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ARMANINO ADVISORY LLC

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year **2023** or tax year beginning _____, and ending _____

Name of foundation INTUITIVE FOUNDATION		A Employer identification number 83-2210302
Number and street (or P.O. box number if mail is not delivered to street address) 1020 KIFER RD	Room/suite	B Telephone number 408-523-2100
City or town, state or province, country, and ZIP or foreign postal code SUNNYVALE, CA 94086		C If exemption application is pending, check here ... <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 88,307,916.	J 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.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	40,015,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,637,947.	2,637,947.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	42,652,947.	2,637,947.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	24,175.	0.		24,175.
	b Accounting fees STMT 3	73,174.	0.		73,174.
	c Other professional fees STMT 4	322,668.	0.		292,593.
	17 Interest				
	18 Taxes STMT 5	37,100.	0.		100.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	95,454.	0.		95,454.
	22 Printing and publications	3,179.	0.		2,579.
	23 Other expenses STMT 6	1,440,076.	0.		1,437,576.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,995,826.	0.		1,925,651.
	25 Contributions, gifts, grants paid	13,413,768.			9,139,894.
26 Total expenses and disbursements. Add lines 24 and 25	15,409,594.	0.		11,065,545.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	27,243,353.				
b Net investment income (if negative, enter -0-)		2,637,947.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		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
Assets	1 Cash - non-interest-bearing	331,635.	66,598.	66,598.
	2 Savings and temporary cash investments	56,182,770.	88,241,318.	88,241,318.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	144,289.		
	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			
	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 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	56,658,694.	88,307,916.	88,307,916.	
Liabilities	17 Accounts payable and accrued expenses	632,446.	919,499.	
	18 Grants payable	6,876,295.	10,896,290.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	7,508,741.	11,815,789.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	41,256,592.	69,333,525.	
	25 Net assets with donor restrictions	7,893,361.	7,158,602.	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	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 Total net assets or fund balances	49,149,953.	76,492,127.		
30 Total liabilities and net assets/fund balances	56,658,694.	88,307,916.		

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	49,149,953.
2 Enter amount from Part I, line 27a	2	27,243,353.
3 Other increases not included in line 2 (itemize) <u>GRANTS REFUNDED</u>	3	98,821.
4 Add lines 1, 2, and 3	4	76,492,127.
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	76,492,127.

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.			(l) 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) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	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). See instructions. If (loss), enter -0- in Part I, line 8	3		

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	36,667.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	36,667.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	36,667.
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	37,000.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	17,000.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	54,000.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	17,333.
11	Enter the amount of line 10 to be: Credited to 2024 estimated tax 17,333. Refunded	11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ 0. (2) On foundation managers. \$ _____ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ CA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>HTTP://WWW.INTUITIVE-FOUNDATION.ORG/</u>		
14 The books are in care of <u>FINANCIAL ADMIN SUPPORT SERVICES</u> Telephone no. <u>408-513-8756</u> Located at <u>1631 WILLOW STREET STE 200, SAN JOSE, CA</u> ZIP+4 <u>95125</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2023, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b.

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

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

Part VII 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 7		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 VII 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."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for LAUREL STUDIO LLC, MEDICAL AID OVERSEAS, NESTA ENTERPRISES LIMITED, and others.

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity and Expenses. Includes a header row and four numbered rows for activities.

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of investment and Amount. Includes a header row and three numbered rows for investments.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	54,083,827.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	54,083,827.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	54,083,827.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	811,257.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	53,272,570.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,663,629.

Part X 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.)

1	Minimum investment return from Part IX, line 6	1	2,663,629.
2a	Tax on investment income for 2023 from Part V, line 5	2a	36,667.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	36,667.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,626,962.
4	Recoveries of amounts treated as qualifying distributions	4	98,821.
5	Add lines 3 and 4	5	2,725,783.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,725,783.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	11,065,545.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	11,065,545.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				2,725,783.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020		6,278,937.		
d From 2021		9,009,821.		
e From 2022		7,361,001.		
f Total of lines 3a through e	22,649,759.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 11,065,545.				
a Applied to 2022, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				2,725,783.
e Remaining amount distributed out of corpus	8,339,762.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	30,989,521.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0.
7 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.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	30,989,521.			
10 Analysis of line 9:				
a Excess from 2019 ...				
b Excess from 2020 ...		6,278,937.		
c Excess from 2021 ...		9,009,821.		
d Excess from 2022 ...		7,361,001.		
e Excess from 2023 ...		8,339,762.		

Part XIII Private Operating Foundations (see instructions and Part VI-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 2023, 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)

Table with 5 columns: (a) 2023, (b) 2022, (c) 2021, (d) 2020, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV 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 XIV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
AAS FOUNDATION, HENRI FORD JUNIOR FACULTY RESEARCH AWARD 11300 W OLYMPIC BLVD, STE 600 LOS ANGELES, CA 90064-1663	NONE	PC	GENERAL SUPPORT	50,000.
AATS FOUNDATION 800 CUMMINGS CENTER, SUITE 350-V BEVERLY, MA 01915	NONE	PC	GENERAL SUPPORT	40,000.
AMERICAN COLLEGE OF SURGEONS 633 N SAINT CLAIR STREET, STE 2400 CHICAGO, IL 60611-3295	NONE	PC	SEE STATEMENT	30,000.
AMERICAN ONLINE GIVING FOUNDATION 40 EAST MAIN STREET SUITE 887 NEWARK, DE 19711	NONE	PC	GENERAL SUPPORT FOR VARIOUS DESIGNATED CHARITIES	2,474,929.
AMSTERDAM UMC, UNIVERSITY OF AMSTERDAM MEIBERGDREEF 9 AMSTERDAM, NORTH HOLLAND, NETHERLANDS 1105AZ	NONE	PC	GENERAL SUPPORT	106,179.
Total SEE CONTINUATION SHEET(S)				3a 9,139,894.
b Approved for future payment				
AFFILIATED HOSPITAL OF QINGDAO UNIVERSITY 16 JIANGSU RD, SHINAN DISTRICT, QINGDAO, SHANDONG, CHINA 266000	NONE	PC	GENERAL SUPPORT	60,000.
AMSTERDAM UMC, UNIVERSITY OF AMSTERDAM MEIBERGDREEF 9 AMSTERDAM, NORTH HOLLAND, NETHERLANDS 1105AZ	NONE	PC	GENERAL SUPPORT	74,999.
ASSOCIATION OF WOMEN SURGEONS (AWS) 225 W WACKER DR. STE 650 CHICAGO, IL 60606	NONE	PC	GENERAL SUPPORT	92,799.
Total SEE CONTINUATION SHEET(S)				3b 6,445,957.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,637,947.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
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 _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,637,947.	0.
13 Total. Add line 12, columns (b), (d), and (e)			13	2,637,947.	2,637,947.

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

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

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

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A' for name and description.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A' for name.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee Date Title TREASURER
May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
MATTHEW PETROSKI MATTHEW PETROSKI 10/28/24 P00853132
Firm's name ARMANINO ADVISORY LLC Firm's EIN 94-6214841
Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004 Phone no. 925-790-2600

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
ATRIUM HEALTH 208 EAST BOULEVARD CHARLOTTE, NC 28203	NONE	PC	GENERAL SUPPORT	110,129.
AWS 225 W WACKER DR. STE 650 CHICAGO, IL 60606	NONE	PC	SEE STATEMENT	91,299.
BECKER YOUTH 12000 HANCOCK STREET BECKER, MN 55308	NONE	PC	CAMEL DELITES PROVIDES AN OUTLET FOR GIRL SCOUT TROOPS TO LEARN ABOUT STEM AND ROBOTIC	7,150.
BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVE, EAST/SHAPIRO 3 BOSTON, MA 02215	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP -FELLOWSHIP DIRECTOR DR. MIHIR PARKH	140,000.
BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVE, EAST/SHAPIRO 3 BOSTON, MA 02215	NONE	PC	GENERAL SUPPORT	143,155.
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	NONE	PC	GENERAL SUPPORT	37,500.
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	NONE	PC	GENERAL SUPPORT	146,149.
Total from continuation sheets				6,438,786.

Part XIV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

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
CETYS CALZADA CETYS S/N COLONIA RIVERA MEXICALI, BAJA CALIFORNIA, MEXICO 21259	NONE	PC	SEE STATEMENT	50,000.
CNIS (CANADIAN NETWORK OF INTERNATIONAL SURGERY) 212-1650 DURANLEAU STREET VANCOUVER, BRITISH COLUMBIA, CANADA V6H 3S4	NONE	PC	GENERAL SUPPORT	75,000.
COMMON ROOTS FARMS 301 GOLF CLUB DR SANTA CRUZ, CA 95060	NONE	PC	EXPAND COMMON ROOTS FARMS CAPACITY TO ENGAGE VOLUNTEERS WITH DISABILITIES IN ALL ASPECTS OF FARM PRODUCTION WITH NEW TOOLS AND EQUIPMENT.	25,000.
COSECSA (COLLEGE OF SURGEONS OF E. CENTRAL AND S. AFRICA) 157 OLORIEN, NIJIRO ROAD, PO BOX 1009 ARUSHA, ARUSHA, TANZANIA 23111	NONE	PC	GENERAL SUPPORT	66,550.
EUROPEAN SOCIETY OF THORACIC SURGEONS 19A CANNING STREET EDINBURGH, SCOTLAND, UNITED KINGDOM EH3 8HE	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP: EUROPEAN SOCIETY OF THORACIC SURGEONS	305,000.
FIRST ROBOTIC 200 BEDFORD STREET MANCHESTER, NH 03101-1103	NONE	PC	COMPETITION TEAM SUPPORT	443,500.
FORT LEWIS COLLEGE 1000 RIM DRIVE DURANGO, CO 81301	NONE	PC	GENERAL SUPPORT	26,665.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
GRACE CHARITY GUILDFORD GU2 7RF GUILDFORD, ENGLAND, UNITED KINGDOM GU2 7XX	NONE	PC	SEE STATEMENT	29,999.
GREENE SCHOLAR PO BOX 6393 SANTA CLARA, CA 95056	NONE	PC	SUMMER SCIENCE INSTITUTES	20,000.
HCG CANCER CENTRE, AHMEDABAD HCG TOWER#8, P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR, BANGALORE - 560027 BANGALORE, BENGALURU URBAN, INDIA 560027	NONE	NC	GENERAL SUPPORT	30,000.
HCG CANCER HOSPITAL, BANGALORE HCG TOWER#8, P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR, BANGALORE - 560027 BANGALORE, BENGALURU URBAN, INDIA 560027	NONE	NC	GENERAL SUPPORT	40,000.
HEALTH CAREER COLLAB 27 EL CAMINO REAL, UNIT 2 BURLINGAME, CA 94010	NONE	PC	HEALTH CAREER COLLAB - NATIONAL EXPANSION AND PROGRAM DEVELOPMENT	100,000.
HEALTH CAREER COLLABORATIVE 27 EL CAMINO REAL, UNIT 2 BURLINGAME, CA 94010	NONE	PC	AREA OF IMPACT: HS STUDENTS FROM LOWER INCOME HOUSEHOLDS, LEVERAGES THE VOLUNTEERISM OF MEDICAL STUDENTS TO TEACH SCIENCE AND HEALTH TO STUDENTS IN UNDERSERVED HIGH SCHOOLS	65,150.
HEALTHCARE GLOBAL ENTERPRISES LTD & BHARAT CHARITABLE CANCER HOSPITAL & INST 625 EAST TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	PC	GENERAL SUPPORT	37,750.
Total from continuation sheets				

Part XIV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

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
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PI NEW YORK, NY 10029	NONE	PC	CLINICAL RESEARCH GRANT: POST-OPERATIVE PAIN AND QUALITY-OF-LIFE DIFFERENCES FOLLOWING ROBOTIC VERSUS LAPAROSCOPIC COLECTOMY	27,900.
INTUITIVE FOUNDATION OF THE AAGL 6757 KATELLA AVE CYPRESS, CA 90630	NONE	PC	GENERAL SUPPORT	228,000.
JOHN HOPKINS UNIVERSITY 160 MALONE HALL, 3400 NORTH CHARLES STREET BALTIMORE, MD 21218	NONE	PC	DA VINCI RESEARCH KIT DEVELOPMENT & SUPPORT	220,000.
KAROLINSKA UNIVERSITY HOSPITAL 17176 STOCKHOLM STOCKHOLM, SODERMANLAND, SWEDEN 17176	NONE	PC	IMPLEMENTATION OF ROBOTIC-ASSISTED HYSTERECTOMY IN THE UNITED STATES: IMPACT ON IN-HOSPITAL USE OF OPIOIDS AND NON-OPIOID ANALGESICS	80,000.
KHAN ACADEMY MCAT 1020 KIFER ROAD SUNNYVALE, CA 94042	NONE	PC	GENERAL SUPPORT	100,000.
KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INST RAO SAHEB ACHUTRAON PATWARDHAN MARG, FOUR BUNGALOWS, ANDHERI WEST MUMBAI, MAHARASHTRA, INDIA 400053	NONE	NC	ROBOTIC SURGICAL FELLOWSHIP: KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INSTITUTE DR. YOGESH KULKARNI, PROGRAM DIRECTOR SURGICAL SPECIALTY - GYNECOLOGY	25,000.
LEIDEN UNIVERSITY MEDICAL CENTER ALBINUSDREEF 2 LEIDEN, SOUTH HOLLAND, NETHERLANDS 2333 ZA	NONE	PC	A PHASE III RANDOMIZED CONTROLLED TRIAL ASSESSING THE VALUE OF NEAR-INFRARED FLUORESCENCE IMAGING USING INDOCYANINE GREEN IN DECREASING THE LEAKAGE RATE OF COLORECTAL ANASTOMOSES.	30,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

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
MAYO CLINIC OTOLARYNGOLOGY UNDERGRADUATE RESEARCH EDU PROGRAM (UREP) SCHOLARSHIP 200 FIRST ST. SW ROCHESTER, MN 55905	NONE	PC	UNDERGRADUATE RESEARCH INTERNSHIP PROGRAM (URIP), A 10-WEEK SUMMER PROGRAM FOR 5 STUDENTS FROM URM BACKGROUNDS.	77,500.
MAYO CLINIC OTOLARYNGOLOGY UNDERGRADUATE RESEARCH EDUCATION PROGRAM (UREP) 200 FIRST ST. SW ROCHESTER, MN 55905	NONE	PC	MEDICAL STUDENT RESEARCH INTERNSHIP PROGRAM, A YEAR-LONG PROGRAM FOR 2 STUDENTS FROM URM BACKGROUNDS	52,034.
MAYO CLINIC GUILDFORD GU2 7RF GUILDFORD, ENGLAND, UNITED KINGDOM GU2 7XX	NONE	PC	CLINICAL RESEARCH GRANT: FEASIBILITY OF ROBOTIC CYTOREDUCTION AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) FOR PATIENTS WITH GASTRIC CANCER AND LIMITED PERITONEAL METASTASIS: ROBO-CHIP TRIAL	30,000.
MEDICAL AID OVERSEAS UNITS 1-3 FIRS FARM, STAGSDEN WEST END BEDFORD, ENGLAND, UNITED KINGDOM MK43 8TW	NONE	PC	BIOMEDICAL ENGINEERING EDUCATION	259,511.
MULATU AR 06 1084 TEWODROS AVENUE ADDIS ABABA, SHEWA, ETHIOPIA	NONE	PC	SELF APPENDECTOMY MODULE EVALUATION	2,218.
NC STATE PRE-COLLEGE PROGRAM ADMIN SERVICES III, SUITE 240, 2601 WOLF VILLAGE WAY RALEIGH, NC 27607	NONE	PC	SEE STATEMENT	40,000.
NESTA ENTERPRISE 58 VICTORIA EMBANKMENT LONDON, ENGLAND, UNITED KINGDOM EC4Y 0DS	NONE	PC	QUARTERLY PAYMENT 11	136,820.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
NUCLEATE DOJO 88 GORDON STREET, APR 401 BRIGHTON, MA 02135-6221	NONE	PC	DOJO GRANTS IS THE FIRST INSTITUTION-AGNOSTIC FINANCIAL SCHOLARSHIP PROGRAM THAT ENABLES UNDERGRADUATE STUDENTS TO CONDUCTHANDS-ON LAB RESEARCH IN THE LIFE SCIENCES ACROSS THE WORLDS PREMIER RESEARCH UNIVERSITIES AND INSTITUTIONS.	25,000.
NYU LANGONE HEALTH 1 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10016	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP NYU LANGONE HEALTH DR. ROBERT CERFOLIO, PROGRAM DIRECTOR SURGICAL SPECIALTY - THORACIC	150,000.
NYU LANGONE HEALTH 1 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10016	NONE	PC	GENERAL SUPPORT	150,000.
OV TOROS PO BOX 251 MORGAN HILL, CA 95038-0251	NONE	PC	OV TOROS LIGHT PROGRAM	25,000.
PAN-AFRICAN ACADEMY OF CHRISTIAN SURGEONS 440 W COLFAX ST #1458 PALATINE, IL 60067	NONE	PC	GLOBAL SURGICAL TRAINING CHALLENGE	700,000.
PORTSMOUTH NHS TRUST SOUTHWICK HILL ROAD PORTSMOUTH, ENGLAND, UNITED KINGDOM PO5 3LY	NONE	PC	CLINICAL OUTCOMES-BASED RESEARCH (OUS)	30,000.
PROJECT INVENT 831 DONOHOE STREET EAST PALO ALTO, CA 94303	NONE	PC	SEE STATEMENT	30,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
PTA CALIFORNIA CONGRESS OF PARENTS TEACHERS AND STUDENTS INC. 777 SAN MIGUEL AVE SUNNYVALE, CA 94085-3411	NONE	PC	GENERAL SUPPORT	7,100.
RAJIV GAHNDHI CANVER INSTITUTE AND RESEARCH CENTER SECTOR 5, ROHINI DELHI, DELHI, INDIA 11085	NONE	NC	GENERAL SUPPORT	28,800.
RESEARCH FOUNDATION 2515 WAUKEGAN ROAD, #210 BANNOCKBURN, IL 60015	NONE	PC	RESEARCH IN ROBOTIC SURGICAL TECHNOLOGY	10,000.
SAGES 11300 W OLYMPIC BLVD, STE 600 LOS ANGELES, CA 90064-1663	NONE	PC	GENERAL SUPPORT	180,000.
SAGES 11300 W OLYMPIC BLVD, STE 600 LOS ANGELES, CA 90064-1663	NONE	PC	GENERAL SUPPORT	180,000.
SIDE BY SIDE 300 SUNNY HILLS DRIVE SAN ANSELMO, CA 94960	NONE	PC	GENERAL SUPPORT	30,000.
ST. ANTONIUS HOSPITAL KOEKOEKSLAAN 1 NIEUWEGEIN, UTRECHT, NETHERLANDS 3435CM	NONE	PC	CLINICAL RESEARCH GRANT: A NEW SURGICAL TECHNIQUE: ROBOTIC INTRA-CORPOREAL KONO-S ANASTOMOSIS IN CROHN	60,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	NONE	PC	INT'L HUMANITARIAN SURGICAL SKILLS COURSE	18,000.
SUNDERLAND ROYAL HOSPITAL AND NEWCASTLE HOSPITALS NHS FOUNDATION TRUST KAYLL RD SUNDERLAND, ENGLAND, UNITED KINGDOM SR4-7TP	NONE	PC	ROBOTIC SURGICAL FELLOWSHIP	78,000.
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	NONE	PC	GENERAL SUPPORT	110,000.
TECHNOVATION CHALLENGE BY IRIDESCENT 532 W. 22ND STREET LOS ANGELES, CA 90007	NONE	PC	A GLOBAL CHALLENGE WHERE TEAMS OF GIRLS IDENTIFY COMMUNITY PROBLEMS AND CREATE MOBILE APP SOLUTIONS.	25,000.
THE ASIA FOUNDATION 465 CALIFORNIA STREET, 9TH FLOOR SAN FRANCISCO, CA 94104	NONE	PC	THE ASIA FOUNDATION UNIVERSITY SCHOLARSHIP PROGRAM FOR TALENTED YOUNG WOMEN IN STEM	12,500.
THE CANADIAN NETWORK FOR INTERNATIONAL SURGERY 212-1650 DURANLEAU STREET VANCOUVER, BRITISH COLUMBIA, CANADA V6H 3S4	NONE	PC	BETHUNE RT 2024 SUPPORT	5,000.
THE GOG FOUNDATION 1600 JOHN F. KENNEDY BLVD. PHILADELPHIA, PA 19103	NONE	PC	A RANDOMIZED CONTROLLED TRIAL OF ROBOTIC VERSUS OPEN RADICAL HYSTERECTOMY FOR CERVICAL	749,759.

Total from continuation sheets

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
THE SOCIETY OF MEXICAN 2437 BAY AREA BLVD HOUSTON, TX 77058	NONE	PC	SCIENCE EXTRAVAGANZA	5,000.
U OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 1515 HOLCOMBE BLVD HOUSTON, TX 77030	NONE	PC	CLINICAL RESEARCH GRANT: ACCELERATED RECOVERY AFTER MIS HEPATECTOMY (ARAMIS HEP) TO SUPPORT EARLY DISCHARGE FOR PATIENTS UNDERGOING MINIMALLY INVASIVE LIVER RESECTION	30,000.
UNIVERSITY HOSPITALS HEALTH SYSTEM 11100 EUCLID AVE CLEVELAND, OH 44106	NONE	PC	GENERAL SUPPORT	12,000.
UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, UTRECHT, NETHERLANDS 3584CX	NONE	PC	GENERAL, DIRECTOR - DR. HELMA VAN GREVENSTEIN	153,676.
UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, UTRECHT, NETHERLANDS 3584CX	NONE	PC	CLINICAL RESEARCH GRANT: INTERNATIONAL RESEARCH IN THE UPPER GI INTERNATIONAL ROBOTIC ASSOCIATION (UGIRA) REGISTRIES, AND ESTABLISHING THE UGIRA INTERNATIONAL REGISTRY FOR ROBOT-ASSISTED BENIGN UPPER-GI SURGERY	30,000.
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS 13001 E 17TH PLACE, BUILDING 500 AURORA, CO 80045	NONE	PC	GENERAL SUPPORT	104,522.
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET 3RD FLOOR LOS ANGELES, CA 90089	NONE	PC	GENERAL SUPPORT	150,000.

Total from continuation sheets

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
YEKATIT AR 06 1084 TEWODROS AVENUE ADDIS ABABA, SHEWA, ETHIOPIA	NONE	PC	SURGICAL EDUCATION LEARNERS FORUM (SELF)	450.
YOUNG WOMEN AT THE TECH 201 S. MARKET STREET SAN JOSE, CA 95113	NONE	PC	SUPPORTS A HOST OF OPPORTUNITIES FOR GIRLS AND YOUNG WOMEN THAT NURTURES THEIR INTEREST, BOOSTS THEIR SKILLS, AND SOLIDIFIES THEIR CONFIDENCE IN STEM.	50,000.
Total from continuation sheets				

Part XIV 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
ATRIUM HEALTH 208 EAST BOULEVARD CHARLOTTE, NC 28203	NONE	PC	GENERAL SUPPORT	110,129.
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	NONE	PC	GENERAL SUPPORT	37,500.
CHIAYI CHANG GUNG MEMORIAL HOSPITAL 613, TAIWAN, CHIAYI COUNTY PUZI CITY, WESTERN CHIAYI, TAIWAN 613	NONE	PC	GENERAL SUPPORT	60,000.
COSECSA (COLLEGE OF SURGEONS OF EAST CENTRAL AND SOUTHERN AFRICA) 157 OLORIEN, NIJIRO ROAD, PO BOX 1009 ARUSHA, ARUSHA, TANZANIA 23111	NONE	PC	GENERAL SUPPORT	66,550.
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	NONE	PC	GENERAL SUPPORT	212,390.
EUROPEAN ASSOCIATION FOR CARDIOTHORACIC SURGERY (EACTS) EACTS HOUSE, MADEIRA WALK WINDSOR, ENGLAND, UNITED KINGDOM SL4 1 EU	NONE	PC	GENERAL SUPPORT	18,400.
EUROPEAN SOCIETY COLOPROCTOLOGY 19A CANNING STREET EDINBURGH, ENGLAND, UNITED KINGDOM EH3 8HE	NONE	PC	GENERAL SUPPORT	1,857,795.
Total from continuation sheets				6,218,159.

Part XIV 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
FORT LEWIS COLLEGE 1000 RIM DRIVE DURANGO, CO 81301	NONE	PC	GENERAL SUPPORT	26,665.
FUNDACIN HERRERA LLERANDI 6 AVE 7-49 ZONA 10, 5TO NIVEL GUATEMALA CITY, CENTRAL AMERICA, GUATEMALA	NONE	PC	GENERAL SUPPORT	74,989.
HOSPITAL ISRAELITA ALBERT EINSTEIN AV. ALBERT EINSTEIN, 627/701 MORUMBI, SAO PAULO, BRAZIL 05652-900	NONE	PC	GENERAL SUPPORT	60,000.
HOSPITAL ISRAELITA ALBERT EINSTEIN AV. ALBERT EINSTEIN, 627/701 MORUMBI, SAO PAULO, BRAZIL 05652-900	NONE	PC	GENERAL SUPPORT	72,000.
HOSPITAL ISRAELITA ALBERT EINSTEIN AV. ALBERT EINSTEIN, 627/701 MORUMBI, SAO PAULO, BRAZIL 05652-900	NONE	PC	GENERAL SUPPORT	60,000.
HOSPITAL MATER DEI SALVADOR AV. ALBERT EINSTEIN, 627/701 MORUMBI, SAO PAULO, BRAZIL 05652-900	NONE	PC	GENERAL SUPPORT	5,000.
INDIANA UNIVERSITY HEALTH CARE ASSOCIATES INC 980 INDIANA AVE, ROOM 2232 INDIANAPOLIS, IN 46202-2915	NONE	PC	GENERAL SUPPORT	70,000.
Total from continuation sheets				

Part XIV 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
KAROLINSKA INSTITUTET 10 SJUKHUSBACKEN STOCKHOLM, SODERMANLAND, SWEDEN 11883	NONE	PC	GENERAL SUPPORT	75,000.
KINGSTON HEALTH SCIENCES CENTRE 207 STUART STREET, 3RD FLOOR KINGSTON, ONTARIO, CANADA K7L3N6	NONE	PC	GENERAL SUPPORT	80,000.
KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INSTITUTE RAO SAHEB ACHUTRAON PATWARDHAN MARG, FOUR BUNGALOWS MUMBAI, MAHARASHTRA, INDIA 400053	NONE	PC	GENERAL SUPPORT	27,500.
LAHEY CLINIC INC 41 MALL ROAD BURLINGTON, MA 01805	NONE	PC	GENERAL SUPPORT	75,000.
LONG BEACH EDUCATION FOUNDATION 1515 HUGHES WAY LONG BEACH, CA 90810	NONE	PC	GENERAL SUPPORT	52,530.
MANIPAL HOSPITALS #103-6190 AGRONOMY ROAD VANCOUVER, BRITISH COLUMBIA, CANADA V6T 1Z3	NONE	PC	GENERAL SUPPORT	29,500.
MAYO CLINIC FLORIDA 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	NONE	PC	GENERAL SUPPORT	73,200.
Total from continuation sheets				

Part XIV 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
MAYO CLINIC OTOLARYNGOLOGY UNDERGRADUATE RESEARCH EDUCATION PROGRAM (UREP) 200 FIRST ST. SW ROCHESTER, MN 55905	NONE	PC	GENERAL SUPPORT	80,500.
MAYO CLINIC OTOLARYNGOLOGY UNDERGRADUATE RESEARCH EDUCATION PROGRAM (UREP) 200 FIRST ST. SW ROCHESTER, MN 55905	NONE	PC	GENERAL SUPPORT	118,948.
NARAYANA HEALTH HOSPITALS 2ND FLOOR, NO. 261/A, BOMMASANDRA INDUSTRIAL AREA, HOSUR RD, ANEKAL THALUK BANGALORE, KAMATAKA, INDIA 560099	NONE	PC	GENERAL SUPPORT	27,100.
NC STATE PRE-COLLEGE PROGRAM ADMIN SERVICES III, SUITE 240, 2601 WOLF VILLAGE WAY RALEIGH, NC 27607	NONE	PC	GENERAL SUPPORT	65,000.
NEWCASTLE UPON TYNE HOSPITALS NHS TRUST FREEMAN HOSPITAL, FREEMAN ROAD, HIGH HEATON NEWCASTLE UPON TYNE, ENGLAND, UNITED KINGDO	NONE	PC	GENERAL SUPPORT	75,000.
NORFOLK AND NORWICH UNIVERSITY HOSPITAL COLNEY LANE NORWICH, ENGLAND, UNITED KINGDOM NR4 7UY	NONE	PC	GENERAL SUPPORT	129,000.
NYU LANGONE HEALTH 1 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10016	NONE	PC	GENERAL SUPPORT	111,552.
Total from continuation sheets				

Part XIV 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
PANCREATIC CENTER OF RUIJIN HOSPITAL OF SHANGHAI JIAO TONG UNIVERSITY SCHOOL OF NO. 197 RUJIN SECOND ROAD SHANGHAI, SHANGHAI, CHINA 200025	NONE	PC	GENERAL SUPPORT	60,000.
PHILIPPS-UNIVERSITT MARBURG BIEGENSTRABE 10 MARBURG, MARBURG-BIEDENKOPF, GERMANY 35037	NONE	PC	GENERAL SUPPORT	72,000.
PROJECT INVENT 831 DONOHOE STREET EAST PALO ALTO, CA 94303	NONE	PC	GENERAL SUPPORT	45,000.
RESEARCH FOUNDATION OF THE ASCRS ONE PARKVIEW PLAZA, SUITE 800 OAKBROOK TERRACE, IL 60181	NONE	PC	GENERAL SUPPORT	180,000.
RESEARCH FOUNDATION OF THE ASCRS ONE PARKVIEW PLAZA, SUITE 800 OAKBROOK TERRACE, IL 60181	NONE	PC	GENERAL SUPPORT	25,000.
SEATTLE CHILDREN'S HOSPITAL - UNIVERSITY OF WASHINGTON DEPT OF UROLOGY, UW SCHOOL OF MEDICINE SEATTLE, WA 98195	NONE	PC	GENERAL SUPPORT	60,000.
SINGAPORE GENERAL HOSPITAL (SGH) 10 HOSPITAL BOULEVARD, #19-01 SINGAPORE, SINGAPORE, CHINA 168582	NONE	PC	GENERAL SUPPORT	75,000.
Total from continuation sheets				

Part XIV 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
SOCIETY OF LAPAROENDOSCOPIC SURGERY AND ROBOTIC SURGEONS 7330 SW 62ND PLACE, SUITE 410 MIAMI, FL 33143	NONE	PC	GENERAL SUPPORT	82,000.
SRI SHANKARA CANCER FOUNDATION 1ST CROSS, SHANKARA MATT PREMISES, SHANKARAPURAM, BASAVANAGUDI, BENGALURU BENGALURU, KARNATAKA, INDIA 560004	NONE	PC	GENERAL SUPPORT	38,000.
STONY BROOK SURGICAL ASSOCIATES UNIVERSITY FACULTY PRACTICE CORP 37 RESEARCH WAY EAST SETAUKET, NY 11733	NONE	PC	GENERAL SUPPORT	150,000.
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	NONE	PC	READY TO LEARN EVENT 2023	20,000.
TECHNOVATION CHALLENGE BY IRIDESCENT 532 W. 22ND STREET LOS ANGELES, CA 90007	NONE	PC	GENERAL SUPPORT	50,000.
THE CURATORS OF THE UNIVERSITY OF MISSOURI 5100 ROCKHILL RD KANSAS, MO 64110-2499	NONE	PC	GENERAL SUPPORT	75,000.
THE FIRST AFFILIATED HOSPITAL OF XI'AN JIAO TONG UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	NONE	PC	CLINICAL TRIAL ON RECTAL CANCER WITH ROBOTIC LATERAL LYMPH NODE DISSECTION	30,000.
Total from continuation sheets				

Part XIV 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
THE FOURTH HOSPITAL OF HEBEI MEDICAL UNIVERSITY 3G25+5VR, JIANKANG RD, QIAO DONG QU SHIJIAZHUANG, HEBEI, CHINA 050010	NONE	PC	GENERAL SUPPORT	50,000.
THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER 410 W 10TH AVENUE COLUMBUS, OH 43210	NONE	PC	GENERAL SUPPORT	150,000.
THE REACH FOUNDATION 3790 EL CAMINO REAL #624 PALO ALTO, CA 94306	NONE	PC	GENERAL SUPPORT	42,500.
THE ROYAL MARSDEN HOSPITAL 203 FULHAM ROAD LONDON, ENGLAND, UNITED KINGDOM SW3 6JJ	NONE	PC	GENERAL SUPPORT	73,866.
UCSD BUMMP PROGRAM 9500 GILMAN DRIVE LA JOLLA, CA 92093	NONE	PC	GENERAL SUPPORT	60,000.
UNIVERSITY COLLEGE LONDON HOSPITAL 16-18 WESTMORELAND STREET, WALTHAM CROSS LONDON, ENGLAND, UNITED KINGDOM EN87FR	NONE	PC	GENERAL SUPPORT	80,000.
UNIVERSITY HOSPITALS HEALTH SYSTEM 11100 EUCLID AVE CLEVELAND, OH 44106	NONE	PC	GENERAL SUPPORT	37,875.
Total from continuation sheets				

Part XIV 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 HOSPITALS OF COVENTRY AND WARWICKSHIRE NHS TRUST CLIFFORD BRIDGE RD COVENTRY, ENGLAND, UNITED KINGDOM CV2 2DX	NONE	PC	GENERAL SUPPORT	74,471.
UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, NETHERLANDS 3584CX	NONE	PC	GENERAL SUPPORT	74,785.
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	NONE	PC	GENERAL SUPPORT	75,000.
UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637	NONE	PC	GENERAL SUPPORT	175,016.
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS 13001 E 17TH PLACE, BUILDING 500 AURORA, CO 80045	NONE	PC	GENERAL SUPPORT	104,523.
UNIVERSITY OF LIVERPOOL FOUNDATION BUILDING, BROWNLOW HILL LIVERPOOL, ENGLAND, UNITED KINGDOM L69 7ZX	NONE	PC	GENERAL SUPPORT	76,000.
UNIVERSITY OF PENNSYLVANIA 5TH FLOOR, FRANKLIN BUILDING, 3451 WALNUT STREET PHILADELPHIA, PA 19104-6205	NONE	PC	GENERAL SUPPORT	75,000.
Total from continuation sheets				

Part XIV 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 OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET 3RD FLOOR LOS ANGELES, CA 90089	NONE	PC	GENERAL SUPPORT	60,000.
UNIVERSITY OF UTAH 30 NORTH 1900 EAST SALT LAKE CITY, UT 84132	NONE	PC	GENERAL SUPPORT	125,875.
UZ GENT CORNEEL HEYMANS LAAN 10 GENT, BELGIUM, UNITED KINGDOM 9000	NONE	PC	GENERAL SUPPORT	45,000.
WEILL CORNELL MEDICINE 530 EAST 70TH STREET M-522 NEW YORK, NY 10021	NONE	PC	GENERAL SUPPORT	75,000.
YOUNG WOMEN AT THE TECH 201 S. MARKET STREET SAN JOSE, CA 95113	NONE	PC	GENERAL SUPPORT	50,000.
Total from continuation sheets				

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

NAME OF RECIPIENT - AMERICAN COLLEGE OF SURGEONS

TRAINING RESEARCH GRANT: AN EDUCATIONAL RESEARCH INVESTIGATION OF THE
PRACTICAL IMPACT OF THE FIRST HANDS-ON SURGICAL ERGONOMICS EDUCATION OF
INDIVIDUALIZED ERGONOMIC INTERVENTIONS AT AN INTERNATIONAL SURGICAL
MEETING.

NAME OF RECIPIENT - AWS

OUTREACH PHILANTHROPY GRANT: ASSOCIATION OF WOMEN SURGEONS 2023 GRANT.
THE ASSOCIATION OF WOMEN SURGEONS 2023 GRANT HAS 5 SEPARATE PROGRAMS IN
IT, ENGAGING WOMEN IN HIGH SCHOOL THROUGH SENIOR SURGICAL LEADERS. THE
PURPOSE IS TO BEGIN AN ENGAGEMENT OF SKILLS TRAINING AND SUPPORT,
BEGINNING AT A YOUNG LEVEL, TO STRENGTHEN THE PIPELINE OF BRINGING
WOMEN TO LEADERSHIP ROLES IN THE UNITED STATES WITHIN SURGERY.

NAME OF RECIPIENT - CETYS

OUTREACH PHILANTHROPY GRANT: ROBOTICS PROGRAM TO PROMOTE STEM EDUCATION
IN LOW INCOME COMMUNITIES OF MEXICALI, BAJA CALIFORNIA, MEXICO THE
PROPOSED PROGRAM WILL PROMOTE LEARNING AND INTEREST IN SCIENCE AND
TECHNOLOGY IN YOUNG STUDENTS AND GIRLS THAT DO NOT HAVE THE RESOURCES
TO ACCESS THIS TYPE OF INITIAL TRAINING. THE OBJECTIVE IS TO TEACH STEM
WORKSHOPS IN PUBLIC SCHOOLS WITH OTHER SESSIONS IN OUR FACILITIES IN
CETYS TO HAVE ACCESS TO OTHER LABORATORIES FROM THE CENTER FOR
EXCELLENCE IN INNOVATION AND DESIGN (CEID) AT CETYS UNIVERSITY.

NAME OF RECIPIENT - GRACE CHARITY

CLINICAL RESEARCH GRANT: MIRRORS RCT (PILOT PHASE): RANDOMISED
CONTROLLED TRIAL (RCT) OF ROBOTIC INTERVAL CYTOREDUCTIVE SURGERY FOR
ADVANCED OVARIAN, FALLOPIAN TUBE AND PERITONEAL CANCER (EOC) FOLLOWING

Part XIV Supplementary Information

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

MIRRORS-PROTOCOL VS STANDARD OPEN INTERVAL CYTOREDUCTIVE SURGERY

NAME OF RECIPIENT - NC STATE PRE-COLLEGE PROGRAM

OUTREACH PHILANTHROPY GRANT: NC-MSEN PRE-COLLEGE PROGRAM. THE NORTH

CAROLINA MATHEMATICS AND SCIENCE EDUCATION NETWORK PRE-COLLEGE PROGRAM

(NC-MSEN PCP) IS A YEARLONG STEM ENRICHMENT AND COLLEGE PIPELINE

PROGRAM HOUSED ON THE CAMPUS OF NORTH CAROLINA STATE UNIVERSITY (NCSU).

THE NC-MSEN PCP IS FOCUSED ON SERVING MIDDLE AND HIGH SCHOOL STUDENTS

FROM UNDERSERVED BACKGROUNDS IN CENTRAL AND NORTHEASTERN NORTH CAROLINA

NAME OF RECIPIENT - PROJECT INVENT

OUTREACH PHILANTHROPY GRANT: STEM INVENTION PROGRAMMING IN EVERY

SCHOOL. PROJECT INVENT IS THE ONLY NATIONAL PROGRAM WHERE STUDENTS

DESIGN FOR REAL CLIENTS TO SOLVE SOCIAL IMPACT PROBLEMS. STUDENTS

INNOVATE FOR PROBLEMS THAT THEY ARE PASSIONATE ABOUT, AND DESIGN

SOLUTIONS THAT MAKE A DIFFERENCE WITH THEIR CLIENT IN MIND.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

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 KIEFER ROAD SUNNYVALE, CA 94086-5304	\$ 40,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, LLP 3300 HILLVIEW AVENUE PALO ALTO, CA 94304-1203	\$ 15,000.	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.)

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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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	2,637,947.	2,637,947.	
TOTAL TO PART I, LINE 3	2,637,947.	2,637,947.	

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	24,175.	0.		24,175.
TO FM 990-PF, PG 1, LN 16A	24,175.	0.		24,175.

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	73,174.	0.		73,174.
TO FORM 990-PF, PG 1, LN 16B	73,174.	0.		73,174.

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	322,668.	0.		292,593.
TO FORM 990-PF, PG 1, LN 16C	322,668.	0.		292,593.

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	37,000.	0.		0.
CA RRF-1 REGISTRATION FEES	100.	0.		100.
TO FORM 990-PF, PG 1, LN 18	37,100.	0.		100.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES AND SUBSCRIPTIONS	12,049.	0.		12,049.
BANK CHARGES	6,337.	0.		6,337.
GLOBAL SURGICAL TRAINING CHALLENGE	152,535.	0.		150,035.
OTHER MISCELLANEOUS OPERATION COSTS	146,323.	0.		146,323.
OFFICE EXPENSES	294.	0.		294.
MISC GRANTS EXPENSE	1,119,854.	0.		1,119,854.
OTHER EXPENSES	2,684.	0.		2,684.
TO FORM 990-PF, PG 1, LN 23	1,440,076.	0.		1,437,576.

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 36.00	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 6.00	0.	0.	0.
MARK RUBASH 1020 KIFER RD SUNNYVALE, CA 94086	BOARD CHAIR 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 0.70	0.	0.	0.
LONNIE M. SMITH 1020 KIFER RD SUNNYVALE, CA 94086	DIRECTOR 0.70	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VI-B, LINE 5D

STATEMENT 8

GRANTEE'S NAME

HCG CANCER HOSPITAL, BANGALORE

GRANTEE'S ADDRESS

HCG TOWER#8, P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR, BANGALORE - 560027
BANGALORE, BENGALURU URBAN, INDIA, 560027

GRANT AMOUNT

40,000.

DATE OF GRANT

08/18/22

AMOUNT EXPENDED

40,000.

PURPOSE OF GRANT

SURGICAL FELLOWSHIP - RAGHUNATH S.K. - PROGRAM DIRECTOR - FELLOWSHIP
SURGICAL SPECIALITY UROLOGY

DATES OF REPORTS BY GRANTEE

06/28/2024

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE
REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE
REPORT WILL BE MADE.

GRANTEE'S NAME

KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INSTITUTE

GRANTEE'S ADDRESS

RAO SAHEB ACHUTRAON PATWARDHAN MARG, FOUR BUNGALOWS
MUMBAI, MAHARASHTRA, INDIA, 400053

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
25,000.	11/03/22	25,000.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP: KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INSTITUTE DR. YOGESH KULKARNI, PROGRAM DIRECTOR SURGICAL SPECIALTY - GYNECOLOGY

DATES OF REPORTS BY GRANTEE

06/11/2024

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

RAJIV GAHNDHI CANVER INSTITUTE AND RESEARCH CENTER

GRANTEE'S ADDRESS

SECTOR 5, ROHINI
DELHI, DELHI, INDIA, 11085

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
28,800.	09/04/23	9,600.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP - DR. RAWAL - SURGICAL SPECIALITY UROLOGY

DATES OF REPORTS BY GRANTEE

10/14/2024

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

HCG CANCER CENTRE, AHMEDABAD

GRANTEE'S ADDRESS

HCG TOWER#8, P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR, BANGALORE - 560027
BANGALORE, BENGALURU URBAN, INDIA, 560027

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	11/01/23	5,000.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP DR BAKSHI - UROLOGY

DATES OF REPORTS BY GRANTEE

02/10/2024

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

FUNDACION SECT

GRANTEE'S ADDRESS

CALLE CASTELLO 128, 7
MADRID, SPAIN, 28006

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
29,535.	05/27/22	0.

PURPOSE OF GRANT

RESULTS OF THE IMPLEMENTATION, TRAINING, QUALITY AND COST-EFFICIENCY OF THORACIC ROBOTIC SURGERY IN SPAIN. MULTI-CENTRIC PROSPECTIVE STUDY OF THE SPANISH GROUP OF ROBOTIC THORACIC SURGERY (GETORO), PI - DR. MARIA RODRIGUEZ; SPAIN

DATES OF REPORTS BY GRANTEE

PENDING

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

MANIPAL HOSPITAL HAL ROAD BENGALURU

GRANTEE'S ADDRESS

98, HAL OLD AIRPORT RD
KODIHALLI, BENGALURU, INDIA, 560017

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	06/03/22	30,000.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP: UROLOGY FELLOWSHIP DIRECTOR: DR. DEEPAK DUBEY

DATES OF REPORTS BY GRANTEE

06/29/2023; 07/01/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

GRANTEE'S ADDRESS

SECTOR 5, ROHINI
DELHI, NEW DELHI, INDIA, 11085

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
25,000.	11/30/22	25,000.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP: UROLOGY FELLOWSHIP DIRECTOR: DR. SUDHIR RAWAL

DATES OF REPORTS BY GRANTEE

06/05/2023; 08/15/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

KOKILABEN DHIRUBHAI AMBANI HOSPITAL AND MEDICAL RESEARCH

GRANTEE'S ADDRESS

RAO SAHEB ACHUTRAO, PATWARDHAN MARG
MUMBAI, MAHARASHTRA, INDIA, 400047

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
25,000.	07/13/22	25,000.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP: UROLOGY FELLOWSHIP DIRECTOR: DR. YUVARAJA
THYAVIHALLY

DATES OF REPORTS BY GRANTEE

06/07/2023; 07/20/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE
REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE
REPORT WILL BE MADE.

GRANTEE'S NAME

YONSEI UNIVERSITY COLLEGE OF MEDICINE

GRANTEE'S ADDRESS

50YONSEIRO, SEODAEMUN-GU
SEOUL, GYEONGGI , SOUTH KOREA, 120-752

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	07/11/22	30,000.

PURPOSE OF GRANT

IMPLEMENTATION OF REDUCED PORT ROBOTIC GASTRECTOMY USING DA VINCI SP, PI -
DR. KIM, SOUTH KOREA

DATES OF REPORTS BY GRANTEE

11/09/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE
REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE
REPORT WILL BE MADE.

GRANTEE'S NAME

SINGAPORE GENERAL HOSPITAL (SGH)

GRANTEE'S ADDRESS

10 HOSPITAL BOULEVARD, #19-01
SIGNAPORE, SINGAPORE, 168582

GRANT AMOUNT

30,000.

DATE OF GRANT

07/22/22

AMOUNT EXPENDED

30,000.

PURPOSE OF GRANT

INTERNATIONAL MULTI-CENTER STUDY ON ROBOTIC AND LAPAROSCOPIC LIVER RESECTIONS

DATES OF REPORTS BY GRANTEE

11/06/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

HEALTHCARE GLOBAL SPECAILITY CENTRE

GRANTEE'S ADDRESS

NO. 8, P. KALINGARAO ROAD, S. R. NAGAR
BANGALORE, BENGALURU, INDIA, 560027

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
32,500.	11/05/20	32,500.

PURPOSE OF GRANT

TO SUPPORT THE PROJECT IN THE AREA OF UROLOGY. PROJECT WILL START IN JANUARY 2021.

DATES OF REPORTS BY GRANTEE

06/13/2022; 09/04/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

SINGAPORE GENERAL HOSPITAL

GRANTEE'S ADDRESS

10 HOSPITAL BOULEVARD, #19-01
SINGAPORE, SINGAPORE, 168582

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	11/05/20	30,000.

PURPOSE OF GRANT

CLINICAL OUTCOMES-BASED RESEARCH

DATES OF REPORTS BY GRANTEE

6/7/2022; 11/06/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

ST. ANTONIUS-HOSPITAL GRONAU GMBH

GRANTEE'S ADDRESS

MOELLENWEG 22
GRONAU, GERMANY, 48599

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,260.	11/05/20	30,260.

PURPOSE OF GRANT

CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM OUTSIDE THE UNITED STATES)

DATES OF REPORTS BY GRANTEE

10/28/2022; 02/10/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

THE TAIWAN SOCIETY OF THORACIC SURGEONS

GRANTEE'S ADDRESS

612 R, 15F, NO 201, SEC 2, SHIPAI. RD
TAIPEI CITY, TAIWAN, 11217

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
70,000.	11/05/20	70,000.

PURPOSE OF GRANT

FELLOWSHIP DIRECTOR: PROFESSOR RICHARD VAN HILLEGERSBERG; SURGICAL
SPECIALTY: THORACIC

DATES OF REPORTS BY GRANTEE

10/18/2022; 02/12/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE
REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE
REPORT WILL BE MADE.

GRANTEE'S NAME

CORSU COMPREHENSIVE

GRANTEE'S ADDRESS

P.O BOX 46
KISUBI, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
164,634.	03/08/21	164,634.

PURPOSE OF GRANT

TRAINING GRAND CHALLENGE

DATES OF REPORTS BY GRANTEE

11/04/2022; 08/24/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

FUNDACION DE ESPECIA

GRANTEE'S ADDRESS

2DA. CALLE 22-65
ZONA 15, GUATEMALA, 01015

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
199,371.	03/08/21	199,371.

PURPOSE OF GRANT

TRAINING GRAND CHALLENGE

DATES OF REPORTS BY GRANTEE

10/13/2022; 08/24/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INSTITUTE

GRANTEE'S ADDRESS

RAO SAHEB ACHUTRAO, PATWARDHAN MARG
MUMBAI, MAHARASHTRA, INDIA, 400047

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
25,000.	11/05/20	25,000.

PURPOSE OF GRANT

ROBOTIC SURGICAL FELLOWSHIP: KOKILABEN DHIRUBHAI AMBANI HOSPITAL & MEDICAL RESEARCH INSTITUTE DR. YOGESH KULKARNI, PROGRAM DIRECTOR SURGICAL SPECIALTY - GYNECOLOGY

DATES OF REPORTS BY GRANTEE

01/02/2022; 10/14/2023

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE FOUNDATION, NO FUNDS WILL BE DIVERTED.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

GRANTEE'S NAME

ORGANLIKE LTD

GRANTEE'S ADDRESS

8 INVERNESS CAMPUS
INVERNESS, SCOTLAND, UNITED KINGDOM, IV2 5NA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
200,000.	03/02/21	179,611.

PURPOSE OF GRANT

TRAINING GRAND CHALLENGE

DATES OF REPORTS BY GRANTEE

10/24/2022; 09/15/2024

ANY DIVERSION BY GRANTEE

THE GRANTEE WILL REFUND THE REMAINING FUNDS.

RESULTS OF VERIFICATION

THE FOUNDATION HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WILL BE MADE.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 9

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