#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CRITICAL ROLE FOUNDATION 83-2787844 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 91504 BURBANK, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form. than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 12 Form 990-T (trust other than above) 064 70 Form 990-T (corporation) EDUARDO LOPEZ BURBANK, CA 91504 The books are in the care of Telephone No. ► 858-558-9200 Fax No. b siness in the United States, check this box If the organization does not have an office or plag If this is for a Group Return, enter the organization four dig Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. box 

. If it is for part of the group, check thi NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

223841 04-01-22

# 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.

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identifie	cation number
	Addres	S CRITICAL ROLE FOUNDATION	ON			
	Name change				83-27878	44
	Initial return Final	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite		r
	return/ termin-		71D (			871,974.
	ated Ameno	City or town, state or province, country, and BURBANK, CA 91504	ZIP or foreign postal code		G Gross receipts \$	
	return Applica		KIIG KORO		H(a) Is this a group re for subordinates	
	tion pendin	SAME AS C ABOVE	NOD NONO		H(b) Are all subordinates in	
_	Tay.eye	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	7 ` <i>'</i>	list. See instructions
	Websit			01 321	H(c) Group exemptio	
			sociation Other	I Year		N State of legal domicile: CA
	art I	Summary		<b>L</b> 1001	or formation: 2020 N	or orace or legal dofficie.
		Briefly describe the organization's mission or most	significant activities: TO L	EAVE I	HE WORLD BE	TTER THAN
9	<u> </u>	WE FOUND IT.			-	
Activities & Governance	2		ntinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ϋ́	3	Number of voting members of the governing body	·	4	3	5
ç	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	5
o U	5 5	Total number of individuals employed in calendar y			5	0
<u>.</u>	6	Total number of volunteers (estimate if necessary)			6	0
. <u>≥</u>	7 a	Total unrelated business revenue from Part VIII, co			7a	0.
ď	: b	Net unrelated business taxable income from Form			7b	0.
					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			849,130.	871,974.
1	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d 8c			0.	0.
	1	Total revenue - add lines 8 through 11 (mus qu.1			849,130.	871,974.
		Grants and similar amounts paid (Part IX, umn (			796,659.	790,523.
	1	Benefits paid to or for members (Part IX, c mn (A	_		0.	0.
ď	45	Salaries, other compensation, employee ben			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.
ā	<u>.</u> b	Total fundraising expenses (Part IX, column (D), line		0.		
ц	17	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		59,638.	81,865.
		Total expenses. Add lines 13-17 (must equal Part I)			856,297.	872,388.
	19	Revenue less expenses. Subtract line 18 from line			-7,167.	-414.
or	S.	·		Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			150,068.	228,283.
Ass	21	Total liabilities (Part X, line 26)			4,501.	83,129.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		145,567.	145,154.
Р	art II	Signature Block				
Und	der pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	hich preparer	has any knowledge.	
Sig		Signature of officer			Date	
He	re	MARKUS KORO, SECRETARY				
		Type or print name and title			D	L pru
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai		MARY MCGROARTY			11/6/2023 self-employ	
	parer	Firm's name EISNER ADVISORY GI			Firm's EIN 8	7-1353108
Use	Only	Firm's address 4225 EXECUTIVE SQI		)		0 550 0000
_		LA JOLLA, CA 9203			Phone no. 85	8-558-9200
Ma	v the IF	RS discuss this return with the preparer shown about	ve? See instructions			X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	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 hedule 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 "Yes," complete Schedule D,			l
	Part VI	11a		X
b	Did the organization report an amount for investments - other security in P X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		X
С	Did the organization report an amount for investments - prog ted 1 t X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Sch le D, P VIII	11c		X
d	Did the organization report an amount for other assets in t X, line that is 5% or more of its total assets reported in	l		37
	Part X, line 16? If "Yes," complete Schedule D, Pa t IX	11d	v	X
	Did the organization report an amount for othe il ies in Par , line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	y ,		х	
40-	the organization's liability for uncertain tax po ns und IN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independen d financial statements for the tax year? If "Yes," complete	40-	Х	
<b>L</b>	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		\ x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the constitution assistation as affice constitution as the state of the Heiland Obstaco	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		1
J	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	1		
	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	"		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	and the second s	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) CRITICAL ROLE FOUNDATION

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the executation report more than \$5,000 of grants or other assistance to or for democitic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23		X
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del></del>
214	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		
25a	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Sche e L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former offic director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant select ee member, or to a 35% controlled	07		X
00	entity (including an employee thereof) or family member of any of these persons? If "Ye omplete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the f			
_	instructions for applicable filing thresholds, conditions, and exception  A current or former officer, director, trustee, key employee, creator or trustee, key employee, creato			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or anizatio described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 n.n.cash con butions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of historic easures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or disso cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del>                                     </del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<del>"</del>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V	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 Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
_	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper or which it was required to file Form 8282?	70		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a pers benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirect personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual pr ty, d he organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised fun a don dvised fund maintained by the			
	sponsoring organization have excess business holdings a ny timong the year? N/A	8		
9	Sponsoring organizations maintaining donor advised ds.			
а	Did the sponsoring organization make any taxable distribu un ection 4966? N/A	9a		
b	Did the sponsoring organization make a distrib no a donor, nor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions includ			
b	Gross receipts, included on Form 990, Part VIII, 1 or public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

CRITICAL ROLE FOUNDATION 83-2787844 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? ...... X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section organization's mailing address? If "Yes." provide the names and addresses on Schedule Section B. Policies (This Section B requests information about policies red by the Internal Revenue Code. Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and proce overn he activities of such chapters, affiliates, and branches to ensure their operations are consistent with he org ation s exempt purposes? Х 11a Has the organization provided a complete copy of this Fo 990 to a embers of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the o ati o review this Form 990. Х 12a Did the organization have a written conflict of i s policy? If No," go to line 13 12a Х b Were officers, directors, or trustees, and key emploss required disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently nitor a enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done ..... Х Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Own website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records EDUARDO LOPEZ - 858-558-9200

> BURBANK 91504

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

Name and title  Average hours per week (list any hours for related organizations below line)  (1) ASHLEY JOHNSON  PRESIDENT/BOARD MEMBER  (2) MATTHEW MERCER VICE PRESIDENT/BOARD MEMBE  (3) MARKUS KORO SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ  TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC)  Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC)  Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC)  Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per son is both an officer and a director/frustee)  Average hours per so is both an officer and a director/frustee)  Average hours per so is both an officer and a director/frustee)  Average hours per so is both an officer and a director/frustee)  Average hours per so is both an officer and a director/frustee)  Average hours p	X Check this box if neither the organizat (A)	(B)				C)	•		(D)	(E)	(F)
hours per week (list any hours for related organizations below line)  (1) ASHLEY JOHNSON  PRESIDENT/BOARD MEMBER  (2) MATTHEW MERCER VICE PRESIDENT/BOARD MEMBER  (3) MARKUS KORO SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ  TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  Compensation from the organizations (W-2/1099-MISC/ 1099-NEC)  Compensation from related organizations (W-2/1099-MISC/ 1099-NEC)  Tompensation from the organizations (W-2/1099-MISC/ 1099-NEC)  A NO O O O O  O O O O O  O O O O O O O O				Position (do not check more			1		I .		
week (list any hours for related organizations below line)  (1) ASHLEY JOHNSON  PRESIDENT/BOARD MEMBER  (2) MATTHEW MERCER VICE PRESIDENT/BOARD MEMBER  (3) MARKUS KORO SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  (0) MICHOLOGIC and a director/fustee)  (1) ASHLEY JOHNSON  PRESIDENT/BOARD MEMBER  (1) ASHLEY JOHNSON  A . 0 0 0 0 0  (2) MATTHEW MERCER (3) MARKUS KORO  SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  (6) RACHEL ROMERO  (7) MICHOLOGIC and a director/fustee)  (8) From the organizations (W.2/1099-MISC/)  1099-NEC)	Name and title		(do				nore than one		1	•	
(list any hours for related organizations below line)  (1) ASHLEY JOHNSON  PRESIDENT/BOARD MEMBER  (2) MATTHEW MERCER VICE PRESIDENT/BOARD MEMBER  (3) MARKUS KORO SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  (Ist any hours for related organizations below line)  (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (I) ASHLEY JOHNSON  4 . 0 0  X X X 0 0 0 0 0  O 0 0  O 0 0 0  O 0 0 0  O 0 0 0  O 0 0 0  O 0 0 0  O 0 0 0  O 0 0 0 0		I	offi	cer ar	nd a d	director/trustee)		tee)	I .	· .	
(1) ASHLEY JOHNSON       4.00         PRESIDENT/BOARD MEMBER       X       X       0.       0.       0         (2) MATTHEW MERCER       4.00       X       X       0.       0.       0         VICE PRESIDENT/BOARD MEMBE       X       X       0.       0.       0       0         (3) MARKUS KORO       4.00       0.       0.       0       0       0       0         SECRETARY/BOARD MEMBER       4.00       X       0.       0.       0       0       0         (4) EDUARDO LOPEZ       4.00       X       0.       0.       0       0       0         TREASURER/BOARD MEMBER       0.       0.       0       0       0       0       0         (5) RACHEL ROMERO       .00			tor						I .		
(1) ASHLEY JOHNSON       4.00         PRESIDENT/BOARD MEMBER       X       X       0.       0.       0         (2) MATTHEW MERCER       4.00       X       X       0.       0.       0         VICE PRESIDENT/BOARD MEMBE       X       X       0.       0.       0       0         (3) MARKUS KORO       4.00       0.       0.       0       0       0       0         SECRETARY/BOARD MEMBER       4.00       X       0.       0.       0       0       0         (4) EDUARDO LOPEZ       4.00       X       0.       0.       0       0       0         TREASURER/BOARD MEMBER       0.       0.       0       0       0       0       0         (5) RACHEL ROMERO       .00		1 '	direc				- -				
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(1) ASHLEY JOHNSON       4.00         PRESIDENT/BOARD MEMBER       X       X       0.       0.       0         (2) MATTHEW MERCER       4.00       X       X       0.       0.       0         VICE PRESIDENT/BOARD MEMBE       X       X       0.       0.       0       0         (3) MARKUS KORO       4.00       0.       0.       0       0       0       0         SECRETARY/BOARD MEMBER       4.00       X       0.       0.       0       0       0         (4) EDUARDO LOPEZ       4.00       X       0.       0.       0       0       0         TREASURER/BOARD MEMBER       0.       0.       0       0       0       0       0         (5) RACHEL ROMERO       .00		organizations	trust	al tru		oyee	ed mc			,	
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X   X   X   X   X   X   X   X   X   X		line)	Indiv	Insti	Offic	Key	High				
(2) MATTHEW MERCER       4.00         VICE PRESIDENT/BOARD MEMBE       X       X       0.       0.       0         (3) MARKUS KORO       4.00       0.       0.       0.       0         SECRETARY/BOARD MEMBER       0.       0.       0       0         (4) EDUARDO LOPEZ       4.00       X       0.       0.       0         TREASURER/BOARD MEMBER       0.       0.       0       0         (5) RACHEL ROMERO       .00       .00       .00       .00	(1) ASHLEY JOHNSON	4.00									
(2) MATTHEW MERCER       4.00         VICE PRESIDENT/BOARD MEMBE       X       X       0.       0.       0         (3) MARKUS KORO       4.00       0.       0.       0.       0         SECRETARY/BOARD MEMBER       0.       0.       0.       0         (4) EDUARDO LOPEZ       4.00       X       0.       0.       0         TREASURER/BOARD MEMBER       0.       0.       0       0         (5) RACHEL ROMERO       .00       .00       .00       .00       .00	PRESIDENT/BOARD MEMBER		Х		X.	4			0.	0.	0 .
(3) MARKUS KORO  SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ  TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  4.00  X  0.  0.  0.  0.  0.	(2) MATTHEW MERCER	4.00			4	K					
(3) MARKUS KORO  SECRETARY/BOARD MEMBER  (4) EDUARDO LOPEZ  TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  4.00  X  0.  0.  0.  0.  0.	VICE PRESIDENT/BOARD MEMBE		Х		x		7		0.	0.	0 .
(4) EDUARDO LOPEZ  TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  .00	(3) MARKUS KORO	4.00									
TREASURER/BOARD MEMBER  (5) RACHEL ROMERO  .00	SECRETARY/BOARD MEMBER								0.	0.	0
(5) RACHEL ROMERO	(4) EDUARDO LOPEZ	4.00									
	TREASURER/BOARD MEMBER				X				0.	0.	0
BOARD MEMBER	(5) RACHEL ROMERO	.00									
	BOARD MEMBER		X						0.	0.	0
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			1								

· u	Section A. Officers, Directors, Trus		oloy	ees,			gnes	it Co		• •				
	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average	(do	not c				one	Reportable	Reportable			timate	
		hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	n		nount	of
		week	_	I			T	lcc)	from	from related			other	
		(list any hours for	irecto						the	organizations			pensa	
		related	ord	99			sated		organization	(W-2/1099-MIS	<sup>()</sup>		om th	
		organizations	ruste	trust		ee ee	npeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
		below	lual tr	tional		yoldı	yee yee	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			1.9		0110	
			_	=			1 0	Ë						
			1											
			1											
			1											
											-			
			-											
											-			
			-											
			-											
							4							
					4	K								
1b	Subtotal								0.		0.			0.
С						<b>N.</b>			0.		0.			0.
d	Total (add lines 1b and 1c)			,					0.		0.			0.
2	Total number of individuals (including but n		0	te	d	ove	) wh	o re	eceived more than \$100,	000 of reportable	•			
	compensation from the organization					,	•		·					0
	*		1										Yes	No
3	Did the organization list any former officer,	di r trus	, <sub>F</sub>	cey e	empl	ove	e, or	hig	hest compensated emp	loyee on	ſ			
	line 1a? If "Yes," complete Schedule J for si			•	•	•	-	·		•		3		Х
4	For any individual listed on line 1a, is the su										····			
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a										····	•		
Ŭ	rendered to the organization? If "Yes," com	•				•			•			5		Х
Sec	ction B. Independent Contractors	piete Scrieduit	<del>.</del> J 1	or st	ICII Ļ	Jers	OH							
1	Complete this table for your five highest co	mneneated inc	lana	nder	at co	ntra	acto	re th	nat received more than \$	100 000 of comp	encat	ion fro		
•											CIISAI		)111	
	the organization. Report compensation for t	irie caleridar ye	ear e	HIUII	ig w	ILIT C	ו איז וכ	<u> </u>	(B)	ear.		10	••	
	(A) Name and business	address	NIC	ONE	7				Description of s	ervices	С	Ompei		n
			11/	JIVI				$\dashv$	2 000p					
								$\dashv$						
								$\dashv$						
								_						
								_						
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				(	)							

232008 12-13-22

						FOUNDAT:	ION		83-2787	844 Page <b>9</b>
Pa	T \	VIII	_							
			Check if Schedule O co	ontains	s a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contrib  All other contributions, gifts, gr  similar amounts not included a  Noncash contributions included in lin  Total. Add lines 1a-1f	outions rants, a bove	1b 1c 1d 1d 1e 1nd 1f 1f 1g \$	871,974.	871,974.			
Program Service Revenue	_	a b c d e	All other program service re	evenue	9	Business Code				
enne	3 4 5	} 	Investment income (includir other similar amounts) Income from investment of Royalties	ng divi	idends, intere	est, and proceeds				
		b c d a b	Less: rental expenses	7a (i	i) Securities	(i er				
Other Rev	8	B a	Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line Part IV, line 18  Less: direct expenses  Net income or (loss) from fundraising including \$  Less: direct expenses	ne 1c)	s (not of See					
		b c a b	Gross income from gaming Part IV, line 19 Less: direct expenses Net income or (loss) from ga Gross sales of inventory, les and allowances Less: cost of goods sold	activit	ties. See 9a 9b activities urns 10a	3				
Miscellaneous Revenue	11	a b c	Net income or (loss) from sa			Business Code				

232009 12-13-22

Form **990** (2022)

871,974.

e Total. Add lines 11a-11d

Total revenue. See instructions

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 790,523. 790,523. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а 13,141 13,141. Legal 26,1**4** 26,141. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization ..... 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 39,086. 39,086. PROCESSING FEES 3,373. SOFTWARE 3,373. 124. 124. BANK FEES С d All other expenses 872,388. 829,609. 42,779 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or n	ote to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		148,568.	1	227,283
2	Savings and temporary cash investments		1,000.	2	1,000
3				3	
4				4	
5					
	trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
	controlled entity or family member of any of th	ese persons		5	
6	Loans and other receivables from other disqua	alified persons (as defined			
	under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use		8		
9	B		500.	9	(
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	. 10a			
b	Less: accumulated depreciation	. 10b		10c	
11	Investments - publicly traded securities		11		
12	Investments - other securities. See Part IV, line		12		
13	Investments - program-related. See Part IV, line		13		
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16				16	228,283
17			4,501.	17	2,916
18	Grants payable			18	78,223
19			19		
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Complete	e Part of Sc le D		21	
22					
	controlled entity or family member of any	se person		22	
23		_		23	
24				24	
25					
		es 17-24). Complete Part X			1 000
			* -		1,990
26			4,501.	26	83,129
	-	neck here 🔼			
			145 567		1/5 15/
			145,507.		145,154
28				28	
		958, check here			
00		1-		00	
			1/5 567		145,154
					228,283
	4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 22 23 24	4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the Loans and other receivables from other disque under section 4958(f)(1)), and persons describ 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must ed 17 Accounts payable and accrued expenses Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any has secured mortgages and notes payable unreaded to the liabilities (including federal income ta parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, cland complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, cland complete lines 29 through 33.  28 Capital stock or trust principal, or current functions and complete lines 29 through 33.  Capital stock or trust principal, or current functions or and capital suck or trust principal, or current functions and complete lines 29 through 33.  Capital stock or trust principal, or current functions or and capital suck or trust principal, or current functions and capital stock or trust principal, or current functions and capital stock or trust principal, or current functions or and capital stock or trust principal, or current functions and capital stock or trust principal.	4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4. Accounts receivable, net 5. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7. Notes and loans receivable, net 8. Inventories for sale or use 9. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c	4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Cans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(8)(8) 6 Notes and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 Less: accumulated depreciation 10b 1 Investments - publicity traded securities 1 Investments - publicity traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - publicity traded securities 1 14 1 Intangible assets 1 14 1 Intangible assets 1 15 1 150,068, 16 1 Cotal assets. Add lines 1 through 15 (must equal line 33) 1 150,068, 16 1 Cotal assets. Add lines 1 through 15 (must equal line 33) 1 150,068, 16 1 Cotal assets. Add lines 1 through 15 (must equal line 33) 1 150,068, 16 1 Cotal assets. Add lines 1 through 15 (must equal line 34) 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2	87	2,3			
3	Revenue less expenses. Subtract line 2 from line 1	3			14.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	5,5	67 <b>.</b>		
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			1.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	14	5,1	54.		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and parate basis						
b	Were the organization's financial statements audited by an independent acco		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year we dited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both solid d and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that es responsibility for oversight of the						
	review, or compilation of its financial statements and selectio indep nt accountant?		2c	X			
If the organization changed either its oversight process or ection cess uring the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to under an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the requal audit or aud. If the organization did not undergo the require	ed audit					
	or audits, explain why on Schedule O and de be any s s taken to undergo such audits		3b	225			
			Form	990	(2022)		

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization

CRITICAL ROLE FOUNDATION

**Employer identification number** 

OMB No. 1545-0047

83-2787844 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from ntributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; a ore than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines equired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for y. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benef o perform the functions of, or to carry out the purposes of one or section 509(a)(2). See section 509(a)(3). Check the box on more publicly supported organizations described in se 9(a)( lines 12a through 12d that describes the type of sup ting o zation and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supe d, or co olled by its supported organization(s), typically by giving the supported organization(s) the power to regularly int elect a majority of the directors or trustees of the supporting S ctions A a B. organization. You must complete Part Type II. A supporting organization sup rolled in connection with its supported organization(s), by having ised or control or management of the supporti rganiza n vested in the same persons that control or manage the supported tions A and C. organization(s). You must complete Part Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4,829.	1,263.	366,867.	848,230.	871,974.	2093163.		
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	4 000	1 262	266 067	040 030	071 074	2002162		
	Total. Add lines 1 through 3	4,829.	1,263.	366,867.	848,230.	871,974.	2093163.		
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.						2093163.		
	etion B. Total Support						20332031		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	4,829.	1,263	6,867.	848,230.	871,974.	2093163.		
	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.)								
	<b>Total support.</b> Add lines 7 through 10						2093163.		
	Gross receipts from related activities,					12			
13	First 5 years. If the Form 990 is for the						77		
800	organization, check this box and stop ction C. Computation of Publi						X		
	•			-1 (6)		44	0.4		
	Public support percentage for 2022 (li		•	***		14	<u>%</u>		
	Public support percentage from 2021 33 1/3% support test - 2022. If the contract of the contra					15	<u>%</u>		
10a	stop here. The organization qualifies								
h	33 1/3% support test - 2021. If the o		-		line 15 is 33 1/3%				
J	and <b>stop here.</b> The organization qual	-							
17a									
	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	-			-				
	more, and if the organization meets th	•				•			
	organization meets the facts-and-circu				-				
18	Private foundation. If the organization		-		•				
						Schedule A	(Form 990) 2022		

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			4			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			•			
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				_	T	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						<del> </del>
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<del> </del>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b  Net income from unrelated business				+		<del>                                     </del>
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
	or loss from the sale of capital						
12	assets (Explain in Part VI.)					<del> </del>	<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	L organization's fi	ret socond third	fourth or fifth tow	Voor as a soction !	1 501(a)(3) arganizati:	
'-	check this box and <b>stop here</b>	•			•	.,.,	· —
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021	, (,,	,			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Drivate foundation If the organization	n did not chack a	boy on line 14 10	or 10h chock th	ic hay and sac in	structions	1 1

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### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 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")? |f "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 mak ants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such catholic trol and discretion despite being controlled or supervised by or in connection with its supported
- c Did the organization support any foreign supported organization that does not have an determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part V ontrols the organization used to ensure that all support to the foreign supported organization was vely for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any support izatio uring the tax year? If "Yes." VI, including (i) the names and EIN answer lines 5b and 5c below (if applicable). Also, provide tail in numbers of the supported organizations added, substitute or remov (ii) the reasons for each such action; (iii) the authority under the organization's organizing d cume ng such action; and (iv) how the action was accomplished (such as by amendment to organizing document).
- b Type I or Type II only. Was any added or sub uted su rted organization part of a class already designated in the organization's organizing do ent?
- c Substitutions only. Was the substitution the res event beyond the organization's control?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
9a		
9b		
9c		
10a		
104		
10b		
	n 990)	2022

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Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a prity of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe Part VI how control			
	or management of the supporting organization was vested in the same person lled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by st day of the fifth month of the			
	organization's tax year, (i) a written notice describing the typ moun upport provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently file as of the ate of notification, and (iii) copies of the			
	organization's governing documents in effect on the date notificat to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or truste her pointed or elected by the supported			
	organization(s) or (ii) serving on the governing by o a supportory organization? If "No," explain in Part VI how			
	the organization maintained a close and contingus working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line bove, the organization's supported organizations have a			
	significant voice in the organization's investment p 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			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	truction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
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	OL.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	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.

Schedule A (Form 990) 2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CRITICAL ROLE FOUNDATION

**Employer identification number** 83-2787844

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		ds or Accounts. Complete if the				
	organization answered Tes Sitt Offi 556,1 art iv, inf	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	vised funds				
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	0, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreated	tion or education) Preservation	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 contribe on in the for					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture ded (a)	2c				
d	Number of conservation easements included in (c) acquired a	after July 6, and not on a					
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred	eased nguished, or terminated by t	the organization during the tax				
	year						
4	Number of states where property subject to conservation	men ocated	_				
5		io monitoring, inspection, handling of					
		holds?					
6	Staff and volunteer hours devoted to monitori hspect	handling of violations, and enforcing co	onservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concer	viction accoments during the year				
′	Amount of expenses incurred in monitoring, inspecting, name	illing of violations, and emorcing conser	valion easements during the year				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and balance sheet works				
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public				
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ems.				
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	ırtherance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical treat						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X		\$				

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	llections of Art	, Historical Tr	easures, o	r Other S	Similar	Assets	Contin	ued)	gc –
3	Using the organization's acquisition, accession							(COTTUIN)	<u>uou,                                    </u>	
•	collection items (check all that apply):	., a	,	,	- mante eigi					
а	Public exhibition	d	I can or ex	change progra	am					
b	Scholarly research	e		torialige progn						
C	Preservation for future generations	e	Other							
_	Provide a description of the organization's coll	actions and avalain	how thoy further	the organization	on'e ovomn	t purpos	o in Dart	VIII		
4		•	•	· ·	•		empan	AIII.		
5	During the year, did the organization solicit or							7 v.s		l Na
Par	to be sold to raise funds rather than to be main				"Voo" on F			_ Yes		No
· ui	reported an amount on Form 990, Part		te ii trie organizat	ion answered	res onre	omi 990,	rantiv,	iiile 9, oi		
12	Is the organization an agent, trustee, custodian		any for contributio	ns or other as	sets not inc	rluded				
ıa	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII ar							_ 103		, 140
b	ii res, explain the arrangement iiri art XIII ar	id complete the lon	owing table.					Amount		
•	Beginning balance					1c		,		
۲ C						1d				
u	Additions during the year									
•	Distributions during the year					1e 1f				
f 20	Ending balance  Did the organization include an amount on For							Yes		No
	If "Yes," explain the arrangement in Part XIII. C				-	·		_ 1es		, NO ]
Par					IV, line 10					
	•	(a) Current year	(b) Prior year	c) Two year		I) Three ye	ars hack	(e) Four	vears l	nack
4.		(a) Current year	(b) i noi year	C) Two year	ii 3 baok (C	ij illioo yo	ars back	(C) i oui	yours	Juon
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships			+						
е	Other expenditures for facilities									
_	and programs		$\rightarrow$							
f	Administrative expenses		<del>-</del>							
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end b ce		(a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	<del></del> %								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c shoul									
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held	and administe	red for the			Г	· I	
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			?				3b		
4	Describe in Part XIII the intended uses of the o		ment funds.							
Par	t VI Land, Buildings, and Equipme		D 107 11 44	0 5 000		40				
	Complete if the organization answered		Í		i i					
	Description of property	(a) Cost or ot	` '	st or other		umulated	d	(d) Book	value	;
		basis (investm	ent) basi	s (other)	depr	eciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other	1								_
Total	. Add lines 1a through 1e. (Column (d) must ear	ual Form 990. Part X	(. column (B), line	10c)						0.

Schedule D (Form 990) 2022

		LE FOUNDATION	0.	3-2787844 Pa
art VII	Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h Soo Form 000 Part V line 12	
(a) Descrir	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
	al derivatives	(b) Book value	(e) Wellied of Valuation. Cost of cit	ia or your marker value
	held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			/	
	b) must equal Form 990, Part X, col. (B) line 13.)			
art IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Des tion		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<u>ımn (b) must equal Form 990, Part X, col. (B) lin</u>	e 15.)		
tal. (Colu	Other Liabilities.			
	Other Liabilities.  Complete if the organization answered "Yes"		11e or 11f. See Form 990. Part X. line 25	5.

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE TO CRITICAL ROLE	
(3)	PRODUCTIONS	1,990.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,990.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 CRITICAL ROLL FOUNDATION			O/Off Page T
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	871,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	871,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	871,974.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	872,388.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	872,388.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5		3.)	5	872,388.
Pa	rt XIII Supplemental Information.			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Pa	; Part IV, lines 1b and 2b; P	art V, line 4; Part X, lir	ne 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also c e e this part provide an	y additional information.		

#### 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 2022 AND 2021, 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, 2022

#### SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

e organization

CRITICAL ROLE FOUNDATION

General Information on Grants and Assistance

Employer identification number 83 – 2787844

1 Does the organization maintain records		a amount of the grants	ar assistance the	avantana' aliaibilit	for the grants or cosi	stance and the calcati	
criteria used to award the grants or assi							₹,,
2 Describe in Part IV the organization's pr		itoring the use of grant					ZZ Tes NO
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990. Part	IV. line 21, for any
recipient that received more than						,	, , , , , , , , ,
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 assist e	(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)	55 .	0.			THEIR STUDENTS TO WRITE.
							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)	478 0.	0.			TO END CHILD POVERTY.
OSD 7500 RIALTO BLVD SUITE 1-250 AUSTIN, TX 78735	27-3842517	501(C)(3	42,749.	0.			TO SUPPORT VETERANS AND FAMILY MEMBERS.
OUTRIGHT ACTION INTERNATIONAL			1				
216 EAST 45TH ST 17TH FLOOR							TO SUPPORT HUMAN RIGHTS
NEW YORK, NY 10017	94-3139952	501(C)(3)	55,787.	0.			OF ALL PEOPLE.
							TO SUPPORT UNDERFUNDED,
PABLOVE FOUNDATION INC							CUTTING-EDGE PEDIATRIC
6607 W SUNSET BLVD		501 (5) (0)					CANCER RESEARCH AND
LOS ANGELES, CA 90028	26-3006100	501(C)(3)	55,787.	0.			IMPROVE THE LIVES OF
SHANTI BHAVAN CHILDREN'S PROJECT							
12819 SE 38TH ST #48							TO SUPPORT CHILDREN OF
BELLEVUE, WA 98006	26-4188445	501(C)(3)	25,787.	0.			INDIA'S LOWEST CASTE.
2 Enter total number of section 501(c)(3) a			· · · · ·	<u> </u>	l	1	

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</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 non-cash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	10,000.	0.			TO SUPPORT THE END OF CHILDREN'S SUFFERING ACROSS WAR-TORN EUROPE AND AROUND THE WORLD.
WORLD CENTRAL KITCHEN INC. 1625 EYE ST NW WASHINGTON, DC 20006	27-3521132	501(C)(3)	40,000.	0.			TO SUPPORT AREAS DISRUPTED BY NATURAL DISASTERS BY PROVIDING MEALS AND RESOURCES TO
FIRST NATIONS DEVELOPMENT INSTITUTE - 2432 MAIN STREET 2ND FL - LONGMONT, CO 80501	54-1254491	501(C)(3)	25,786.	<b>1</b> 0.			TO SUPPORT AND STRENGTHEN AMERICAN INDIAN ECONOMIES TO SUPPORT HEALTHY NATIVE COMMINITIES.
		C					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipionic	odom gram	Subtraction and subtraction		
Part IV Supplemental Information. Provide the information red	quired in Pa n	e 2; P lumr	n (b); and any other ac	ditional information.	
PART II, LINE 1, COLUMN (H):		1			
NAME OF ORGANIZATION OR GOVERNMENT	: PABLOVE	FOUNDATIO	ON INC		
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO SUPP	ORT UNDER	FUNDED, CUT	TING-EDGE	
PEDIATRIC CANCER RESEARCH AND IMPR	OVE THE I	TVES OF C	HTIDREN IJV	TNG WTTH	
	<u> </u>				
CANCER THROUGH THE ARTS.					
NAME OF ORGANIZATION OR GOVERNMENT	: WORLD C	ENTRAL KI	TCHEN INC.		
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO SUPP	ORT AREAS	DISRUPTED	ВУ	
NATURAL DISASTERS BY PROVIDING MEA	LS AND RE	SOURCES TO	O ALLEVIATE	HUNGER.	

### **SCHEDULE O** (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 83-2787844

CRITICAL ROLE FOUNDATION	83-2787844
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO SEPARATE COMMITTEES WITHIN THE GOVERNING BODY	•
FORM 990, PART VI, SECTION B, LINE 11B:	
ALL TAX FORMS WILL BE SENT TO THE BOARD OF DIRECTORS FOR R	EVIEW AND
APPROVAL PRIOR TO SUBMITTAL.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD HOLDS AN END OF YEAR BOARD MEETING TO EL CT/RE-ELECT	BOARD MEMBERS
AND REVIEW THE CONFLICT OF INTEREST POLICY AS A ART OF TH	AT DECISION
PROCESS.	
FORM 990, PART VI, SECTION C, LI E 19	
THE ORGANIZATION MAKES ITS ERNIN DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STAT ENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.