔΟΦΙΟΝ ΙΝΦΕΡΝΔΦΙΟΝΔΙ.							
NEW YORK, NY 10017 94-3139952 501(C)(3) 76,336. 0. OF ALL PEOPLE. PABLOVE FOUNDATION INC 6607 W SUNSET BLVD LOS ANGELES, CA 90028 26-3006100 501(C)(3) 76,336. 0. IMPROVE THE LIVES RESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 10002 82-2737963 501(C)(3) 15,000. 0. O. TO SUPPORT MAKING RESTAURANT IBHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 98006 26-4188445 501(C)(3) 160,000. 0. O. TO SUPPORT CHILDRE INDIA'S LOWEST CAS WOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE								TO SUPPORT HUMAN RIGHTS
PABLOVE FOUNDATION INC 6607 W SUNSET BLVD LOS ANGELES, CA 9002826-3006100501(C)(3)76,336.0.CUTTING-EDGE PEDIA CANCER RESEARCH AN IMPROVE THE LIVESRESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 1000282-2737963501(C)(3)15,000.0.FO SUPPORT MAKING RESTAURANT INDUSTR HOSPITABLE TO EVERSHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 9800626-4188445501(C)(3)160,000.0.Improve the LivesWOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE26-4188445501(C)(3)160,000.0.Improve the Lives ro support AFGHAN	NEW YORK, NY 10017	94-3139952	501(C)(3)	76,336.	0.			
6607 W SUNSET BLVD LOS ANGELES, CA 9002826-3006100501(C)(3)76,336.0.CANCER RESEARCH AN IMPROVE THE LIVESRESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 1000282-2737963501(C)(3)15,000.0.TO SUPPORT MAKING RESTAURANT INDUSTR HOSPITABLE TO EVERSHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 9800626-4188445501(C)(3)160,000.0.TO SUPPORT CHILDRE INDIA'S LOWEST CASWOMEN FOR AFGHAN WOMEN 158-24 73 AVENUECaller Argenan Women TO SUPPORT AFGHANTo SUPPORT AFGHAN								TO SUPPORT UNDERFUNDED,
LOS ANGELES, CA 9002826-3006100501(C)(3)76,336.0.IMPROVE THE LIVESRESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 1000282-2737963501(C)(3)15,000.0.TO SUPPORT MAKING RESTAURANT INDUSTR HOSPITABLE TO EVERSHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 9800626-4188445501(C)(3)160,000.0.TO SUPPORT CHILDRE INDIA'S LOWEST CASWOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE26-4188445501(C)(3)160,000.0.TO SUPPORT AFGHAN	PABLOVE FOUNDATION INC							CUTTING-EDGE PEDIATRIC
RESTAURANT WORKERS COMMUNITY FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 10002 SHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 98006 26-4188445 501(C)(3) 160,000. 0. TO SUPPORT CHILDRE TO SUPPORT CHILDRE TO SUPPORT CHILDRE TO SUPPORT CHILDRE TO SUPPORT CHILDRE TO SUPPORT CHILDRE TO SUPPORT AFGHAN	6607 W SUNSET BLVD							CANCER RESEARCH AND
FOUNDATION INC - 575 GRAND ST APT       82-2737963       501(C)(3)       15,000.       0.       RESTAURANT INDUSTR         E1507 - NEW YORK, NY 10002       82-2737963       501(C)(3)       15,000.       0.       .       HOSPITABLE TO EVER         SHANTI BHAVAN CHILDREN'S PROJECT       26-4188445       501(C)(3)       160,000.       0.       .       India's Lowest CAS         BELLEVUE, WA 98006       26-4188445       501(C)(3)       160,000.       0.       .       India's Lowest CAS         YOMEN FOR AFGHAN WOMEN       158-24 73 AVENUE       India's Lowest CAS       India's Lowest CAS       India's Lowest CAS	LOS ANGELES, CA 90028	26-3006100	501(C)(3)	76,336.	٥.			IMPROVE THE LIVES OF
FOUNDATION INC - 575 GRAND ST APT E1507 - NEW YORK, NY 1000282-2737963501(C)(3)15,000.0.RESTAURANT INDUSTR HOSPITABLE TO EVERSHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 9800626-4188445501(C)(3)160,000.0.TO SUPPORT CHILDRE INDIA'S LOWEST CASWOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE26-4188445501(C)(3)160,000.0.To SUPPORT AFGHAN								TO CUEDODT MARING THE
E1507 - NEW YORK, NY 10002 SHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 98006 WOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE E1507 - NEW YORK, NY 10002 82-2737963 501(C)(3) 15,000. 0. 15,000. 0. 15,000. 0. HOSPITABLE TO EVER TO SUPPORT CHILDRE INDIA'S LOWEST CAS TO SUPPORT AFGHAN								
SHANTI BHAVAN CHILDREN'S PROJECT 12819 SE 38TH ST #48 BELLEVUE, WA 98006 26-4188445 501(C)(3) 160,000. 0. TO SUPPORT CHILDRE INDIA'S LOWEST CAS WOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE TO SUPPORT AFGHAN		82-2737963	501(C)(3)	15,000.	0.			HOSPITABLE TO EVERYONE.
12819 SE 38TH ST #48       26-4188445       501(C)(3)       160,000.       0.       TO SUPPORT CHILDRE INDIA'S LOWEST CAS         WOMEN FOR AFGHAN WOMEN       158-24 73 AVENUE       Image: Constraint of the second seco								
BELLEVUE, WA 98006         26-4188445         501(C)(3)         160,000.         0.         INDIA'S LOWEST CAS           WOMEN FOR AFGHAN WOMEN         158-24 73 AVENUE         India's Lowest cas         India's Lowest cas         India's Lowest cas	SHANTI BHAVAN CHILDREN'S PROJECT							
WOMEN FOR AFGHAN WOMEN 158-24 73 AVENUE TO SUPPORT AFGHAN	12819 SE 38TH ST #48							TO SUPPORT CHILDREN OF
158-24 73 AVENUE TO SUPPORT AFGHAN	BELLEVUE, WA 98006	26-4188445	501(C)(3)	160,000.	0.			INDIA'S LOWEST CASTE.
158-24 73 AVENUE TO SUPPORT AFGHAN	WOMEN FOR AFGHAN WOMEN							
								TO SUPPORT AFGHAN WOMEN
		02-0539734	501(C)(3)	10 000.	0.			
	,							•

Schedule I (Form 990)

Part III

CRITICAL ROLE FOUNDATION Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (d) Amount of non-(b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: PABLOVE FOUNDATION INC (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UNDERFUNDED, CUTTING-EDGE PEDIATRIC CANCER RESEARCH AND IMPROVE THE LIVES OF CHILDREN LIVING WITH

CANCER THROUGH THE ARTS.

Page 2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 83 - 2787844

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO SEPARATE COMMITTEES WITHIN THE GOVERNING BODY.

CRITICAL ROLE FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

ALL TAX FORMS WILL BE SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL PRIOR TO SUBMITTAL.

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

BOARD HOLDS AN END OF YEAR BOARD MEETING TO ELECT/RE-ELECT BOARD MEMBERS

AND REVIEW THE CONFLICT OF INTEREST POLICY AS A PART OF THAT DECISION

PROCESS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

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

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

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

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

print File by the due date for file gy our return. See instructions.       CRITICAL ROLE FOUNDATION         Number, street, and room or suite no. If a P.O. box, see instructions.       Number, street, and room or suite no. If a P.O. box, see instructions.         City, town or post office, state, and ZIP code. For a foreign address, see instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         BURBANK , CA 91504       91504         Enter the Return Code for the return that this application is for (file a separate application for each return)       Application         Application       Return       Application         Is For       Code       Is For         Form 990 or Form 990-EZ       01       Form 1041-A         Form 4720 (individual)       03       Form 4720 (other than individual)         Form 990-PF       04       Form 5227         Form 990-T (sec. 401(a) or 408(a) trust)       05       Form 6069         Form 990-T (trust other than above)       06       Form 8870         Form 990-T (corporation)       07       EDUARDO LOPEZ	
File by the due date for filing your return. See instructions.       Number, street, and room or suite no. If a P.O. box, see instructions.         City, town or post office, state, and ZIP code. For a foreign address, see instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         Enter the Return Code for the return that this application is for (file a separate application for each return)       Return         Application       Return         Is For       Code         Form 990 or Form 990-EZ       01         Form 4720 (individual)       03         Form 990-PF       04         Form 990-T (sec. 401(a) or 408(a) trust)       05         Form 990-T (trust other than above)       06         Form 990-T (corporation)       07	83-2787844
Instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         BURBANK, CA 91504         Enter the Return Code for the return that this application is for (file a separate application for each return)         Application         Is For         Form 990 or Form 990-EZ         Form 4720 (individual)         Form 990-PF         Form 990-T (sec. 401(a) or 408(a) trust)         Form 990-T (trust other than above)         Form 990-T (corporation)	
ApplicationReturnApplicationIs ForCodeIs ForForm 990 or Form 990-EZ01Form 1041-AForm 4720 (individual)03Form 4720 (other than individual)Form 990-PF04Form 5227Form 990-T (sec. 401(a) or 408(a) trust)05Form 6069Form 990-T (trust other than above)06Form 8870Form 990-T (corporation)07Form 800	
Is For         Code         Is For           Form 990 or Form 990-EZ         01         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           Form 990-T (corporation)         07         Form 800	0 1
Form 990 or Form 990-EZ         01         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           Form 990-T (corporation)         07         Form 8870	Return
Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           Form 990-T (corporation)         07         V	Code
Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           Form 990-T (corporation)         07         07	08
Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           Form 990-T (corporation)         07	09
Form 990-T (trust other than above)     06     Form 8870       Form 990-T (corporation)     07	10
Form 990-T (corporation) 07	11
Form 990-T (corporation) 07	12
EDUARDO LOPEZ	
the organization named above. The extension is for the organization's return for: ► I calendar year 2021 or ► tax year beginning, and ending, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period	the whole group, check this
3a       If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less         any nonrefundable credits. See instructions.       3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	-
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	-
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c	<u>\$</u> 0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8879-TE for payment

15551026 795635 CRITIC1601