Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	Fort	he 2023 calen	dar year, or tax year beginning , 2023, and endir	ıg		, 20				
		if applicable:	С		D Employ	er identification	number			
		ddress change	THE LITQUAKE FOUNDATION		27-1	L103184				
	\vdash	lame change	268 BUSH STREET #4226		E Telephone number					
	\vdash	nitial return	SAN FRANCISCO, CA 94104-3503		510-	-306-641	6			
	H	inal return/terminated			010	000 011				
	\vdash	mended return			G Gross re	oceinte S	639,191.			
	H		F Name and address of principal officer: NORAH PIEHL	H(a) is this a		for subordinate				
	ША	pplication pending	Come As C Above		-		H			
-	Tou	overest etetuer	Same As C Above X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No,"	attach a list.	included? See instructions				
1		-exempt status:				and an				
J			W.LITQUAKE.COM		exemption nu					
K		n of organization:	X Corporation Trust Association Other L Year of format	ion: 2009) IVI S	tate of legal dom	icile: CA			
Pa	rt l	Summar		era piii	20000	D BUTO				
	1		be the organization's mission or most significant activities:THE SPECI			OF THIS				
ė		ORGANIZA	TION IS TO SUPPORT AND FOSTER INTEREST IN LITE	RATURE	<u> </u>					
Governance										
er										
Š	2 3	Check this bo	x if the organization discontinued its operations or disposed of moting members of the governing body (Part VI, line 1a)			3	10			
જ	4		dependent voting members of the governing body (Part VI, line 1b)			4	10			
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)			5	5			
Activities &	6		of volunteers (estimate if necessary)		L	6	125			
4ct	7a		d business revenue from Part VIII, column (C), line 12		<u> </u>	7a	0.			
	b		business taxable income from Form 990-T, Part I, line 11			7b	0.			
				Pi	rior Year	Cı	ırrent Year			
	8	Contributions	and grants (Part VIII, line 1h)		528,8	76.	596,513.			
Revenue	9	Program serv	ce revenue (Part VIII, line 2g)		42,8		39,505.			
Vel	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		7	49.	3,173.			
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		572,5	13.	639,191.			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid	to or for members (Part IX, column (A), line 4)							
	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)							
e l	ь		ing expenses (Part IX, column (D), line 25) 121, 312.							
Ä			es (Part IX, column (A), lines 11a-11d, 11f-24e)		E06 0	60	E00 062			
	17	•			506,9		588,963.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		506,9		588,963.			
	19	Revenue less	expenses. Subtract line 18 from line 12		65,5		50,228. nd of Year			
Net Assets or Fund Balances	20	Total coasts (Part X, line 16)		g of Current					
3ala	20		s (Part X, line 26)		280,15 5,2		328,836. 12,434.			
A Pu	21		•		•					
			fund balances. Subtract line 21 from line 20		274,9	74.	316,402.			
	rt II	Signature								
Unde	r penal	Ities of perjury, I de	clare that I have examined this return, in cluding accom panying schedules and statements, and to er (other than officer) is based on all information of which preparer has any knowledge.	the best of m	y knowledge	and belief, it is t	rue, correct, and			
		1								
٠.		Signature of o	fficer	Date						
Sig He	n		2/1		ъ.					
Hei	re	NORAH Type or print	PIEHL Ename and title	xecuti	ve Dir	ector				
				1		if PTIN				
		1 77 1		1	Check] "	07170			
Pai	d		llins, C.P.A Tom Collins, C.P.A	-	self-employe	a [P013]	97173			
	pare		MOORE GRIDER & COMPANY LLP							
US	e On	Firm's addre			Firm's EIN	94-2191				
			FRESNO, CA 93710		Phone no.	<u> </u>	0-0700			
Mav	the	RS discuss thi	s return with the preparer shown above? See instructions	· · · · · · · · · · · ·		X Y	res No			

Form	1 990 (2023) THE LITQUAKE FOUNDATION	27-1103184	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE SPECIFIC PURPOSE OF THIS ORGANIZATION IS TO SUPPORT AND FOST	<u> </u>	
	LITERATURE, PERPETUATE A SENSE OF LITERARY COMMUNITY AND PROVIDE	A VIBRANT FORUM	FOR_
	WRITING.		
	MATTER		
2	Did the organization undertake any significant program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the program services during the year which were not listed on the yea	rior	_
	Form 990 or 990-EZ?	\ \	∐ No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Yes	∢ No
	If "Yes," describe these changes on Schedule O.		_
4	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vices, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total exp	enses,
	and revenue, if any, for each program service reported.		
	A AND FOR including groups of \$ \(\)	Pavanua \$)
4a	(Code:) (Expenses \$ 400,795. including grants of \$) (Nevenue 4	
	CONTINUED ANNUAL LITERARY EVENTS		
		/Damana Č	
4b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$	
4с	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
			_
4d	Other program services (Describe on Schedule O.)	_	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 400,795.		

	Accomplished design of		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	Х	
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? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI.	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		Х
b	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

rai	Checkist of Required Schedules (continued)		r	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>	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 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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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? <i>If "Yes," complete Schedule L, Part II.</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Ty Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Juneaute O contains a response of flote to any line in this fact v		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(2023)
BAA	IEEAU104L VOIZ3IZ3	LOUL	220	(۵۷۷۵)

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Form 990 (2023)

Page 5 27-1103184 THE LITQUAKE FOUNDATION Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 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?..... Х 2b Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q..... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.... X 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c 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 Χ solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). 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?..... X 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7c Form 8282?..... d If "Yes," indicate the number of Forms 8282 filed during the year..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... X **7**f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?.... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11a **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note: See the instructions for additional information the organization must report on Schedule O. **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 c Enter the amount of reserves on hand..... X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?..... **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q..... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year?.... If "Yes," see the instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?....... If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would

If "Yes," complete Form 6069.

result in the imposition of an excise tax under section 4951, 4952, or 4953?....

Par	tVI Governance, Management, and Disclosure. For each "Yes" response a "No" response to line 8a, 8b, or 10b below, describe the circumstar Schedule O. See instructions.	e to line nces, pr	s 2 through /b l ocesses, or cha	pelow nges	, and on	a tor
	Check if Schedule O contains a response or note to any line in this Part VI					. X
Sec	tion A. Governing Body and Management					
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	1a	10		Yes	No
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	76	1.0			
ь 2	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 relations officer, director, trustee, or key employee?	hip with a	10 ny other	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	ne direct s	supervision	3		Χ̈́
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	tion's ass	sets?	5		Х
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint on	e or more	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers,		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:			7.2		
	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who can	not be rea	ached at the	0.0	- 22	Х
~	organization's mailing address? If "Yes," provide the names and addresses on Schedule Q. tion B. Policies (This Section B requests information about policies not rec	uired h	v the Internal R	eveni	ie Ci	
sec	tion B. Policies (This Section B requests information about policies not rec	juii eu b	y the internacti	CVCIT	Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and branch	es to ensure their	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	See	Schedule 0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	• • • • • • •		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Schedule O how this was done			12c	Х	.,,
13	Did the organization have a written whistleblower policy?	• • • • • • • •		13		X
	Did the organization have a written document retention and destruction policy?			14		Х
	Did the process for determining compensation of the following persons include a review and approximately persons, comparability data, and contemporaneous substantiation of the deliberation and	ecision?		15-		v
a	The organization's CEO, Executive Director, or top management official			15a 15b		X
b	Other officers or key employees of the organization.			130		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	r orrongo	mont with a			
	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluparticipation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safegu	ard the	16b		
Sec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filedCA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.		nd 990-T (section 5 in on Schedule O)	01(c)(3	3)s on	ily)
				علمام		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization.			adie to	٠	
20	State the name, address, and telephone number of the person who possesses the organization of the person		ms and records.			

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, offic	unle: er an	ss pe	ition more rson irecto	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u>e</u>				
(1) JACK BOULWARE	8	,		17				00 200	0.	0.
Co-Founder_	0	Х		X				90,200.	0.	U.
(2) JANE GANAHL	8	٠,,		37				22 000	0.	0.
Co-Founder	0	Х	-	X	_			22,000.	0.	0.
(3) JARED BHATTI	8	.,						0	0.	0.
Treasurer	0	Х						0.	υ.	<u> </u>
(4) KARYN DI GIORGIO	8	.,						_	0.	0.
Board Member	0	X				\vdash		0.	U.	<u> </u>
(5) JAMES_KASS	8	17						0.	0.	0.
Board Member	0	X						0.	0.	<u> </u>
_(6)_ANSHUL_PUNDIR	8	٠,						0.	0.	0.
Board Member	0	Х			<u> </u>			0.	υ.	0.
(7) BYRON SPOONER	8	.,			:			0.	0.	0.
Board Member	0	Х			<u> </u>			<u> </u>	0.	0.
_(8)_SCOTT_JAMES	8	37						0.	0.	0.
Board Member	0	X	_					0.	0.	<u> </u>
(9) MICHELLE JEFFERS	8	17						0.	0.	0.
Secretary	0	X						0.	<u> </u>	<u> </u>
(10) JODY WEINER	8							0.	0.	0.
President	U	X						0.	υ.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, T	rustees,	En	nplo	oye	es,	and	d Highest Con	pensated Emp	mployees (continued)		
		(C)									
(A)	(B)	(do	not c	Pos heck	ition more	than	one	(D)	(E)	(F)	
Name and title	Average hours	l box.	unie	ss pe	rson	is both or/trust	ee)	compensation from	Reportable compensation from	Estimated amount of other	
	per week (list any	ord	Insti	Officer	Key	emp	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related	
	hours for related organiza-	vidu	I E	<u> </u> 원	emp	nest o	뻍	,		organizations	
	tions below	Individual trustee or director	nal t		Key employee	e on					
	dotted line)	stee	Institutional trustee		Ф	Highest compensated employee					
			8			ated					
(15)											
(16)											
(17)											
(18)			-				-				
(19)											
						ļ	_				
(20)											
(21)											
(22)							-				
(23)							-				
		<u> </u>					_				
(24)											
(25)											
1b Subtotal								112,200.	0.		
c Total from continuation sheets to Part VII, Sec								0.	0.	0.	
d Total (add lines 1b and 1c)	od to those l	ictod	2ho	· · · ·	who.	recei	 vad	112,200.	0.	0.	
from the organization	ed to those i	isteu	auu	ve) i	WITO	10001	vcu	more than proofee	o or reportable com	Sonsation	
										Yes No	
3 Did the organization list any former officer, dir on line 1a? If "Yes,"complete Schedule J for s	ector, truste uch individu	ee, ke ıal	еу e	mpl	oyee	e, or	higi	hest compensated	l employee	3 Х	
4 For any individual listed on line 1a is the sum	of reportab	le co	mne	ensa	ation	and	oth	ner compensation	from		
the organization and related organizations greasuch individual	ater than \$1	50,0		IT "	ү еs, 	: cor	тріє 	ете Scпеаите J тог 	·	4 X	
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ")	rue comper 'es," comple	nsatio ete S	on fr Sche	om dule	any e <i>J f</i>	unre or su	elate ich j	ed organization or person	individual	5 X	
Section B. Independent Contractors				1		-1	- ما ا	t resolved more t	han \$100 000 of		
Complete this table for your five highest compound compensation from the organization. Report comp	ensated ind ensation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax yea	r	
(A) Name and business ac	ddress							(B) Description (of services	(C) Compensation	
Total number of independent contractors (including	g but not lim	ited to	o the	ose I	iste	d abo	ve)	who received more	than	(6)	
\$100,000 of compensation from the organization											

Pai	t VI	II Statement of					II. Tallia Dada	// · · · · · · · · · · · · · · · · · ·		Г
		Check if Schedul	e O	contains	a resp	oonse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tag under sections 512-514
, Grants,	1a b c	Federated campaigns 11 Membership dues 11 Fundraising events 16				4,100.				
ins, Gifts,	d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants,		ons)	1d 1e	218,673.				
Contributions, Gifts, Grants, and Other Similar Amounts	g	similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g			373,740.					
	h	Total. Add lines 1a-	·1f			Business Code	596,513.			
Program Service Revenue	2a b c	LITQUAKE EVE	<u>NT</u>		 	711190	39,505.	39,505.		
ıram Serv	d e f			 e						
Prog		, ,					39,505.			
	3	Investment income (including divider other similar amounts)			xemp	t bond proceeds	3,173.			3,173
	5 6a	_	6a	(i) Ro		(ii) Personal				
	С	b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)								
				rities	(ii) Other					
	С	and sales expenses	7b 7c							
evenue		Gross income from fundr (not including \$ of contributions reported								
Other Revenue	l	See Part IV, line 18 Less: direct expens Net income or (loss	es		8 sing	b				4,100
	9a	Gross income from gamin See Part IV, line 19	ng act	ivities.	9	a .				
	ł	Less: direct expens Net income or (loss			9 a activ					
	1 0 a	Net income or (loss) from gaming activities				а				
_		Net income or (loss								
<u>ਤ</u>	11-					Business Code				
scellaneo Revenue	11a b									
Miscellaneous Revenue	d	All other revenue		_						
Σ	Ь——	Total. Add lines 11a					620 101	20 505	0	7,273.
	12	Total revenue. See	HIST	นดเเอกร			639,191.	39,505.	0.	1,413

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									
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	- "								
4 5	Benefits paid to or for members	0.	0.	0.	0.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages			-	, , , , , , , , , , , , , , , , , , ,					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
	Fees for services (nonemployees):									
	Management									
	Legal	16.000	4.4.0.	1.6.200						
	Accounting	16,300.		16,300.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17 Investment management fees		1							
	Other, (If line 11g amount exceeds 10% of line 25, column									
_	(A), amount, list line 11g expenses on Schedule 0.)		22.222							
	Advertising and promotion	22,098.	22,098.	7/1	Manager					
13	Office expenses	761.	206	761.						
14	Information technology	296.	296.							
15 16	Royalties Occupancy	6,332.		6,332.						
16 17	Travel	1,412.		1,412.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1, 112.		ab / a was som v						
19	Conferences, conventions, and meetings									
20	Interest	32.		32.						
21	Payments to affiliates		400							
22	Depreciation, depletion, and amortization	138.	138.							
23 24	Other expenses. Itemize expenses not	7,895.	7,895.							
24	covered 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.)									
а	ADMINISTRATION	357,415.	202,651.	33,452.	121,312.					
b		58,317.	58,317.							
С	PROGRAM EXPENSES	41,886.	41,886.							
d		18,219.	18,219.	0 5.55						
	All other expenses	57,862.	49,295.	8,567.	101 010					
25	Total functional expenses. Add lines 1 through 24e	588,963.	400,795.	66,856.	121,312.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									
BAA	THE STATE OF THE S	TEEA0110L 08	123/23		Form 990 (2023)					

27-1103184 Page 11 Form 990 (2023) THE LITQUAKE FOUNDATION Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (B) (A) Beginning of year End of year 1 167,508. Cash — non-interest-bearing..... 180,147 1 50,903 2 73,577. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 44,798. 81,418. 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net 8 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10a **b** Less: accumulated depreciation..... 10b 10c 11 Investments — publicly traded securities..... 11 Investments – other securities. See Part IV, line 11..... 12 12 13 Investments - program-related. See Part IV, line 11..... 13 14 964. 1,102 Intangible assets 14 15 5,369. 3,236. Other assets, See Part IV, line 11..... 15 280,186. 16 328,836. Total assets. Add lines 1 through 15 (must equal line 33)...... 16 2,650 17 2,434. 17 Accounts payable and accrued expenses..... Grants payable..... 18 18 19 10,000. Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons....... 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 2,562 26 12,434. 5,212 Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 27

Net Assets or Fund Balances 296,402. Net assets without donor restrictions..... 244,974 Net assets with donor restrictions..... 30,000 28 20,000. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, or equipment fund..... 30 31 Retained earnings, endowment, accumulated income, or other funds..... 31 274,974 32 316,402. Total net assets or fund balances..... 32 328,836. 33 280,186. Total liabilities and net assets/fund balances 33

BAA

OHI	1990 (2023) THE LITQUARE FOUNDATION 27 1	100101			3
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		50,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	74,9	74.
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). See Schedule O	9		-8,8	300.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_	a.c. 1	
	column (b)).	10		16,4	102.
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				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	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e			
	basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U	Iniform	25		Х
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	į	3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1 1	000	(2023)
$2 \wedge \Lambda$	TEEAUT/2L U8/23/23		Form	コフリ (20231