

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2019**

Open to Public Inspection

Form **990-PF**

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/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2019 or tax year beginning , and ending

Name of foundation <b>INTUITIVE FOUNDATION</b>		<b>A Employer identification number</b> 83-2210302
Number and street (or P.O. box number if mail is not delivered to street address) 1020 KIFER RD	Room/suite	<b>B Telephone number</b> 408-523-2100
City or town, state or province, country, and ZIP or foreign postal code SUNNYVALE, CA 94086		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 29,542,475.	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received	5,000,000.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	444,572.	444,572.		STATEMENT 1
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0.		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss)					
<b>11</b> Other income					
<b>12 Total.</b> Add lines 1 through 11		5,444,572.	444,572.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0.	0.		0.
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees STMT 2	28,191.	0.		49,489.
	<b>b</b> Accounting fees STMT 3	17,400.	0.		17,400.
	<b>c</b> Other professional fees STMT 4	41,518.	0.		41,998.
	<b>17</b> Interest				
	<b>18</b> Taxes STMT 5	5,000.	0.		0.
	<b>19</b> Depreciation and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	6,761.	0.		6,761.
	<b>22</b> Printing and publications	200.	0.		200.
	<b>23</b> Other expenses STMT 6	98,414.	0.		132,966.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	197,484.	0.		248,814.
	<b>25</b> Contributions, gifts, grants paid	4,493,240.			796,765.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	4,690,724.	0.		1,045,579.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	753,848.				
<b>b Net investment income</b> (if negative, enter -0-)		444,572.			
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing	25,095,098.	60,601.	60,601.
	2 Savings and temporary cash investments		29,428,791.	29,428,791.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	34,167.	53,083.	53,083.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	25,129,265.	29,542,475.	29,542,475.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	46,863.	394,666.	
	18 Grants payable	197,611.	3,509,170.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 <b>Total liabilities</b> (add lines 17 through 22)	244,474.	3,903,836.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions	24,884,791.	25,638,639.	
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 <b>Total net assets or fund balances</b>	24,884,791.	25,638,639.		
30 <b>Total liabilities and net assets/fund balances</b>	25,129,265.	29,542,475.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	24,884,791.
2 Enter amount from Part I, line 27a	2	753,848.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	25,638,639.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	25,638,639.



**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) <span style="font-size: small;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	54,902.	4,169,028.	.013169
2017			
2016			
2015			
2014			
2	Total of line 1, column (d)		2 .013169
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		3 .013169
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		4 24,721,861.
5	Multiply line 4 by line 3		5 325,562.
6	Enter 1% of net investment income (1% of Part I, line 27b)		6 4,446.
7	Add lines 5 and 6		7 330,008.
8	Enter qualifying distributions from Part XII, line 4		8 1,045,579.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2020 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political campaigns, political expenditures, Form 1120-POL filing, tax on political expenditures, reimbursement, unreported activities, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, assets, reporting states, Form 990-PF distribution, private operating foundation status, and substantial contributors.



Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address HTTP://WWW.INTUITIVE-FOUNDATION.ORG/
14 The books are in care of VICTOR CHOW Telephone no. 408-523-2100 Located at 1020 KIFER RD, SUNNYVALE, CA ZIP+4 94086
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?



**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>	
<b>8</b> Is the foundation 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities .....	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	25,098,336.
<b>c</b>	Fair market value of all other assets .....	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	25,098,336.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d .....	<b>3</b>	25,098,336.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	376,475.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	24,721,861.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	1,236,093.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 .....	<b>1</b>	1,236,093.
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5 .....	<b>2a</b>	4,446.
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	4,446.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	1,231,647.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	1,231,647.
<b>6</b>	Deduction from distributable amount (see instructions) .....	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	<b>7</b>	1,231,647.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	<b>1a</b>	1,045,579.
<b>b</b>	Program-related investments - total from Part IX-B .....	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) .....	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) .....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	<b>4</b>	1,045,579.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	<b>5</b>	4,446.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	1,041,133.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				1,231,647.
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
<b>e</b> From 2018	7,500.			
<b>f</b> Total of lines 3a through e	7,500.			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$	1,045,579.			
<b>a</b> Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				1,045,579.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	7,500.			7,500.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				178,568.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017				
<b>d</b> Excess from 2018				
<b>e</b> Excess from 2019				



**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 9

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)			**	
<b>a Paid during the year</b>				
BRIGHT FUNDS FOUNDATION 450 MISSION STREET, STE 200 SAN FRANCISCO, CA 94105	NONE	PC	GENERAL SUPPORT FOR VARIOUS DESIGNATED CHARITIES	342,927.
GEORGIA TECH 711 MARIETTA STREET ATLANTA, GA 30318	NONE	PC	SSMR DIAMOND SPONSORSHIP	7,500.
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	NONE	PC	DVRK DEVELOPMENT AND SUPPORT, GRANTEE IS DR. PETER KAZANZIDES	370,000.
ROYAL BELGIAN SOCIETY FOR SURGERY AVENUE W. CHURCHILL-LAAN 11 B. 30 BRUSSELS, BRUSSELS, BELGIUM B1180	NONE	PC	RESEARCH (HERNIA)/GENERAL SURGERY FELLOWSHIP, GRANTEE IS DR. ALLAEYS (PRINCIPAL	76,338.
<b>Total</b>				<b>796,765.</b>
<b>b Approved for future payment</b>				
ASSISTANCE LEAGUE OF SAN JOSE 725 KIFER RD. SUNNYVALE, CA 94086	NONE	PC	US COMMUNITY GRANTS, SOAR - STUDENTS ONLY ACHIEVE READING	15,000.
ASSOCIATION OF WOMEN SURGEONS FOUNDATION(AWS) 225 W WACKER DR. STE 650 CHICAGO, IL 60606	NONE	PC	NETWORKING, STEM EDUCATION & SERVICE	75,000.
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP	110,129.
<b>Total</b>				<b>3,516,099.</b>



Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 444,572), 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal (0, 444,572, 0), 13 Total (13, 444,572).

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).





**Part XV** Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BARWON HEALTH, UNIVERSITY HOSPITAL GEELONG PO BOX 281 GEELONG, VICTORIA, AUSTRALIA 3220	NONE	PC	HEALTH ECONOMIC AND OUTCOMES RESEARCH, COUNTRY: AUSTRALIA; RESEARCHER: GRILLS	60,000.
BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVE, EAST/SHAPIRO 3 BOSTON, MA 02215	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (US), COUNTRY: UNITED STATES; RESEARCHER: MOSER	59,936.
BREATHING ROOM FOUNDATION, INC. PO BOX 287 JENKINTOWN, PA 19046	NONE	PC	US COMMUNITY GRANTS, REVITALIZATION OF THE PERSONALIZED COMFORT BAG	10,000.
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP, SURGICAL SPECIALTY: THORACIC; FELLOWSHIP DIRECTOR: HARMIK J SOUKIASIAN	142,000.
CHARITE - UNIVERITATSMEDIZIN BERLIN CAMPUS VIRCHOW-KLINIKUM AUGUSTENBURGER PLATZ 1 BERLIN, BRANDENBURG, GERMANY 13353	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: GERMANY; RESEARCHER: BAHR	60,000.
EUROPEAN SOCIETY COLOPROCTOLOGY ESCP SECRETARIAT, C/O INTEGRITY INTERNATIONAL EVENTS LTD, 7 ST ALBAN'S ROAD EDINBURGH, SCOTLAND, UNITED KINGDOM	NONE	PC	DEVELOPMENT OF TRAINING PROGRAM, USE 12/31/19 EUR RATE 1.12; FOUNDATION'S 1ST PAYMENT FOR Q2'20 & Q3'20; OTHER PAYMENTS AFTER THAT ARE MILESTONE BASED	502,234.
FIRST ROBOTICS 200 BEDFORD STREET MANCHESTER, NH 03101	NONE	PC	EDUCATION - HIGH SCHOOL ROBOTICS COMPETITION	200,000.
<b>Total from continuation sheets</b>				3,315,970.

**Part XV** Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GUY'S AND ST. THOMAS' HOSPITAL GREAT MAZE POND LONDON, ENGLAND, UNITED KINGDOM SE1 9RT	NONE	PC	THORACIC FELLOWSHIP	60,000.
HEALTH CAREER COLLABORATIVE 27 EL CAMINO REAL UNIT 2 BURLINGAME, CA 94010	NONE	PC	SUPPORT EDUCATION AND INTEREST IN STEM/MEDICINE IN UNDER-REPRESENTED SCHOOL DISTRICTS	100,000.
IMPERIAL COLLEGE & ROYAL MARSDEN HOSPITAL DU CANE ROAD LONDON, ENGLAND, UNITED KINGDOM W12 0HS	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP, FELLOWSHIP DIRECTOR IS PROF. LONG JIAO, MD	66,000.
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	NONE	PC	DVRK DEVELOPMENT AND SUPPORT, GRANTEE IS DR. PETER KAZANZIDES	440,000.
KAROLINSKA INSTITUTET DEPARTMENT OF CLINICAL SCIENCES DANDERYD HOSPITAL DANDERYD HOSPITAL STOCKHOLM, SODERMANLAND, SWEDEN SE 182 88	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: SWEDEN; RESEARCHER: FORSGREN	14,100.
KAROLINSKA UNIVERSITY HOSPITAL, KAROLINSKA 17176 STOCKHOLM STOCKHOLM, SODERMANLAND, SWEDEN SE 17176	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: SWEDEN; RESEARCHER: FALCONER	60,000.
LANCASTER UNIVERSITY BAILRIGG, LANCASTER LANCASTER, ENGLAND, UNITED KINGDOM LA1 4YW	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: UNITED KINGDOM; RESEARCHER: SHUGABA	55,704.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORFOLK AND NORWICH UNIVERSITY HOSPITAL COLNEY LANE NORWICH, ENGLAND, UNITED KINGDOM NR47UY	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: UNITED KINGDOM; RESEARCHER: SHAIKH	59,895.
NORTHWESTERN UNIVERSITY 633 N. ST. CLAIR ST. 20TH FLOOR CHICAGO, IL 60611	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (US), COUNTRY: UNITED STATES; RESEARCHER: STULBERG	60,000.
NYU LANGONE HEALTH 1 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10016	NONE	PC	UROLOGY FELLOWSHIP	106,005.
NYU LANGONE HEALTH 1 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10016	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (US), COUNTRY: UNITED STATES; RESEARCHER: HALPERN	60,000.
NYU LANGONE HEALTH 530 1ST AVE SUITE 9V NEW YORK, NY 10016	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP	146,000.
PORTSMOUTH NHS TRUST HOSPITAL SOUTHWICK HILL ROAD PORTSMOUTH, ENGLAND, UNITED KINGDOM PO6 3LY	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: UNITED KINGDOM; RESEARCHER: KAHN	60,244.
PRINCESS MARGARET HOSPITAL - UNIVERSITY OF TORONTO 610 UNIVERSITY AVENUE TORONTO, ONTARIO, CANADA M5G 2C1	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: CANADA; RESEARCHER: MAY	20,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ROYAL BELGIAN SOCIETY FOR SURGERY AVENUE W. CHURCHILL-LAAN 11 B. 30 BRUSSELS, BRUSSELS, BELGIUM B1180	NONE	PC	RESEARCH (HERNIA)/GENERAL SURGERY FELLOWSHIP, GRANTEE IS DR. ALLAAYS (PRINCIPAL INVESTIGATOR)	75,663.
SAGES 11300 W. OLYMPIC BLVD., SUITE 600 LOS ANGELES, CA 90064	NONE	PC	RESEARCH GRANT	180,000.
SOCIETY OF LAPAROENDOSCOPIC SURGERY 7330 SW 62ND PLACE, SUITE 410 MIAMI, FL 33143	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP, SURGICAL SPECIALTY: GENERAL; FELLOWSHIP DIRECTOR: PAUL TOOMEY	77,000.
SUNNYVALE COMMUNITY SERVICES PO BOX 20174 SAN JOSE, CA 95160	NONE	PC	US COMMUNITY GRANTS, SUNNYVALE COMMUNITY SERVICES HOLIDAY CENTER	20,000.
TECHNOVATION CHALLENGE BY IRIDESCENT 532 WEST 22ND STREET LOS ANGELES, CA 90007-2034	NONE	PC	TEENAGE GIRLS FORM TEAMS AND LAUNCH STARTUP FOR WORLD PITCH SUMMIT IN SILICON VALLEY	50,000.
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH LENOX HILL HOSPITAL 100 EAST 77TH STREET NEW YORK, NY 10075	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP	146,300.
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W 168TH ST, BOX 49 NEW YORK, NY 10032	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP, SURGICAL SPECIALTY: GENERAL; FELLOWSHIP DIRECTOR: YURI NOVITSKY	161,389.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information (continued)

**3b** Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY HOSPITAL ZURICH RAEMISTRASSE 100 ZURICH, ZURICH, SWITZERLAND 8091	NONE	PC	THORACIC FELLOWSHIP	18,000.
UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, UTRECHT, NETHERLANDS 3584CX	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: NETHERLANDS; RESEARCHER: HILLEGERSBERG	60,000.
UNIVERSITY OF BARI PIAZZA GIULIO CESARE 1 BARI, BARI, ITALY 70121	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: ITALY; RESEARCHER: DITONNO	58,500.
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS FITZSIMONS BUILDING, 13001 EAST 17TH PLACE AURORA, CO 80045	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP, FELLOWSHIP DIRECTOR IS DR. AKSHAY P. CHAUHAM	67,000.
WEST CHINA HOSPITAL, SICHUAN UNIVERSITY NO.37 GUO XUE XIANG SICHUAN, CHENGDU, CHINA 610041	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS), COUNTRY: CHINA; RESEARCHER: WANG	60,000.
<b>Total from continuation sheets</b>				

**Part XV** | **Supplementary Information**

**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - ROYAL BELGIAN SOCIETY FOR SURGERY

RESEARCH (HERNIA)/GENERAL SURGERY FELLOWSHIP, GRANTEE IS DR. ALLAEYS

(PRINCIPAL INVESTIGATOR)

Multiple horizontal lines for data entry.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

INTUITIVE FOUNDATION

Employer identification number

83-2210302

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  INTUITIVE FOUNDATION	Employer identification number  83-2210302
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INTUITIVE SURGICAL OPERATIONS, INC.  1020 KIFER ROAD  SUNNYVALE, CA 94086-5304	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  INTUITIVE FOUNDATION	Employer identification number  83-2210302
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  INTUITIVE FOUNDATION	Employer identification number  83-2210302
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2019**

Name <b>INTUITIVE FOUNDATION</b>	Employer identification number <b>83-2210302</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	4,446.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
	<b>2b</b>		
	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	4,446.
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	4,446.

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty. See instructions.	
6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	05/15/19	06/15/19	09/15/19	12/15/19
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	1,112.	1,111.	1,112.	1,111.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>			3,750.	1,250.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				415.
13 Add lines 11 and 12 .....	<b>13</b>			3,750.	1,665.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		1,112.	2,223.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0.	0.	1,527.	1,665.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		1,112.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	1,112.	1,111.		
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>			415.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020	<b>27</b>	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times *\%}{366}$	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times *\%}{366}$	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times *\%}{366}$	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times *\%}{365}$	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	<b>38</b>			\$ 30.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.





FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	444,572.	444,572.	
TOTAL TO PART I, LINE 3	444,572.	444,572.	

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	28,191.	0.		49,489.
TO FM 990-PF, PG 1, LN 16A	28,191.	0.		49,489.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	17,400.	0.		17,400.
TO FORM 990-PF, PG 1, LN 16B	17,400.	0.		17,400.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	41,518.	0.		41,998.
TO FORM 990-PF, PG 1, LN 16C	41,518.	0.		41,998.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SECTION 4940 EXCISE TAX EXPENSE	5,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	5,000.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EMPLOYEE CASH MATCH PROGRAM FEES	84,060.	0.		118,612.
DUES AND SUBSCRIPTIONS	1,900.	0.		1,900.
BANK CHARGES	25.	0.		25.
OFFICE EXPENSES	12,429.	0.		12,429.
TO FORM 990-PF, PG 1, LN 23	98,414.	0.		132,966.

FORM 990-PF

STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED  
PART VII-A, LINE 2

STATEMENT 7

EXPLANATION

PROVIDING GRANTS AND AWARDS TO INDIVIDUALS TO PROMOTE HEALTH, ADVANCE EDUCATION, OR REDUCE HUMAN SUFFERING, AND/OR TO RECOGNIZE ACHIEVEMENTS THAT PROMOTE HEALTH, ADVANCE EDUCATION, OR REDUCE HUMAN SUFFERING, ORGANIZING AND CONDUCTING VOLUNTEER ACTIVITIES, CONFERENCES, COMPETITIONS, PRESENTATIONS, AND OTHER EVENTS TO PROMOTE HEALTH, ADVANCE EDUCATION, OR REDUCE HUMAN SUFFERING, AND DEVELOPING AND PROVIDING TOOLS, DATABASES, AND FORUMS FOR COMPILING OR SHARING DATA, OR PROMOTING DISCUSSION AND INFORMATION SHARING, TO PROMOTE HEALTH, ADVANCE EDUCATION, OR REDUCE HUMAN SUFFERING.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. CATHERINE MOHR 1020 KIFER RD SUNNYVALE, CA 94086	PRESIDENT 30.00	0.	0.	0.
VICTOR CHOW 1020 KIFER RD SUNNYVALE, CA 94086	TREASURER 4.00	0.	0.	0.
WENDY CHENG 1020 KIFER RD SUNNYVALE, CA 94086	SECRETARY 5.00	0.	0.	0.
MARK RUBASH 1020 KIFER RD SUNNYVALE, CA 94086	BOARD CHAIR 0.70	0.	0.	0.
MARSHALL L. MOHR 1020 KIFER RD SUNNYVALE, CA 94086	DIRECTOR (THRU 04/08/19) 0.70	0.	0.	0.
DR. MYRIAM J. CURET 1020 KIFER RD SUNNYVALE, CA 94086	DIRECTOR 0.70	0.	0.	0.
ROMAIN DENIS 1020 KIFER RD SUNNYVALE, CA 94086	DIRECTOR (START 01/24/19) 0.70	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.



NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

INTUITIVE FOUNDATION  
1020 KIFER ROAD  
SUNNYVALE, CA 94086

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

408-523-2100

GRANT APPLICATIONS

EMAIL ADDRESS

GRANTS@INTUITIVE-FOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

ONLINE APPLICATIONS AT WWW.INTUITIVE-FOUNDATION.ORG

ANY SUBMISSION DEADLINES

FOR UNSOLICITED PROPOSALS, THEY ARE ROLLING REQUESTS, WHICH ARE AGGREGATED AND ASSESSED QUARTERLY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

LIMITED TO 501(C)(3) ORGANIZATIONS OR FOREIGN EQUIVALENTS

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INTUITIVE FOUNDATION", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF JUNE, A.D. 2020, AT 11:02 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

7094534 8100  
SR# 20205770884

Authentication: 203150822  
Date: 06-22-20

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
(A CORPORATION WITHOUT CAPITAL STOCK)**

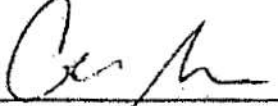
The corporation, Intuitive Foundation,  
organized and existing under the laws of the State of Delaware, hereby certifies as  
follows:

(1) That at a meeting a vote of the members of the governing body was taken  
for and against the amendment to the Certificate of Incorporation, said Amendment being  
as follows:

Please see attached Exhibit A

(2) That said amendment was duly adopted in accordance with the provisions of  
Section 242 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be  
signed this 8th day of June, 2020.

By:   
Authorized Officer

Title: President

Name: Dr. Catherine Mohr  
Print or Type



The Certificate of Incorporation of Intuitive Foundation shall be amended by changing the Article thereof numbered "Third" so that, as amended, said Article shall be and read as follows:

**THIRD:** The Corporation is a nonprofit corporation organized and operated exclusively to carry out charitable, scientific, literary, or educational purposes, as such terms are defined for purposes of section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue law) (the "Code").

The purposes for which the Corporation is to be formed are to promote health, advance education, and reduce human suffering by (i) making grants to 501(c)(3) organizations and foreign equivalents for: medical and technology research; science, technology, engineering, and math related educational programs, training, and fellowships; healthcare training programs and facilities; direct disaster relief; and for other similar purposes, (ii) providing grants and awards to individuals to promote health, advance education, or reduce human suffering, and/or to recognize achievements that promote health, advance education, or reduce human suffering, (iii) organizing and conducting volunteer activities, conferences, competitions, presentations, and other events to promote health, advance education, or reduce human suffering, and (iv) developing and providing tools, databases, and forums for compiling or sharing data, or promoting discussion and information sharing, to promote health, advance education, or reduce human suffering.

The Corporation is empowered to use for such ends such agencies and means as from time to time may be expedient to the directors or found to be appropriate therefor, including by raising funds for such purposes.

The Corporation shall conduct its affairs and use and/or distribute its funds only in a manner consistent with the authority and powers granted to organizations which qualify under section 501(c)(3) of the Code.