Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 09-01-2024 , and ending 08-31-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH
% SHANNON WARD

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 400 HAMILTON AVENUE Suite 340

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
PALO ALTO, CA 94301

D Employer identification number
77-0440090

E Telephone number
(650) 461-9800

G Gross receipts $ 176,658,068

F Name and address of principal officer:
BRIAN PERRONNE
400 HAMILTON AVENUE 340
PALO ALTO,CA 94301

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.LPFCH.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1996

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	179
6	Total number of volunteers (estimate if necessary)	**6**	393
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	261,105
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	183,751

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	76,479,467	120,153,754
9	Program service revenue (Part VIII, line 2g)	36,763,408	39,879,066
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,042,228	1,291,901
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-299,075	-412,081
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,986,028	160,912,640
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	121,667,015	131,275,477
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,441,992	31,951,493
16a	Professional fundraising fees (Part IX, column (A), line 11e)	55,405	240,010
b	Total fundraising expenses (Part IX, column (D), line 25) 33,907,073		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,566,651	14,518,676
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	161,731,063	177,985,656
19	Revenue less expenses. Subtract line 18 from line 12	-47,745,035	-17,073,016

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	342,491,110	346,537,752
21	Total liabilities (Part X, line 26)	39,168,221	43,295,245
22	Net assets or fund balances. Subtract line 21 from line 20	303,322,889	303,242,507

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
BRIAN PERRONNE COO & TREASURER
Type or print name and title

2026-07-13
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2026-07-10		P01345551

Firm's name PwC US Tax LLP — Firm's EIN

Firm's address 655 NEW YORK AVE NW STE 1100
WASHINGTON, DC 20001 — Phone no. (202) 414-1000

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 127,300,055 including grants of $ 127,300,055) (Revenue $ 39,879,066)

DEVELOPMENT: THE FOUNDATION RAISES FUNDS TO SUPPORT THE LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD AND THE CHILD AND MATERNAL HEALTH PROGRAMS AT THE STANFORD SCHOOL OF MEDICINE. ONE HUNDRED PERCENT OF FUNDS RAISED ARE TRANSFERRED TO THE HOSPITAL AND SCHOOL OF MEDICINE ON A MONTHLY BASIS. CURRENT FUNDRAISING PRIORITIES INCLUDE RESEARCH AND CLINICAL PROGRAMS IN CANCER, HEART, AND MOTHERS AND BABIES.

4b (Code:) (Expenses $ 7,157,939 including grants of $ 3,975,422) (Revenue $ 0)

THROUGH ITS GRANTMAKING, THOUGHT LEADERSHIP AND ADVOCACY, THE FOUNDATION PARTNERS WITH GRANTEES TO IDENTIFY OPPORTUNITIES TO ADDRESS INEQUITIES IN THE SYSTEMS OF CARE FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES. THE FOUNDATION ENGAGES FAMILY EXPERTS FROM A RANGE OF PERSPECTIVES TO REVIEW GRANT PROPOSALS AND PROVIDES RESOURCES TO ENSURE OUR WORK IS ACCESSIBLE TO ALL STAKEHOLDERS. DURING THE FISCAL YEAR ENDED AUGUST 31, 2025, THE FOUNDATION INVESTED APPROXIMATELY $7 MILLION DOLLARS IN THIS AREA.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** 134,457,994

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	108		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 179				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**	Yes		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	33		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHANNON WARD 400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 94301 (650) 461-9800

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) LLOYD B MINOR MD DIRECTOR	0.5 49.5	X						0	2,987,124	740,160
(2) PAUL KING DIRECTOR	0.5 49.5	X						0	2,255,945	82,336
(3) CYNTHIA BRANDT PRESIDENT & CEO	40.0 0.0	X		X				1,853,142	0	52,680
(4) MARY LEONARD MD DIRECTOR	0.5 49.5	X						0	1,013,825	37,185
(5) Yasser El-Sayed MD DIRECTOR	0.5 49.5	X						0	744,713	53,333
(6) YVONNE MALDONADO MD DIRECTOR	0.5 49.5	X						0	705,674	54,760
(7) JAMES DEASY SVP, DEVELOPMENT	40.0 0.0				X			528,194	0	100,916
(8) KATHRYN COULBOURN CFO	40.0 0.0			X				517,267	0	73,694
(9) PAUL FISHER MD DIRECTOR	0.5 49.5	X						0	469,640	76,558
(10) SARAH COLLINS SVP, PRINCIPAL AND MAJOR GIFTS	40.0 0.0				X			478,910	0	59,294
(11) JEFFREY SHILLING SVP INDIVIDUAL GIVING	40.0 0.0						X	486,737	0	12,986
(12) ANDREW KAUFTEIL SVP, STRATEGIC COMMUNICATIONS	40.0 0.0				X			390,070	0	75,354
(13) CAROLYN OTIS CATANZARO VP, FUNDRAISING STRATEGY	40.0 0.0					X		325,223	0	93,495
(14) PAYAL SHAH VP, TRANSFORMATIONAL GIVING	40.0 0.0					X		364,120	0	49,323
(15) RHONDA MARION CHIEF PEOPLE OFFICER	40.0 0.0				X			349,258	0	60,753
(16) JENNIFER STAMESON VP, MAJOR GIFTS	40.0 0.0					X		324,538	0	83,393
(17) RACHEL OLINGER EXECUTIVE DIRECTOR CSHCN	40.0 0.0				X			320,978	0	71,031

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(18) JEAN GORMAN AVP, GIFT PLANNING	40.0 0.0					X		313,388	0	58,771
(19) SARAH HERNANDEZ CHIEF OF STAFF	40.0 0.0					X		298,244	0	55,047
(20) DAN BOMZE DIRECTOR	0.5 0.0	X						0	0	0
(21) JEFF CHAMBERS DIRECTOR	0.5 0.0	X						0	0	0
(22) LISA COLE DIRECTOR	0.5 0.0	X						0	0	0
(23) JONATHAN COSLET DIRECTOR	1.0 12.0	X						0	0	0
(24) KATE DACHS DIRECTOR	0.5 0.0	X						0	0	0
(25) SUSAN FORD DORSEY CHAIR	0.5 2.0	X		X				0	0	0
(26) JENNIFER DUDA MD DIRECTOR	0.5 0.0	X						0	0	0
(27) ELIZABETH DUNLEVIE DIRECTOR	0.5 2.0	X						0	0	0
(28) JANE DUNLEVIE DIRECTOR	0.5 0.0	X						0	0	0
(29) CHRIS GALLO DIRECTOR	0.5 0.0	X						0	0	0
(30) DAVID GEORGE DIRECTOR	0.5 0.0	X						0	0	0
(31) CINDY GOLDBERG DIRECTOR	0.5 0.0	X						0	0	0
(32) TONIA KARR DIRECTOR	0.5 2.0	X						0	0	0
(33) PAUL KWAN VICE CHAIR	0.5 0.0	X		X				0	0	0
(34) JULIE LEE DIRECTOR	0.5 0.0	X						0	0	0
(35) JOHN LILLIE DIRECTOR	0.5 0.0	X						0	0	0
(36) MOHAMAD MAKHZOUMI DIRECTOR	0.5 0.0	X						0	0	0
(37) PETER MUNZIG DIRECTOR	0.5 0.0	X						0	0	0
(38) KATHERINE ORR DIRECTOR	0.5 0.0	X						0	0	0
(39) SUSAN PACKARD ORR DIRECTOR	0.5 0.0	X						0	0	0
(40) MINDY B ROGERS DIRECTOR	0.5 0.0	X						0	0	0
(41) MICHELLE SANDBERG MD DIRECTOR (UNTIL 12/31)	0.5 0.0	X						0	0	0
(42) CELINA TENEV DIRECTOR	0.5 0.0	X						0	0	0
(43) BILL THOMPSON DIRECTOR	0.5 1.0	X						0	0	0
(44) NINA WANSTRATH DIRECTOR	0.5 0.0	X						0	0	0
(45) CHARLOTTE WAXMAN DIRECTOR	0.5 0.0	X						0	0	0
(46) ELIZABETH WEIL DIRECTOR	0.5 0.0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,550,069	8,176,921	1,891,069

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 9 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PARACHUTE TECHNOLOGY INC, 2010 CROW CANYON PL STE 260 SAN RAMON, CA 94583	CONSULTING/IT SVC	593,365
DAVINCI DIRECT INC, 3 VILLAGE GREEN N 311 PMBB6 PLYMOUTH, MA 02360	CONSULT/PROD/PRINT	441,606
CAMBRIDGE ASSOCIATES LLC, 115 FEDERAL STREET STE 2600 BOSTON, MA 02110	INVESTMENT SERVICES	358,359
UNITED CRAFTSMEN INC, 2526 QUME DRIVE STE 20 SAN JOSE, CA 95131	CONSULT/PROD/PRINT	238,887
KATE WOLF CONSULTING INC, 4025 N HAIGHT AVE PORTLAND, OR 97227	CONSULTING SERVICES	199,600

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	98			
b Membership dues . .				
c Fundraising events . .	1,291,389			
d Related organizations				
e Government grants (contributions)	103,000			
f All other contributions, gifts, grants, and similar amounts not included above	118,759,267			
g Noncash contributions included in lines 1a - 1f:$	8,193,734			
h Total. Add lines 1a-1f	120,153,754			
Program Service Revenue	Business Code			
2a DEVELOPMENT FEES REIMBURSEMENT	900099	39,879,066	39,879,066	
b				
c				
d				
e				
f All other program service revenue.				
g Total. Add lines 2a–2f.	39,879,066			
3 Investment income (including dividends, interest, and other similar amounts)	1,207,180		251,136	956,044
4 Income from investment of tax-exempt bond proceeds	0			
5 Royalties	0			

		(i) Real	(ii) Personal				
6a Gross rents	**6a**						
b Less: rental expenses	**6b**						
c Rental income or (loss)	**6c**	0	0				
d Net rental income or (loss)				0			

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	**7a**	15,256,615					
b Less: cost or other basis and sales expenses	**7b**	15,171,894					
c Gain or (loss)	**7c**	84,721					
d Net gain or (loss)				84,721		9,969	74,752

8a Gross income from fundraising events (not including $ 1,291,389 of contributions reported on line 1c). See Part IV, line 18	**8a**	161,453					
b Less: direct expenses	**8b**	573,534					
c Net income or (loss) from fundraising events . .				-412,081			-412,081
9a Gross income from gaming activities. See Part IV, line 19 . . .	**9a**	0					
b Less: direct expenses	**9b**	0					
c Net income or (loss) from gaming activities . .				0			
10a Gross sales of inventory, less returns and allowances . .	**10a**	0					
b Less: cost of goods sold . .	**10b**	0					
c Net income or (loss) from sales of inventory . .				0			
Other Revenue			Business Code				
11a							
b							
c OtherRevenueMiscAmt							
d All other revenue							
e Total. Add lines 11a–11d				0			
12 Total revenue. See instructions				160,912,640	39,879,066	261,105	618,715

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	131,275,477	131,275,477		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,272,500	656,658	677,247	2,938,595
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	21,633,202	943,387	2,156,564	18,533,251
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,770,068	57,789	189,749	1,522,530
9 Other employee benefits	2,679,987	152,656	559,644	1,967,687
10 Payroll taxes	1,595,736	86,531	188,065	1,321,140
11 Fees for services (non-employees):				
a Management	0			
b Legal	63,855	54,105	9,750	
c Accounting	296,992		296,992	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	240,010			240,010
f Investment management fees	285,141		285,141	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,856,714	954,665	575,067	2,326,982
12 Advertising and promotion	352,578	37,055		315,523
13 Office expenses	702,785	18,468	134,899	549,418
14 Information technology	1,359,950	9,451	975,449	375,050
15 Royalties	0			
16 Occupancy	2,107,705	105,163	280,434	1,722,108
17 Travel	230,943	31,573	37,689	161,681
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	220,003	12,228	109,753	98,022
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	836,085	5,363	14,300	816,422
23 Insurance	149,532	-365	147,725	2,172
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NET INVESTMENT INCOME TAX	2,899,425	0	2,899,425	0
b PRINTING	522,655	843	2,179	519,633
c PUBLICATIONS & SUBSCRIPTIONS	203,181	7,493	1,896	193,792
d TAXES AND LICENSES	196,364	27,584	39,631	129,149
e All other expenses	234,768	21,870	38,990	173,908
25 **Total functional expenses.** Add lines 1 through 24e	177,985,656	134,457,994	9,620,589	33,907,073
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		51,363	1	47,116
	2	Savings and temporary cash investments		22,533,122	2	18,305,958
	3	Pledges and grants receivable, net		141,643,895	3	137,888,521
	4	Accounts receivable, net		927,332	4	936,213
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,118,336	9	1,115,894
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,501,370			
	b	Less: accumulated depreciation	10b 3,436,661	4,849,519	10c	4,064,709
	11	Investments—publicly traded securities		25,023,357	11	25,052,726
	12	Investments—other securities. See Part IV, line 11		136,028,412	12	150,238,620
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		10,315,774	15	8,887,995
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		342,491,110	16	346,537,752
Liabilities	17	Accounts payable and accrued expenses		5,553,224	17	6,469,544
	18	Grants payable		2,659,719	18	2,990,964
	19	Deferred revenue		6,594,437	19	8,715,371
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		24,360,841	25	25,119,366
	26	**Total liabilities.** Add lines 17 through 25		39,168,221	26	43,295,245
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		146,813,434	27	152,878,312
	28	Net assets with donor restrictions		156,509,455	28	150,364,195
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		303,322,889	32	303,242,507
	33	Total liabilities and net assets/fund balances		342,491,110	33	346,537,752

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,912,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,985,656
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,073,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	303,322,889
5	Net unrealized gains (losses) on investments	5	16,217,495
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	775,139
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	303,242,507

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	151,133,651	201,991,701	92,198,414	76,479,467	119,823,107	641,626,340
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						0
4 **Total.** Add lines 1 through 3	151,133,651	201,991,701	92,198,414	76,479,467	119,823,107	641,626,340
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						163,764,725
6 **Public support.** Subtract line 5 from line 4.						477,861,615

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	151,133,651	201,991,701	92,198,414	76,479,467	119,823,107	641,626,340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	286,450	383,110	1,154,096	1,012,111	956,044	3,791,811
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .					183,751	183,751
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	0	4,688,376	0	0	4,688,376
11 **Total support.** Add lines 7 through 10						650,290,278

12 Gross receipts from related activities, etc. (see instructions) **12** 162,023,134

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	**14**	73.484 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	**15**	68.950 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
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

Name of the organization	Employer identification number
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH	77-0440090

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 other 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 990PF, 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
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

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
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

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

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

Name of organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

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 information once. See instructions.) $ _____

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	143,069,556	135,605,574	134,980,049	153,162,075	118,883,388
b Contributions . . .					
c Net investment earnings, gains, and losses	16,547,007	13,289,880	4,836,581	-12,435,534	39,885,897
d Grants or scholarships . . .	3,584,644	2,866,581	1,410,639	2,100,601	2,233,924
e Other expenditures for facilities and programs . . .	-77,825	2,539,158	2,442,087	3,406,205	2,985,942
f Administrative expenses	404,551	420,159	358,330	239,686	387,344
g End of year balance	155,705,193	143,069,556	135,605,574	134,980,049	153,162,075

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 100.000 %
- **b** Permanent endowment ▶ 0 %
- **c** Term endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,109,895	1,503,922	3,605,973
d Equipment		1,486,226	1,352,070	134,156
e Other		905,249	580,669	324,580
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				4,064,709

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DEBT SECURITIES	4,331,839	F
(B) FIXED INCOME FUNDS	7,429,182	F
(C) HEDGE FUNDS	20,691,745	F
(D) GLOBAL EQUITY FUNDS	47,261,679	F
(E) SU MERGED POOL	17,657,681	F
(F) PRIVATE CAPITAL FUNDS	40,246,598	F
(G) REAL ASSET FUNDS	12,619,896	F
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	150,238,620	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LEASE LIABILITY - REAL ESTATE	9,471,013
PAYMENTS FOR TRUST BENEFICIARY	7,005,312
FUNDS TRANSFERRED TO LPCH & SOM	5,032,810
DEFERRED TAX LIABILITY	2,899,425
FUNDS TO BE TRANSFERRED TO OTHERS	710,806
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	25,119,366

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	175,294,242
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	16,217,495		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	775,139		
e	Add lines **2a** through **2d**			2e	16,992,634
3	Subtract line **2e** from line **1**			3	158,301,608
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,184,566		
b	Other (Describe in Part XIII.)	4b	-573,534		
c	Add lines **4a** and **4b**			4c	2,611,032
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	160,912,640

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	175,374,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	573,534		
e	Add lines **2a** through **2d**			2e	573,534
3	Subtract line **2e** from line **1**			3	174,801,090
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,184,566		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	3,184,566
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	177,985,656

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION USES ITS ENDOWMENT TO FUND ACTIVITIES TO SUPPORT ITS PROGRAMMATIC OBJECTIVES IN CHILDREN'S HEALTH AND RELATED ADMINISTRATIVE COSTS. PROGRAMMATIC OBJECTIVES INCLUDE ENHANCING THE SYSTEM OF CARE AND ADVANCING HEALTH EQUITY FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES.
PART X, LINE 2	THE FOUNDATION FOLLOWS THE PROVISION OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX PROVISION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. MANAGEMENT BELIEVES THAT NO SUCH UNCERTAIN TAX POSITIONS EXIST REQUIRING ACCRUAL OR DISCLOSURE AS OF AUGUST 31, 2025 OR 2024.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST $775,139
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES $(573,534)
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES $573,534

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	Central America and the Caribbean			Investments		23,503,558
(2)	Europe (Including Iceland and Greenland)			Investments		1,887,844
(3)	East Asia and the Pacific			Fundraising		61,733
(4)	Europe (Including Iceland and Greenland)			Fundraising		13,487
(5)	Middle East and North Africa			Fundraising		102
(6)	South America			Fundraising		260
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					25,466,984
b	Total from continuation sheets to Part I . . .					
c	**Totals** (add lines 3a and 3b)					25,466,984

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
SCHEDULE F, PART I, LINE 3	THE ACCRUAL BASIS WAS USED TO ACCOUNT FOR EXPENDITURES.
SCHEDULE F, PART I	THE FOUNDATION'S DISCLOSURE IN PART 1, LINE 3 REFLECTS THE DOMICILE OF CERTAIN INVESTMENT ENTITIES WHICH SERVE MERELY AS THE VEHICLE FOR SUBSEQUENT INVESTING OF FUNDS AND IS NOT REPRESENTATIVE OF THE UNDERLYING GEOGRAPHICAL STRATEGY OF THOSE INVESTMENTS. THE FOUNDATION'S INVESTMENTS ARE FULLY ALLOCATED ACROSS ASSET CLASSES, STRATEGIES AND GEOGRAPHICAL REGIONS. IT ADHERES TO AN APPROVED STATEMENT OF INVESTMENT OBJECTIVES AND POLICIES AND HAS IN PLACE A STRATEGIC ASSET ALLOCATION POLICY WHICH ALLOWS IT TO ACHIEVE ITS SHORT TERM FINANCIAL AND LONG TERM INVESTMENT OBJECTIVES.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	ALLEGIANCE FUNDRAISING LLC PO BOX 9132 FARGO, ND 581069132	DIRECT MAIL CONSULTING		No	0	17,725	-17,725
2	DAVINCI DIRECT INC 3 VILLAGE GREEN N 311 PMBB6 PLYMOUTH, MA 02360	DIRECT MAIL CONSULTING		No	0	40,700	-40,700
3	MR STRATEGIC SERVICES INC 1101 17TH STREET NW SUITE 301 WASHINGTON, DC 20036	CAMPAIGN STRATEGY		No	0	181,585	-181,585
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					0	240,010	-240,010

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Summer Scamper (event type)	(b) Event #2 Lunch & Learn (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,053,702	390,420	8,720	1,452,842
	2 Less: Contributions	956,762	330,647	3,980	1,291,389
	3 Gross income (line 1 minus line 2)	96,940	59,773	4,740	161,453
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	49,972			49,972
	6 Rent/facility costs	88,941	9,297	10,356	108,594
	7 Food and beverages	20,780	55,171	22,222	98,173
	8 Entertainment	8,943	62,000		70,943
	9 Other direct expenses	158,551	40,047	47,254	245,852
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				573,534
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-412,081

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO,IL 60637	36-2177139	501C(3)	254,192				LOST IN TRANSITION SPECIAL HEALTH CARE NEEDS
(2) GENERATION PATIENT 1962 DOCKSIDE DR GREENWOOD,IN 46143	83-0866589	501C(3)	141,326				A ROUNDTABLE PROCESS PLAN TO CREATE SYSTEMS-LEVEL
(3) UNIVERSITY OF CALIFORNIA 490 Illinois ST SAN FRANCISCO,CA 941430962	94-6036493	501C(3)	245,206				AFFIRM CALIFORNIA
(4) FAMILY VOICES 561 VIRGINIA RD CONCORD,MA 01742	85-0430800	501C(3)	1,500,000				FAMILY VOICES GENERAL OPERATING GRANT
(5) CALIFORNIA HEALTH REPORT (TIDES CENTER) 1012 TORNEY AVE SAN FRANCISCO,CA 94129	94-3213100	501C(3)	100,000				STORIES ABOUT CSHCN AND THEIR FAMILILES
(6) THE NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH 5335 Wisconsin Avenue SUITE 440 WASHINGTON,DC 20015	20-4145524	501C(3)	50,000				YOUTH AND YOUNG ADULTS WITH DISABILITIES AGING OUT
(7) INSTITUTE FOR PATIENT & FAMILY CENTERED CARE 6917 ARLINGTON RD BETHESDA,MD 20814	52-1777133	501C(3)	39,000				ADVANCING EQUITY IN CHILDREN'S HOSPITAL PFACS: RES
(8) LUCILE PACKARD CHILDREN'S HOSPITAL 725 WELCH RD PALO ALTO,CA 94304	77-0003859	501C(3)	59,142,283				CHILDREN'S HEALTH
(9) DUKE UNIVERSITY 2301 ERWIN RD DURHAM,NC 27710	56-0532129	501C(3)	575,533				CONNECT AND EMPOWER: IMPROVING OUTCOMES FOR BLACK
(10) LITTLE LOBBYIST PO BOX 2052 SILVER SPRING,MD 20915	83-4268584	501C(3)	25,000				FAMILY ALLIANCE FOR DEFENDING HEALTH CARE ACCESS F
(11) RONALD MCDONALD HOUSE CHARITIES BAY AREA 520 SANDHILL RD PALO ALTO,CA 94304	94-2538615	501C(3)	9,000				CHILDREN'S HEALTH
(12) COASTAL KIDS HOME CARE 1172 S MAIN ST 125 SALINAS,CA 93901	20-2549984	501C(3)	7,500				CHILDREN'S HEALTH
(13) JACOB'S HEART CHILDREN'S CANCER SUPPORT SVC 5567 AUTO CENTER DR WATSONVILLE,CA 95076	68-0413822	501C(3)	7,500				CHILDREN'S HEALTH
(14) THERE WITH CARE OF THE BAY AREA 2682 MIDDLEFIELD RD REDWOOD,CA 94063	45-3952029	501C(3)	9,000				CHILDREN'S HEALTH
(15) BOARD OF TRUSTEES OF LELAND STANFORD UNIVERSITY 485 BROADWAY ST REDWOOD CITY,CA 94063	94-1156365	501C(3)	69,076,324				CHILDREN'S HEALTH
(16) THE ARC OF CALIFORNIA 1225 8TH STREET 350 SACRAMENTO,CA 95814	94-6050472	501C(3)	130,000				CHILDREN'S HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE AWARDED TO ORGANIZATIONS BASED ON THEIR ABILITY TO SUPPORT THE FOUNDATION'S CHARITABLE PROGRAM OBJECTIVES, SPECIFICALLY IN RESPECT OF THE FOUNDATION'S WORK TO ENHANCE THE SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES. APPLICANT ORGANIZATIONS SUBMIT PROPOSALS BASED ON MUTUALLY AGREED UPON OBJECTIVES, MILESTONES AND DELIVERABLES. FOUNDATION PROGRAM STAFF ANALYZE THE APPLICANT'S EXPERTISE, PROJECT GOALS, AND COSTS BEFORE AWARDING A GRANT. GRANTS OVER $100,000 AND UP TO $500,000 MAY BE APPROVED BY THE CEO UPON REVIEW AND FORMAL RECOMMENDATION OF A MAJORITY OF THE MEMBERS OF THE PROGRAM COMMITTEE. GRANTS OVER $500,000 MUST BE APPROVED BY THE BOARD.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 CYNTHIA BRANDT PRESIDENT & CEO	(i)	771,226	228,108	853,808	34,500	18,180	1,905,822	464,280
	(ii)	0	0	0	0	0	0	0
2 CAROLYN OTIS CATANZARO VP, FUNDRAISING STRATEGY	(i)	298,836	24,054	2,333	32,924	60,571	418,718	0
	(ii)	0	0	0	0	0	0	0
3 SARAH COLLINS SVP, PRINCIPAL AND MAJOR GIFTS	(i)	391,666	63,497	23,747	56,063	3,231	538,204	0
	(ii)	0	0	0	0	0	0	0
4 KATHRYN COULBOURN CFO	(i)	399,990	70,216	47,061	34,500	39,194	590,961	0
	(ii)	0	0	0	0	0	0	0
5 JAMES DEASY SVP, DEVELOPMENT	(i)	374,555	62,475	91,164	60,780	40,136	629,110	66,579
	(ii)	0	0	0	0	0	0	0
6 Yasser El-Sayed MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	519,127	225,586	0	34,500	18,833	798,046	0
7 PAUL FISHER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	367,471	102,169	0	34,500	42,058	546,198	0
8 JEAN GORMAN AVP, GIFT PLANNING	(i)	279,690	23,247	10,451	31,193	27,578	372,159	0
	(ii)	0	0	0	0	0	0	0
9 SARAH HERNANDEZ CHIEF OF STAFF	(i)	270,711	21,760	5,773	30,306	24,741	353,291	0
	(ii)	0	0	0	0	0	0	0
10 ANDREW KAUFTEIL SVP, STRATEGIC COMMUNICATIONS	(i)	326,257	56,770	7,043	61,172	14,182	465,424	0
	(ii)	0	0	0	0	0	0	0
11 PAUL KING DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,575,814	283,370	396,761	59,787	22,549	2,338,281	0
12 MARY LEONARD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	583,111	430,114	600	34,500	2,685	1,051,010	0
13 YVONNE MALDONADO MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	302,675	402,999	0	34,500	20,260	760,434	0
14 RHONDA MARION CHIEF PEOPLE OFFICER	(i)	320,318	25,376	3,564	34,500	26,253	410,011	0
	(ii)	0	0	0	0	0	0	0
15 LLOYD B MINOR MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	2,379,070	600,000	8,054	690,750	49,410	3,727,284	0
16 RACHEL OLINGER EXECUTIVE DIRECTOR CSHCN	(i)	296,452	23,710	816	32,453	38,578	392,009	0
	(ii)	0	0	0	0	0	0	0
17 PAYAL SHAH VP, TRANSFORMATIONAL GIVING	(i)	320,134	43,442	544	34,500	14,823	413,443	0
	(ii)	0	0	0	0	0	0	0
18 JEFFREY SHILLING SVP INDIVIDUAL GIVING	(i)	2,455	0	484,282	7,828	5,158	499,723	99,020
	(ii)	0	0	0	0	0	0	0
19 JENNIFER STAMESON VP, MAJOR GIFTS	(i)	304,276	17,923	2,339	23,984	59,409	407,931	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	CYNTHIA BRANDT RECEIVES A HOUSING ALLOWANCE THAT IS TREATED AS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4A	THE FOUNDATION MADE A SEVERANCE PAYMENT TO JEFFREY SHILLING IN THE AMOUNT OF $299,679. THE SEVERANCE AGREEMENT INCLUDED A STANDARD RELEASE OF LIABILITY.
SCHEDULE J, PART I, LINE 4B	THE FOUNDATION OFFERS A 457(F) PLAN FOR SELECT MEMBERS OF EXECUTIVE MANAGEMENT. DURING THE CALENDAR YEAR 2024, THE CEO, CFO, SVP DEVELOPMENT, SVP PRINCIPAL AND MAJOR GIFTS AND SVP STRATEGIC COMMUNICATIONS WERE ELIGIBLE FOR EMPLOYER CONTRIBUTIONS TO THE PLAN. THE AMOUNTS CONTRIBUTED TO THE PLAN BUT NOT PAID WERE SARAH COLLINS $21,563, JAMES DEASY: $26,280 AND ANDREW KAUFTEIL: $26,672. CYNTHIA BRANDT, KATHRYN COULBOURN, JAMES DEASY AND JEFFREY SHILLING RECEIVED DISTRIBUTIONS FROM THE PLAN OF $713,838, $40,870, $72,292 AND $109,314 RESPECTIVELY. PAUL KING PARTICIPATES IN A DEFERRED COMPENSATION PLAN AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL, A RELATED ORGANIZATION. AMOUNTS CREDITED TO THE PLAN ARE BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS. PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F). LLOYD B. MINOR, MD, PARTICIPATES IN A DEFERRED COMPENSATION PLAN AT STANFORD UNIVERSITY, A RELATED ORGANIZATION. AMOUNTS CREDITED TO THE PLAN ARE BASED ON PERFORMANCE AND CERTAIN OTHER FACTORS PLAN BALANCES ARE SUBJECT TO FORFEITURE AND/OR PAYMENT IF CERTAIN CONDITIONS ARE MET. CERTAIN BONUS AMOUNTS MAY BE DEFERRED AND PAID IN A LATER YEAR SUBJECT TO IRC SECTION 457(F).
SCHEDULE J, PART I, LINE 7	THE FOUNDATION MAINTAINS AN INCENTIVE COMPENSATION PLAN FOR ALL EMPLOYEES THAT PROVIDES FOR AN ANNUAL PAYMENT EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE ORGANIZATION'S INCENTIVE COMPENSATION POLICY. THE POLICY ALLOWS FOR AN INCENTIVE COMPENSATION PAYMENT TO BE GREATER OR LESS THAN THE POLICY PERCENTAGE BASED ON THE ACHIEVEMENT OF SPECIFIC GOALS BUT IS LIMITED TO ENSURE THAT TOTAL COMPENSATION REMAINS WITHIN THE FOUNDATION'S POLICY RANGE OF THE 75TH TO 90TH PERCENTILE OF COMPENSATION AS PER SPECIFIC COMPENSATION SURVEYS. THE PERCENTAGE MAY VARY YEAR TO YEAR AS A RESULT OF THIS PROCESS. INCENTIVE COMPENSATION FOR THE CEO IS DETERMINED AND APPROVED BY THE COMPENSATION COMMITTEE. THE INCENTIVE COMPENSATION FOR THE CFO, SVP DEVELOPMENT, SVP PRINCIPAL AND MAJOR GIFTS AND SVP STRATEGIC COMMUNICATIONS IS PROPOSED BY THE CEO AND APPROVED BY THE COMPENSATION COMMITTEE.
SCHEDULE J, PART II	DIRECTORS ARE NOT COMPENSATED IN THEIR CAPACITY AS DIRECTORS OF LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH. HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF RELATED ORGANIZATIONS, POSITIONS FOR WHICH THEY RECEIVED COMPENSATION AS REPORTED IN PART II.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	144	8,157,782	AVERAGE MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (▶ FOOD & BEV)	X	1	18,988	FAIR MARKET VALUE
26	Other (▶ ELECTRIC BIKE)	X	1	12,000	FAIR MARKET VALUE
27	Other (▶ NON CASH PRIZES)	X	5	2,349	FAIR MARKET VALUE
28	Other (▶ GIFT CARDS)	X	6	2,615	FAIR MARKET VALUE

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	THE LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH IS HERE TO UNLOCK PHILANTHROPY TO TRANSFORM HEALTH FOR ALL KIDS AND MOMS, IN NORTHERN CALIFORNIA AND AROUND THE WORLD. OUR FOUNDATION RAISES FUNDS FOR CHILD AND MATERNAL HEALTH AT LUCILE PACKARD CHILDREN'S HOSPITAL AND THE STANFORD SCHOOL OF MEDICINE. WE ALSO SHAPE AND SUPPORT PROGRAMS THAT MAKE HEALTH CARE MORE ACCESSIBLE FOR CHILDREN WITH COMPLEX MEDICAL NEEDS.
FORM 990, PART I, LINE 6	VOLUNTEERS INCLUDE THE FOUNDATION'S BOARD OF DIRECTORS AS WELL AS VOLUNTEERS WHO SUPPORT VARIOUS FOUNDATION FUNDRAISING EVENTS.
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO TRANSACT ALL REGULAR BUSINESS OF THE BOARD BETWEEN BOARD MEETINGS WITH THE EXCEPTION OF CERTAIN SPECIFIC POWERS, AS SPECIFIED IN THE BYLAWS. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIR OF THE BOARD, THE VICE CHAIR OF THE BOARD, THE PRESIDENT/CEO OF THE FOUNDATION, THE CHAIRS OF THE BOARD AND ADVISORY COMMITTEES AS DEFINED IN THE BYLAWS, THE DEAN OF THE STANFORD UNIVERSITY SCHOOL OF MEDICINE, AND THE PRESIDENT OF THE CHILDREN'S HOSPITAL AT STANFORD. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS ARE DIRECTORS AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL: JONATHAN COSLET SUSAN FORD DORSEY ELIZABETH DUNLEVIE TONIA KARR PAUL KING MARY LEONARD, MD LLOYD B. MINOR, MD THE FOLLOWING INDIVIDUAL IS A PAID OFFICER AT LUCILE SALTER PACKARD CHILDREN'S HOSPITAL: PAUL KING THE FOLLOWING INDIVIDUALS HAVE FAMILY RELATIONSHIP: ELIZABETH DUNLEVIE AND JANE DUNLEVIE KATHERINE ORR AND SUSAN PACKARD ORR KATE DACHS AND PETER MUNZIG THE FOLLOWING INDIVIDUALS ARE VOTING BOARD MEMBERS AT SUMIT INSURANCE COMPANY, LTD.: PAUL KING LLOYD B. MINOR, MD
FORM 990, PART VI, SECTION A, LINE 6	THE LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD IS THE SOLE MEMBER OF THE FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7A	THE LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD HAS THE POWER TO APPOINT THE BOARD OF DIRECTORS OF THE FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7B	THE LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD (LPCH) IS THE SOLE MEMBER OF THE FOUNDATION. LPCH HAS THE POWER TO APPOINT THE BOARD OF DIRECTORS OF THE FOUNDATION. LPCH MUST APPROVE ANY REVISIONS TO THE FOUNDATION'S BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT MAKES THE REDACTED FORM 990 AVAILABLE TO THE FULL BOARD AND ANY NON-DIRECTOR MEMBERS OF THE AUDIT COMMITTEE PRIOR TO THE AUDIT COMMITTEE MEETING AT WHICH THE FORM WILL BE REVIEWED. THE BOARD AND AUDIT COMMITTEE ARE ASKED TO PROVIDE FEEDBACK AND/OR QUESTIONS FOR DISCUSSION AT THE AUDIT COMMITTEE MEETING. UPON REVIEW OF THE FORM 990 AND AFTER ALL FEEDBACK AND QUESTIONS HAVE BEEN ADDRESSED, THE AUDIT COMMITTEE VOTES TO APPROVE THE FILING OF THE FORM 990. THE AUDIT COMMITTEE REPORTS BACK TO THE FULL BOARD AT THE NEXT REGULAR BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, OFFICERS, AND KEY EMPLOYEES ("KEY PERSONS") ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO DISCLOSE ALL REAL AND POTENTIAL CONFLICTS OF INTEREST. KEY PERSONS ARE REQUIRED TO CONFIRM THAT THEY HAVE REVIEWED THE POLICY BY SIGNING THAT THEY HAVE DONE SO, EVEN IF NO CONFLICTS ARE DISCLOSED. IN ADDITION, KEY PERSONS ARE REQUIRED TO DISCLOSE REAL OR APPARENT CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE DURING DISCUSSIONS OF THE BOARD, BOARD COMMITTEES, OR STAFF. KEY PERSONS WITH CONFLICTS ARE REQUIRED TO RECUSE THEMSELVES FROM RELATED DISCUSSIONS AND DECISIONS. THE FOUNDATION'S CEO IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION HAS A COMPENSATION COMMITTEE COMPRISED ENTIRELY OF INDEPENDENT DIRECTORS, NONE OF WHOM HAVE A CONFLICT OF INTEREST WITH THE CEO, CFO, OR ANY OF THE KEY EMPLOYEES. THE COMPENSATION COMMITTEE ESTABLISHES THE COMPENSATION PHILOSOPHY FOR THE ORGANIZATION AND MEETS ANNUALLY TO SET THE SALARIES FOR THE CEO, CFO, AND SVPS. THE COMMITTEE ALSO REVIEWS AND DISCUSSES SALARIES FOR KEY EMPLOYEES. THE COMMITTEE ENGAGES AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT TO ATTEND ITS ANNUAL MEETING. IN DETERMINING COMPENSATION LEVELS, THE FOUNDATION'S CONSULTANTS FREDERICK W. COOK & CO., INC. USE WOODMARK SURVEY DATA AND THEIR OWN DETAILED MARKET ANALYSIS. KEY DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING. THE LAST COMPENSATION REVIEW WAS DONE ON NOVEMBER 7, 2025.
FORM 990, PART VI, SECTION C, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST 775,139

Additional Data

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SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

Employer identification number
77-0440090

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)THE BRD OF TRUST LELAND STANF JR UNIV 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-1156365	EDUCATION	CA	501(C)(3)	2	NA		No
(2)FUNDACION STANFORD UNIVERSITY EN CHILE AV CONDELL 189 PROVIDENCIA SANTIAGO CI	EDUCATION	CI	501(C)(3)	N/A	STANFORD	Yes	
(3)STANFORD HEALTH CARE TRI-VALLEY 5555 W LAS POSITAS BLVD PLEASANTON, CA 94588 94-1429628	HOSPITAL	CA	501(C)(3)	3	SHC	Yes	
(4)JAEDAN BUPIN STANFORD CENTER IN THE REPU 119 YEONSUMUNHWA-RO YEONSU-GU KS	RESEARCH	KS	501(C)(3)	N/A	STANFORD	Yes	
(5)LUCILE SALTER PACKARD CHILDREN'S HOSPITA 725 WELCH ROAD MC 5553 PALO ALTO, CA 94304 77-0003859	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
(6)PACKARD CHILDREN'S HEALTH ALLIANCE 725 WELCH ROAD MC5551 PALO ALTO, CA 94304 32-0359189	HEALTHCARE	CA	501(C)(3)	3	LPCH	Yes	
(7)SHR HOLDINGS INC 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3187167	REAL ESTATE	CA	501(C)(25)	N/A	STANFORD	Yes	
(8)STANFORD FACULTY CLUB PO BOX 7229 STANFORD, CA 94309 94-1187089	FAC INTERACT.	CA	501(C)(7)	N/A	STANFORD	Yes	
(9)STANFORD FEDERAL CREDIT UNION 1860 EMBARCADERO RD PALO ALTO, CA 94303 94-1492212	CREDIT UNION	CA	501(C)(1)	N/A	STANFORD	Yes	
(10)STANFORD HABITAT CONSERVATION BOARD 415 BROADWAY REDWOOD CITY, CA 94063 46-1882243	CONSERVATION	CA	501(C)(3)	7	STANFORD	Yes	
(11)STANFORD HEALTH CARE 300 PASTEUR DRIVE MC 5555 STANFORD, CA 94305 94-6174066	HEALTHCARE	CA	501(C)(3)	3	STANFORD	Yes	
(12)STANFORD PROGRAMME (CAPE TOWN) NPC WAVERLY BUSINESS PARK BLDG 11 CAPE TOWN SF	EDUCATION	SF	501(C)(3)	N/A	STANFORD	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(13) STANFORD UNIVERSITY BOOKSTORE 505 BROADWAY 6TH FLOOR MC1065 REDWOOD CITY, CA 94063 94-0894150	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
(14) SU EMP BEN TRUST POST RETEMPYNT BEN 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 94-3246199	BENEFITS	CA	501(C)(9)	N/A	STANFORD	Yes	
(15) THE DUDLEY E CHAMBERS FOUNDATION JP MORGAN CHASE PO BOX 3038 MILWAUKEE, WI 53201 38-6841793	SUPPORT	NY	501(C)(3)	12D, III-O	STANFORD	Yes	
(16) THE FREIDENRICH SUPPORT FOUNDATION 485 BROADWAY MAILCODE 8838 REDWOOD CITY, CA 94063 30-0519583	SUPPORT	CA	501(C)(3)	12A, I	STANFORD	Yes	
(17) THE HONG KONGSU CHARITABLE TRUST 1401 CAROLINE CENTER 28 PING ROAD CAUSEWAY HK 98-6078093	SUPPORT	HK	501(C)(3)	N/A	STANFORD	Yes	
(18) THE STANFORD TRUST 65 HIGH STREET OXFORD OX1 46L UK	SUPPORT	UK	501(C)(3)	N/A	STANFORD	Yes	
(19) UNIVERSITY HEALTHCARE ALLIANCE 7999 GATEWAY BLVD STE 300 NEWARK, CA 94560 94-3192446	HEALTHCARE	CA	501(C)(3)	3	SHC	Yes	
(20) VALLEYCARE MEDICAL FOUNDATION INC 5555 W LAS POSITAS BLVD PLEASANTON, CA 94588 26-2593526	SR. FACILITY	CA	501(C)(3)	PF	SHC-TV	Yes	
(21) VALLEYCARE SENIOR HOUSING 5555 W LAS POSITAS BLVD PLEASANTON, CA 94588 94-3382224	SR. FACILITY	CA	501(C)(3)	12A, I	SHC-TV	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) ADOM PARTNERS LP 3 COLUMBUS CIRCLE 15TH FL NEW YORK, NY 10019 81-3081288	INVESTMENTS	DE	NA									
(2) ALBUS SELECT FUND LP 750 MENLO PARK AVE 380 MENLO PARK, CA 94025 81-2064357	INVESTMENTS	DE	NA									
(3) ARCSLA VENTURE LLC 7121 FAIRWAY DRIVE 410 PALM BEACH GARDENS, FL 33418 37-1689532	REAL ESTATE	DE	NA									
(4) CANARY SC FUND LP 65 E 55TH ST 35TH FLOOR NEW YORK, NY 10022 47-5662144	INVESTMENTS	DE	NA									
(5) CANARY SC MASTER FUND LP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN, CAYMAN ISLANDS KY1-9009 CJ 98-1267847	INVESTMENTS	CJ	NA									
(6) CERASUS FUND II CAYMAN LP 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	NA									
(7) CERASUS FUND III CAYMAN LP 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ 98-1792843	INVESTMENTS	CJ	NA									
(8) CHP GTS BLOCKER HOLDINGS A LP 888 BOYLSTON STREET 1410 BOSTON, MA 02199 83-0881152	INVESTMENTS	DE	NA									
(9) CYPRESS MARINA HEIGHTS LLC 635 KNIGHT WAY STANFORD, CA 94305 95-4887979	INVESTMENTS	CA	NA									
(10) DGD INVESTMENT LP 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	NA									
(11) EAGLE ROCK LI HOLDINGS LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 27-1694413	INVESTMENTS	DE	NA									
(12) EDEN RADIATION THERAPY SERVICES LLC 300 PASTEUR DRIVE STANFORD, CA 94304 88-1276056	HEALTHCARE	CA	SHC									
(13) ER-S JV LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4068077	INVESTMENTS	DE	NA									
(14) ER-S JV II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-2085249	INVESTMENTS	DE	NA									
(15) ER-S INVESTOR LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4068357	INVESTMENTS	DE	NA									
(16) ER-S INVESTOR II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-2004983	INVESTMENTS	DE	NA									
(17) ER PROPERTIES FUND LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4260396	INVESTMENTS	DE	NA									
(18) ER PROPERTIES FUND II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-1994509	INVESTMENTS	DE	NA									
(19) EZP OPPORTUNITY LP PIER 5 STE 102 SAN FRANCISCO, CA 94111 81-4562962	INVESTMENTS	DE	NA									
(20) FORTRESS IW COINVESTMENT (FUND B) LP 1345 AVE OF THE AMERICAS 46FL NEW YORK, NY 10105 98-0509639	INVESTMENTS	CJ	NA									
(21) FOUR CROSSINGS INSTITUTIONAL PARTNERS V ONE MARITIME PLAZA 2100 SAN FRANCISCO, CA 94111 81-4323705	INVESTMENTS	DE	NA									
(22) FOXLANE LP 550 E WATER ST B8B CHARLOTTESVILLE, VA 22902 81-3314647	INVESTMENTS	DE	NA									
(23) HHBG-II INVESTMENT LP 89 NEXUS WAY CAMANA BAY PO BOX 31 GRAND CAYMAN, CAYMAN ISLANDS KY1-1205 CJ	INVESTMENTS	CJ	NA									
(24) KEB INVESTORS II LP WASHINGTON MALL STE 304 7 REID ST HAMILTON HM11 BD	INVESTMENTS	BD	NA									
(25) KF VERMILLION FUND LP (AKA KEYFRAME V 65 EAST 55TH STREET 35TH FLOOR NEW YORK, NY 10022 88-3144517	INVESTMENTS	DE	NA									
(26) OLIFANT FUND LTD SUITE 58201 2ND FL ONE NEXUS WAY GRAND CAYMAN KY1-1108 CJ 98-0404442	INVESTMENTS	CJ	NA									
(27) ONCOLOGY SOLUTIONS VENTURE LLC 300 PASTEUR DRIVE STANFORD, CA 94304 86-3250041	HEALTHCARE	CA	SHC									
(28) OUTLAWS CASINO LTD 415 BROADWAY REDWOOD CITY, CA 94063 84-1457498	HOLDING COMPANY	CO	NA									
(29) SCF REAL ASSETS FUND (A) LP 2498 SAND HILL RD MENLO PARK, CA 94025 20-3949682	INVESTMENTS	DE	NA									
(30) SEQUOIA MPM OPERATING COMPANY LLC 770 WELCH ROAD LPCH PALO ALTO, CA 94304 47-5660529	MPM PROGRAM	CA	NA									
(31) SF SMC PARTNERS LLC PO BOX 5377 NEW YORK, NY 10185 47-3102791	INVESTMENTS	DE	NA									
(32) STANFORD COMMUNITY IMAGING LLC 300 PASTEUR DRIVE H3200 STANFORD, CA 94305 41-2329246	IMAGING	CA	NA									
(33) STANFORD EMANUEL RADIATION ONCOLOGY CENT 825 DELBON AV TURLOCK, CA 95382 20-8885091	RADIOLOGY	CA	SHC									
(34) STANFORD PET-CT LLC 300 PASTEUR DR STANFORD, CA 94305 61-1423414	MED. DIAGNOST	CA	NA									
(35) STANFORD-STARTX FUND LLC 485 BROADWAY REDWOOD CITY, CA 94063 46-4297719	INVESTMENTS	DE	NA									
(36) SUMIT HOLDING INTERNATIONAL LLC 1400 PAGE MILL RD PALO ALTO, CA 94304 26-2943170	HOLDING COMPANY	DE	SHC									
(37) TESSERA IONIC LP PO BOX 194170 SAN FRANCISCO, CA 941194170 83-0896257	INVESTMENTS	DE	NA									
(38) VEDA INVESTORS FUND LP 15 EAST PUTNAM AVENUE 3240 GREENWICH, CT 06830 81-1810345	INVESTMENTS	DE	NA									
(39) VERMILION PEAK MASTER FUND PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-1327671	INVESTMENTS	CJ	NA									
(40) WREP II A LP 6710 E CAMELBACK RD 100 SCOTTSDALE, AZ 85251 47-4780701	INVESTMENTS	DE	NA									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1) BREP VII ALBERTA FDR (OFFSHORE) TE7 LP 345 PARK AVENUE NEW YORK, NY 10154 98-1066355	INVESTMENTS	CA	NA	C CORP					
(2) BREP VII ALBERTA FDR (OFFSHORE) TE7-NQ 345 PARK AVENUE NEW YORK, NY 10154 98-1066355	INVESTMENTS	CA	NA	C CORP					
(3) CANARY SC FUND LTD 89 NEXUS WAY CAYMANA BAY GRAND CAYMAN KY1-9009 CJ 92-1268195	INVESTMENTS	CJ	NA	C CORP					
(4) CLAT (14)	CHARITABLE TR		NA	TRUST					
(5) CLUT (2)	CHARITABLE TR		NA	TRUST					
(6) CRT (556)	CHARITABLE TR		NA	TRUST					
(7) CRT (12)	INVESTMENTS	CA	NA	TRUST					
(8) EAST SAIL C/O INTL FS INC IFS COURT TWENTYEIGHT CYBERCITY EBENE MU	INVESTMENTS	MP	NA	C CORP					
(9) ER-S REIT LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 83-4068725	INVESTMENTS	DE	NA	C CORP					
(10) ER-S REIT II LLC 1670 OLD COUNTRY RD 227 PLAINVIEW, NY 11803 88-2004982	INVESTMENTS	DE	NA	C CORP					
(11) GAVEA INVESTMENT FUND II-C LP PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-0537952	INVESTMENTS	CJ	NA	C CORP					
(12) HHBG SF LIMITED 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	NA	C CORP					
(13) KALZEN FUND PO BOX 448 2ND FL ELGIN AVENUE GRAND CAYMAN KY1-1106 CJ	INVESTMENTS	CJ	NA	C CORP					
(14) LS ALBERTA III LP C/O LASALLE INV MGMT ONE CURZON ST LONDON W1J 5HD UK	INVESTMENTS	UK	NA	C CORP					
(15) LUMINA STRATEGIC SOLUTIONS FEEDER FUND (199 BAY STREET SUITE 5300 TORONTO M5L 1B9 CA 98-1662307	INVESTMENTS	CA	NA	C CORP					
(16) OTHER (3)	CHARITABLE TR	CA	NA	TRUST					
(17) PIF (2)	CHARITABLE TR	CA	NA	TRUST					
(18) PEPPERTREE CAPITAL CAYMAN ISLAND FUND LP 57 E WASHINGTON STREET CHAGRIN FALLS, OH 44022 98-1235268	INVESTMENTS	OH	NA	C CORP					
(19) PROFESSIONAL EXCHANGE ASSURANCE COMPANY 201 MERCHANT STREET SUITE 2400 HONOLULU, HI 96813 90-0897686	INSURANCE	HI	NA	C CORP					
(20) SBFT LTD SUITE 58201 2ND FL ONE NEXUS WAY GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	NA	C CORP					
(21) SOLKATT LIMITED 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	NA	C CORP					
(22) SPECIALTY EVENTS TRUST 7 ST PAUL STREET SUITE 820 BALTIMORE, MD 21202	GMING	MD	NA	TRUST					
(23) STANFORD (BEIJING) CNSLTNG CO LTD (WFOE) 5275TH FLBLDG CAOADEMY SOUTH RD BEIJING CH	EDUCATION	CH	NA	C CORP					
(24) STANFORD IN JAPAN GODO KAISHA DOSHISHA UNIVERSITY MEITOKUKAN-NAI KYOTOSHI JA	EDUCATION	JA	NA	C CORP					
(25) STANFORD INDIA PVT LTD 331 3RD FLOOR DEVIKA TOWER 6 NEH DELHI IN	EDUCATION	IN	NA	C CORP					
(26) STANFORD MEDICINE INTL (HONG KONG) CO LT 833 CHEUNG SHA WAN ROAD KOWLOON HK	PATIENT SRVC	HK	NA	C CORP					
(27) STANFORD UNIV MED NETWORK RISK AUTHORITY 1400 PAGE MILL RD MSC 5713 PALO ALTO, CA 94304 46-1132002	RISK MGMT CON	CA	NA	C CORP					
(28) TF-A FEEDER LTD 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-1205 CJ 98-1756669	INVESTMENTS	CJ	NA	C CORP					
(29) THE RUBRUM FUND 7 CLIFFORD STREET LONDON W1S 2FT UK	INVESTMENTS	UK	NA	C CORP					
(30) TRIVISTA FUND 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ	INVESTMENTS	CJ	NA	C CORP					
(31) TVC MATSU FUND 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ	INVESTMENTS	CJ	NA	C CORP					
(32) VERMILION PEAK FUND PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-1333885	INVESTMENTS	CJ	NA	C CORP					
(33) WOODBOURNE CANADA PARTNERS II - CAYMAN 190 ELGIN AVE GRAND CAYMAN KY1-9005 CJ 98-0705321	INVESTMENTS	CJ	NA	C CORP					

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

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Software ID:

Software Version: