| Form | 990 |
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| ⊦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 | ¹⁹ 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 |
| n | 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. 858 | 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 990 (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 |
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| | 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? Note: 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 |
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| Form 990 | (2021) |
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| 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 | 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 | Note: 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 90 | |
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| Form 990 | (2021) |) |
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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 |
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| 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? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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> iection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization nove during the organization to review this Form 990. 12a Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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> 13 Did the organization have a written document retention and destruction policy? 14 Ho organization have a written document retention and destruction policy? a Did the organization have a written document retention and destruction policy? b U di the organization have a written document reten | 7b 8a 8b | x |
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| a The organization's CEO, Executive Director, or top management official | | |
| | | |
| 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 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 | | |
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| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate |
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| | 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) | | | |
|--|----------------------------|----------|---------|-------------------------------|--------|------------|------------|-----------|----|------------|------------------------|
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2021.04030 CRITICAL ROLE FOUNDATION

| | 990 (2021) CRITICAL | ROLE FO | JUN | 1DZ | AT I | 101 | N | | | 83-2 | 7878 | 844 | Pa | age 8 |
|-----|---|--|--------------------------------|-----------------------|---------|---------------------------------|---------------------------------|--------|---|---|--------|-------------------|--|----------------|
| 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 tion more rson i | than o is botl pr/trus | h an | (D) Reportable compensation from | (E) 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 |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 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 former 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. Independent Contractors | - | | | | - | | | - | | | 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 | 990 (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 | | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) 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 | 12 9 12-09 | Total revenue. See instructions | ► | 849,130. | 0. | 0. | 0 • Form 990 (2021 |

Form 990 (2021)

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| 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) | | | | |

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Form **990** (2021)

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CRITIC11

CRITICAL ROLE FOUNDATION

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| 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 | | | |
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| 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 | |
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Form 990 (2021) Part X Balance Sheet

| Form | 1990 (2021) CRITICAL ROLE FOUNDATION | 83-278 | 7844 | Pac | je 12 |
|------|--|------------|------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 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 | 990 (| 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 sectio | 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 s e | ection 170 | (b)(1)(A)(ii | ii). | | |
| 1 [| | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | 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 | | | | | | | |
| 3 [| | 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 | |
| a [| | 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 | |
| n [| | 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 | V | 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 | | Type I. 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 | | Type II. A supporting org | | | | | - | | - |
| | | control or management o | | | ame perso | ons that co | ontrol or mana | age the sup | ported |
| | _ | organization(s). You mus | - | | | | | | |
| 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). You must con | nplete Part IV, Sections | s A and D, | and Part | V . | | |
| 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 | | 0 () | | <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) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 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) 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 stop | | | | | | ► 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 |

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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) 🕨 🔄 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 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 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) 2018 | (c) 2019 | (d) 2020 | (e) 2 | 021 | (I) TOTAI |
| 0 a Gross income from interest, | | | | | | | |
| dividends, payments received on | | | | | | | |
| securities loans, rents, royalties, | | | | | | | |
| and income from similar sources | | | | | | | |
| b Unrelated business taxable income | | | | | | | |
| (less section 511 taxes) from businesses | | | | | | | |
| acquired after June 30, 1975 | | | | | | | |
| c Add lines 10a and 10b | | | | | | | |
| 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.) | | | | | | | |
| 3 Total support. (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, |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the compared of the form 100 is for the compared of the compared of | - | | | | | - | |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the orcheck this box and stop here Section C. Computation of Public | | | | | | - | |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public | Support Pe | rcentage | | | | - | > |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public Public support percentage for 2021 (line | Support Pe | rcentage divided by line 13, | column (f)) | | 15 | - | ►□ % |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public 5 Public support percentage for 2021 (line 6 Public support percentage from 2020 Set | Support Pe 8, column (f), o chedule A, Part | ercentage divided by line 13, : III, line 15 | column (f)) | | | - | ►□ % |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Se ection D. Computation of Investr | Support Pe 8, column (f), c chedule A, Part ment Incom | divided by line 13, III, line 15 | column (f)) | | 15 16 | - | ►□ % |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Investre 7 Investment income percentage for 2021 | Support Pe 8, column (f), c chedule A, Part nent Incom (line 10c, colu | divided by line 13, III, line 15 III Percentage mn (f), divided by li | column (f)) ne 13, column (f)) | | 15 16 17 | - | ►□ % |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Investment Investment income percentage for 2021 Investment income percentage from 2020 | 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 Percentage mn (f), divided by li Part III, line 17 | column (f)) ne 13, column (f)) | | 15 16 17 18 | | ►□ % % |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Investr Investment income percentage for 2021 Investment income percentage from 202 3 3 1/3% support tests - 2021. If the org | 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 Percentage 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 | | ►□ % % |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Investre Investment income percentage from 2021 | 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 Percentage 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 |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public 5 Public support percentage for 2021 (line 6 Public support percentage from 2020 Section D. Computation of Investr 7 Investment income percentage for 2021 8 Investment income percentage from 202 9a 33 1/3% support tests - 2021. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the ormore than 33 1/3% | 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 |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the orcheck this box and stop here ection C. Computation of Public 5 Public support percentage for 2021 (line 6 Public support percentage from 2020 Section D. Computation of Investr 7 Investment income percentage for 2021 8 Investment income percentage from 202 9a 33 1/3% support tests - 2021. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the ormore than 33 1/3%, check | 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 |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the order this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Societion D. Computation of Investre Investment income percentage for 2021 Investment income percentage from 2029 33 1/3% support tests - 2021. If the order more than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the order line 18 is not more than 33 1/3%, check 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%. | 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 |
| Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orcheck this box and stop here Ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Investration of Investration of Investration and stop percentage for 2021 Investment income percentage for 2021 Investment income percentage for 2021 Investment income percentage from 2020 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 | 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among 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 | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | 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 Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| 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 Part VI 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

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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 Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | 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 _{(continu} | 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 Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | 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 ⁻ 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 |
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| 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 | NODE | 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 not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

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

| | Contributors (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: | | . . |
| | (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 | ∋ 2 |
|---------|---|--|------------------------|------------------------|---|-------------------------|------------|
| 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. t V 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 | (a) 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 |
|-------------------------------|-------------|------------|
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| 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 |
| (1) Financial derivatives (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (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) | | |
| Liability for uncertain tax positions. In Part XIII, provide | | | 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 | | |
| b Donated services and use of facilities | | | |
| | | | |
| | | | |
| | | 2e | 0 |
| 0 | | | 849,130 |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 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 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. |
|----------------|----|------------|----|-----|---------|----|-----|-------|------|----|-----------|--------------------|
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| 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 |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) 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 |
|-------------------|------------|--------|
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| 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 | | | | | | | | |
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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) | |
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| 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 |

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