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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

OMB No 1545-0052

2009Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

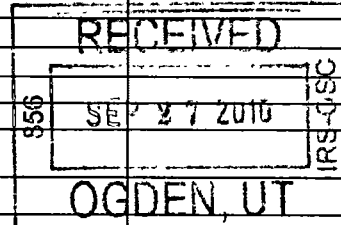
G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	RESMED FOUNDATION P.O. BOX 2448 LA JOLLA, CA 92038	A Employer identification number 02-0622126
		B Telephone number (see the instructions) 858-454-2071 775 655 1
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 6,576,106.		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE				
1 Contributions, gifts, grants, etc., received (att sch)	4,300,000.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	14,925.	14,925.	14,925.	
4 Dividends and interest from securities	13,655.	13,655.	13,655.	
5a Gross rents				
b Net rental income or (loss)		Statement 1		
6a Net gain/(loss) from sale of assets not on line 10	-14,756.			
b Gross sales price for all assets on line 6a 299,509.				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	4,313,824.	28,580.	28,580.	
ADMINISTRATIVE AND OPERATING EXPENSES				
13 Compensation of officers, directors, trustees, etc.	93,000.	5,800.		87,200.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) See St 2	2,204.	440.		1,764.
b Accounting fees (attach sch) See St 3	5,016.	1,003.		4,013.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instr)				
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	28,883.	1,500.		26,950.
22 Printing and publications	2,107.			2,107.
23 Other expenses (attach schedule) See Statement 4	16,116.	5,256.		10,860.
24 Total operating and administrative expenses. Add lines 13 through 23	147,326.	13,999.		132,894.
25 Contributions, gifts, grants paid Part XV	651,216.			651,216.
26 Total expenses and disbursements. Add lines 24 and 25	798,542.	13,999.	0.	784,110.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	3,515,282.			
b Net investment income (if negative, enter -0-)		14,581.		
c Adjusted net income (if negative, enter -0-)			28,580.	



P u

Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	2,770,733.	5,799,184.	5,799,184.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,160.	756.	756.
	10a Investments — U.S. and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule) Statement 5	243,592.	725,402.	758,129.
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment: basis			
LIABILITIES	Less: accumulated depreciation (attach schedule)			
	12 Investments — mortgage loans			
	13 Investments — other (attach schedule) Statement 6	11,165.	16,590.	18,037.
	14 Land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)			
	15 Other assets (describe)			
	16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	3,026,650.	6,541,932.	6,576,106.
	17 Accounts payable and accrued expenses	160.	160.	
	18 Grants payable			
	19 Deferred revenue			
NET ASSETS OR FUND BALANCES	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	160.	160.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	3,026,490.	6,541,772.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see the instructions)	3,026,490.	6,541,772.	
	31 Total liabilities and net assets/fund balances (see the instructions)	3,026,650.	6,541,932.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,026,490.
2	Enter amount from Part I, line 27a	2	3,515,282.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	6,541,772.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	6,541,772.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a N/A				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8

3

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes

☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	613,948.	2,984,437.	0.205717
2007	641,109.	660,814.	0.970181
2006	289,608.	1,055,832.	0.274294
2005	624,659.	1,099,289.	0.568239
2004	342,587.	1,147,052.	0.298667

2 Total of line 1, column (d)

2

2.317098

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3

0.463420

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I, line 27b).

6

146.

7 Add lines 5 and 6

7

146.

8 Enter qualifying distributions from Part XII, line 4

8

784,110.

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

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Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	146.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	146.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	146.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	902.	
b Exempt foreign organizations — tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	902.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	756.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 756. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		X

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Part VII-A Statements Regarding Activities *Continued*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions).	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>www.resmedfoundation.org</u>	13	X	
14	The books are in care of <u>FIONA TUDOR</u> Telephone no. <u>858-454-2071</u> Located at <u>P.O. BOX 1206 LA JOLLA CA</u> ZIP + 4 <u>92038</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			N/A

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

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

	Yes	No
1 a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> .		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions.)	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> .		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 7		93,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

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

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

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

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

Total number of others receiving over \$50,000 for professional services 0**Part IX-A** Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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

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

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

1	Minimum investment return from Part X, line 6	1
2a	Tax on investment income for 2009 from Part VI, line 5	2 a 146.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2 b
c	Add lines 2a and 2b	2 c 146.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 -146.
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5 -146.
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 0.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a 784,110.
b	Program-related investments — total from Part IX-B	1 b
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2
3	Amounts set aside for specific charitable projects that satisfy the:	
a	Suitability test (prior IRS approval required)	3 a
b	Cash distribution test (attach the required schedule)	3 b
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 784,110.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5 146.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 783,964.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years. 20__, 20__, 20__		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	286,081.			
b From 2005	570,865.			
c From 2006	238,383.			
d From 2007	642,252.			
e From 2008	614,206.			
f Total of lines 3a through e	2,351,787.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 784,110.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	784,110.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,135,897.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions).	286,081.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,849,816.			
10 Analysis of line 9.				
a Excess from 2005	570,865.			
b Excess from 2006	238,383.			
c Excess from 2007	642,252.			
d Excess from 2008	614,206.			
e Excess from 2009	784,110.			

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Statement 8				
Total			3a	651,216.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	14,925.	
4	Dividends and interest from securities			14	13,655.	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	-14,756.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				13,824.	
13	Total. Add line 12, columns (b), (d), and (e)				13,824.	

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

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

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No 1545-0047

2009

Name of the organization

RESMED FOUNDATION

Employer identification number

02-0622126

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ► \$ _____

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

RESMED FOUNDATION

02-0622126

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ResMed Corporation 14040 Danielson Street Poway, CA 92064-6857	\$ 4,300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

RESMED FOUNDATION

02-0622126

Part II Noncash Property (see instructions.)

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

RESMED FOUNDATION

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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.)

► \$ N/A

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

RESMED FOUNDATION

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Statement 1**Form 990-PF, Part I, Line 6a****Net Gain (Loss) from Noninventory Sales Per Books****Assets Not Included in Part IV**

Description:	MERRILL LYNCH #04001		
Date Acquired:	Various		
How Acquired:	Purchase		
Date Sold:	Various		
To Whom Sold:			
Gross Sales Price:	299,509.		
Cost or Other Basis:	314,265.		
Basis Method:	Cost		
		Gain (Loss)	-14,756.
		Total	<u>\$ -14,756.</u>

Statement 2**Form 990-PF, Part I, Line 16a****Legal Fees**

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Total	<u>\$ 2,204.</u>	<u>\$ 440.</u>	<u>\$ 0.</u>	<u>\$ 1,764.</u>

Statement 3**Form 990-PF, Part I, Line 16b****Accounting Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Total	<u>\$ 5,016.</u>	<u>\$ 1,003.</u>	<u>\$ 0.</u>	<u>\$ 4,013.</u>

Statement 4**Form 990-PF, Part I, Line 23****Other Expenses**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
INSURANCE	\$ 2,648.			\$ 2,648.
INVESTMENT ADVISORY FEES	3,125.	\$ 3,125.		
MISCELLANEOUS	5.			5.
OFFICE EXPENSES	4,195.	500.		3,695.
TELEPHONE	3,261.	1,631.		1,630.
WEB SITE	2,882.			2,882.
Total	<u>\$ 16,116.</u>	<u>\$ 5,256.</u>	<u>\$ 0.</u>	<u>\$ 10,860.</u>

RESMED FOUNDATION

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Statement 5
Form 990-PF, Part II, Line 10b
Investments - Corporate Stocks

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Book Value</u>	<u>Fair Market Value</u>
MUTUAL FUNDS	Cost	\$ 697,395.	\$ 730,447.
EQUITIES	Cost	28,007.	27,682.
	Total	<u>\$ 725,402.</u>	<u>\$ 758,129.</u>

Statement 6
Form 990-PF, Part II, Line 13
Investments - Other

<u>Other Investments</u>	<u>Valuation Method</u>	<u>Book Value</u>	<u>Fair Market Value</u>
OTHER	Cost	\$ 16,590.	\$ 18,037.
	Total	<u>\$ 16,590.</u>	<u>\$ 18,037.</u>

Statement 7
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/Other</u>
KLAUS SCHINDHELM 14040 DANIELSON STREET POWAY, CA 92064	Trustee 0.50	\$ 4,000.	\$ 0.	\$ 0.
MARY BERGLUND, PHD 14040 DANIELSON STREET POWAY, CA 92064	Treasurer 0.50	4,000.	0.	0.
PETER C. FARRELL, PHD 14040 DANIELSON STREET POWAY, CA 92064	Secretary 0.50	4,000.	0.	0.
EDWARD BLAIR, JR. 14040 DANIELSON STREET POWAY, CA 92064	Trustee 0.50	4,000.	0.	0.
TERRENCE M. DAVIDSON, MD 14040 DANIELSON STREET POWAY, CA 92064	Trustee 0.50	4,000.	0.	0.
HUGH DAVIES, PHD 14040 DANIELSON STREET POWAY, CA 92064	Trustee 0.50	4,000.	0.	0.

RESMED FOUNDATION

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Statement 7 (continued)
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/ Other</u>
EDWARD A. DENNIS, PHD 14040 DANIELSON STREET POWAY STREET, CA 92064	Trustee 0.50	\$ 4,000.	\$ 0.	\$ 0.
FIONA TUDOR 14040 DANIELSON STREET POWAY, CA 92064	Executive Direc 15.00	58,000.	0.	0.
JONATHAN SCHWARTZ 14040 DANIELSON STREET POWAY, CA 92064	Trustee 0.50	4,000.	0.	0.
Peter Cistulli PO Box 2448 La Jolla, CA 92038	Director 0.50	3,000.	0.	0.
Total		\$ 93,000.	\$ 0.	\$ 0.

Statement 8
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
UNIVERSITY HEALTH NETWORK 399 BATHURST STREET TORONTO, ONTARIO M5T 2S8 Canada	NONE	N/A	A PROSPECTIVE OBSERVATION STUDY TO FOLLOW UP OSA PATIENTS AFTER SURGERY.	\$ 78,000.
UNIVERSITY OF CHICAGO 970 EAST 58TH STREET CHICAGO, IL 60637	NONE	N/A	Sleep disordered Breathing and Blood Glucose Control in Type 2 Diabetes.	28,165.
BALL STATE UNIVERSITY 2800 W. BETHEL AVENUE MUNCIE, IN 47304	NONE	N/A	The impact of Continuous Positive Airway Pressure treatment on physical activity levels in patients with obstructive sleep apnea.	10,499.

RESMED FOUNDATION

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Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
THE SCIENCE NETWORK 10010 N. TORREY PINES ROAD LA JOLLA, CA 92037	NONE	N/A	Production of "Waking Up to Sleep" Part 2.	\$ 50,000.
UCSD PEDIATRIC 9500 GILMAN DRIVE LA JOLLA, CA 92037	NONE	N/A	STUDY OBESITY AND OSA IN CHILDREN	15,194.
MUSEUM OF PHOTOGRAPHIC ARTS 1649 EL PRADO SAN DIEGO, CA 92037	NONE	N/A	EXHIBITION: "BELIVED DAUGHTERS: PHOTOGRAPHS BY FAZAL SHEIK	10,000.
ATHENAEUM MUSIC AND ARTS LIBRARY 1008 WALL STREET LA JOLLA, CA 92037	NONE	N/A	RESEARCH AND DEVELOP A CATALOGUE BOOK ON THE COLLECTION	10,000.
SAN DIEGO MUSEUM OF ART EL PRADO SAN DIEGO, CA 92101	NONE	N/A	EXHIBITION: PRINTS BY FERDINAND BOL	10,000.
SAN DIEGO OPERA 1200 THIRD AVENUE, 18TH FLOOR SAN DIEGO, CA 92101	NONE	N/A	SUPPORT EDUCATIONAL OUTREACH PROGRAM	10,000.
LA JOLLA MUSIC SOCIETY 7946 IVANHOE AVENUE, STE 309 LA JOLLA, CA 92037	NONE	N/A	SPONSOR OF CHOPIN SERIES	10,000.
LA JOLLA PLAYHOUSE PO BOX 12039 LA JOLLA, CA 92039	NONE	N/A	SUPPORT THE 2009 PERFORMANCE OUTREACH PROGRAM TOUR AND IN-SCHOOL RESIDENCY PROGRAMS.	10,000.
THE NEW CHILDREN'S MUSEUM ARTS 200 WEST ISLAND AVENUE SAN DIEGO, CA 92102	NONE	N/A	EXHIBITION: ANIMAL ART	10,000.
PLAYWRIGHTS PROJECT 2356 MOORE STREET, STE 204 SAN DIEGO, CA 92110	NONE	N/A	SUPPORT DRAMA-BASED EDUCATION PROGRAMS	5,000.

RESMED FOUNDATION

02-0622126

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
UNIVERSITY OF GOTHENBURG/SKAR HOSPITAL SLEEP MEDICINE UNIT SKOVDE, SE 54185 Sweden	NONE	N/A	RANDOMIZED INTERVENTION WITH CPAP IN CORONARY ARTERY DISEASE AND OSE-RICCADSA TRIAL.	\$ 50,000.
GUYS AND ST THOMAS NHS FOUND TRUST WESTMINSTER BRIDGE ROAD LONDON, LONDON SE1 7EH United Kingdom	NONE	N/A	STUDY RANDOMIZED CONTROLLED TRIAL OF HOME MECHANICAL VENTILATION IN PATIENTS HYPOCAPNIC CHRONIC OBSTRUCTIVE PULMONARY DISEASE: A PILOT STUDY.	25,000.
NORTH FLORIDA FOUND FOR RESEARCH AND ED 1601 SW ARCHER ROAD GAINESVILLE, FL 32608	NONE	PRIV	PORTABLE MONITORING AND APAP TREATMENT FOR DISGNOSIS AND TREATMENT OF OSA	25,000.
UCSD CARDIOVASCULAR CENTER 200 WEST ARBOR DRIVE SAN DIEGO, CA 92103	NONE	N/A	CME	4,000.
UCSD FOUNDATION 9500 GILMAN DRIVE, MC 0370 LA JOLLA, CA 92093	NONE	N/A	SUPPORT SCIENCE AND ENGINEERING INITIATIVE	10,000.
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92112	NONE	N/A	Public broadcasting programs	10,000.
OLD GLOBE PO BOX 122171 SAN DIEGO, CA 92112	NONE	N/A	Educational Outreach Programs	10,000.
UNIVERSITY OF PITTSBURGH 3347 FORBES AVENUE, FIRST FLOOR PITTSBURGH, PA 15213	NONE		HEARTSCORE PROJECT	31,308.

RESMED FOUNDATION

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Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
PHX PULMONARY RESEARCH ASSOC 502 EAST VERMONT DRIVE GILBERT, AZ 85259	NONE		OUTPATIENT EVALUATION AND TREATMENT OF A HIGH RISK POPULATION (OVER THE ROAD TRUCKERS) FOR OSA	\$ 25,550.
PROVIDENCE CARE MENTAL HEALTH SVCS 752 KING STREET WEST KINGSTON, ONTARIO, CA 91758	NONE		TREATMENT RESISTANT DEPRESSION AND OSA: EFFECT OF TREATMENT WITH CPAP ON MOOD, ANXIETY AND QUALITY	25,000.
ST LUKE'S HOSPITAL FOUNDATION 4225 BALTIMORE AVENUE KANSAS CITY, MI 64111	NONE		CONTINUOUS POSITIVE AIRWAY PRESSURE USE IN TRANSIENT ISCHEMIC ATTACH PATIENTS WITH SDB	25,000.
SYKEHUSET OESTFOLD 1603 FREDRIKSTAD NORWAY, Norway	NONE		3C STUDY (CHRONIC HEART FAILURE-CHEYNE SSTOKES RESPIRATION-CS2	20,000.
MONASH UNIVERSITY HOSPITAL BLDG 17, WELLINGTON ROAD CLAYTON, VICTORIA AU,	NONE		DEVELOPMENT OF AN INTERVENTION PLAN TO INCREASE DETECTION, DIAGNOSIS AND APPROPRIATE MANAGEMENT OF SLEEP DISORDERS IN THE AUSTRALIAN PRIMARY CARE SETTING	17,500.

RESMED FOUNDATION

02-0622126

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
CHURCHILL HOSPITAL OLD ROAD HEADINGTON OXFORD EN,	NONE		EFFECT OF CONTINUOUS POSITIVE AIRWAY PRESSURE TREATMENT ON DIABETIC MACULAR OEDEMA IN PATIENTS WITH C PROOF OF PRINCIPLE STUDY	\$ 37,500.
LIVING HEART FOUNDATION PO BOX 294 LITTLE SILVER, NJ 07739	NONE		STUDY OF SDB IN RETIRED NFL FOOTBALL PLAYERS	22,500.
AMERICAN SLEEP APNEA ASSOCIATION 6856 EASTERN AV NW STE 203 WASHINGTON, DC 20012	NONE		A.W.A.K.E.NETWOR K PROJECTS.	10,000.
HACKENSACK MEDICAL UNIVERSITY 30 PROSPECT AVENUE HACKENSACK, NJ 07601	NONE		CME TO BE HELD NOVEMBER 18, 2010	5,000.
SALK INSTITUTE 10010 N TORREY PINES ROAD LA JOLLA, CA 92101	NONE		A SYPOSIUM ON BREATHING AND SLEEP 2010 FOR SURVIVORS OF POLIO	5,000.
SCIENCE SPARK 3663 LONE DOVE LANE OLIVENHAIN, CA 92024	NONE		NATIONAL SCIENCE AND ENGINEERING FESTIVAL IN WASHINGTON DC	10,000.
ELEMENTARY INSTITUTE OF SCIENCE 2820 ROOSEVELT ROAD, STE 106 SAN DIEGO, CA 92114	NONE		SCIENCE AD TECHNOLOGY EDUC FOR YOUTH	10,000.
A REASON TO SURVIVE 2820 ROOSEVELT ROAD, STE 106 SAN DIEGO, CA 92106	NONE		ARTS PROGRAM	5,000.
SAN DIEGO BRAIN INGURY FOUNDATION 1922 VERDE VIA ESCONDIDO, CA 92037	NONE		SPONSOR OF GOLF CHARITY	1,000.

2009

Federal Statements

Page 8

RESMED FOUNDATION

02-0622126

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
MCASD SAN DIEGO, CA	NONE		RESEARCH	\$ 10,000.
Total				<u>\$ 651,216.</u>