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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

2010

Department 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 2010, or tax year beginning

, and ending

G Check all that apply:

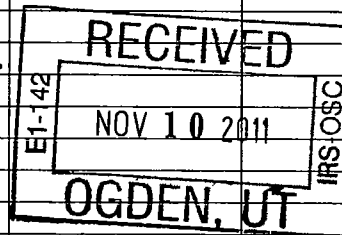
☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☒ Address change☐ Name change

Name of foundation <b>RESMED FOUNDATION</b>		A Employer identification number <b>02-0622126</b>
Number and street (or P O box number if mail is not delivered to street address) <b>C/O 7514 GIRARD AVENUE</b>	Room/suite	B Telephone number <b>(858) 699-1616</b>
City or town, state, and ZIP code <b>LA JOLLA, CA 92037</b>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ <b>7,506,045.</b>	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).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received	2,000,000.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	4,761.	4,761.		STATEMENT 1
4 Dividends and interest from securities	61,641.	61,641.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total Add lines 1 through 11	2,066,402.	66,402.		
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc	35,000.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees STMT 3	5,894.	1,179.		0.
b Accounting fees				
c Other professional fees STMT 4	60,000.	0.		0.
17 Interest				
18 Taxes STMT 5	1,180.	0.		0.
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	15,080.	12,818.		0.
22 Printing and publications				
23 Other expenses STMT 6	29,105.	18,072.		0.
24 Total operating and administrative expenses. Add lines 13 through 23	146,259.	32,069.		0.
25 Contributions, gifts, grants paid	1,102,713.			1,102,713.
26 Total expenses and disbursements Add lines 24 and 25	1,248,972.	32,069.		1,102,713.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	817,430.			
b Net investment income (if negative, enter -0-)		34,333.		
c Adjusted net income (if negative, enter -0-)			N/A	



Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	5,799,184.	6,616,740.	6,616,740.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	756.		
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	725,402.	889,305.	889,305.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	16,590.	0.	0.
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	6,541,932.	7,506,045.	7,506,045.
	17 Accounts payable and accrued expenses	160.	404.	
	18 Grants payable		878,485.	
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	160.	878,889.	
	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	6,541,772.	6,627,156.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	6,541,772.	6,627,156.	
	31 Total liabilities and net assets/fund balances	6,541,932.	7,506,045.	

## 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	6,541,772.
2 Enter amount from Part I, line 27a	2	817,430.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3	112,265.
4 Add lines 1, 2, and 3	4	7,471,467.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	844,311.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,627,156.

**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 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
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). 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 instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	784,110.	3,549,860.	.220885
2008	613,948.	2,984,437.	.205717
2007	641,109.	660,814.	.970181
2006	289,608.	1,055,832.	.274294
2005	624,659.	1,099,289.	.568239

2 Total of line 1, column (d)	2	2.239316
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	.447863
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	6,522,973.
5 Multiply line 4 by line 3	5	2,921,398.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	343.
7 Add lines 5 and 6	7	2,921,741.
8 Enter qualifying distributions from Part XII, line 4 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.	8	1,102,713.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	687.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	687.
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	687.
6 Credits/Payments:			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	756.	
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	756.	
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		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	69.	
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> 69. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input 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 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
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by 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 2010 or the taxable year beginning in 2010 (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

N/A

**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)			X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	

Website address ► WWW.RESMEDFOUNDATION.ORG

14 The books are in care of ► FIONA TUDOR Telephone no. ► (858) 775-6551  
 Located at ► P.O. BOX 1206, LA JOLLA, CA ZIP+4 ► 92038

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year  
 15 N/A

16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  
 See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►

16	Yes	No
		X

**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
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	
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 2010?		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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<u>N/A</u>	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2010 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 2010)	<u>N/A</u>	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2010?		X

**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)?

☐ 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)?

N/A

5b

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?

6b

X

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?

N/A

7b

**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.

(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 11		35,000.	0.	0.

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

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

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

0





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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	831,753.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	5,790,555.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	6,622,308.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	6,622,308.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	99,335.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	6,522,973.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	326,149.

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	326,149.
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	687.
<b>b</b>	Income tax for 2010. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	687.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	325,462.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	44,588.
<b>5</b>	Add lines 3 and 4	<b>5</b>	370,050.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	370,050.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	1,102,713.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,102,713.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	1,102,713.

**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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				370,050.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005	570,865.			
b From 2006	238,383.			
c From 2007	642,252.			
d From 2008	614,206.			
e From 2009	784,110.			
f Total of lines 3a through e	2,849,816.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 1,102,713.				
a Applied to 2009, 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) **	1,102,713.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	370,050.			370,050.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,582,479.			
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 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	200,815.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	3,381,664.			
10 Analysis of line 9:				
a Excess from 2006	238,383.			
b Excess from 2007	642,252.			
c Excess from 2008	614,206.			
d Excess from 2009	784,110.			
e Excess from 2010	1,102,713.			

\*\* SEE STATEMENT 12



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
<b>SEE STATEMENT 13</b>				
<b>Total</b>			<b>▶ 3a</b>	<b>1,102,713.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>			<b>▶ 3b</b>	<b>0.</b>



Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	02-0022120
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		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

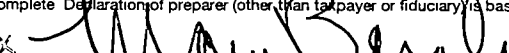
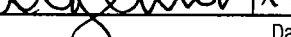
[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.				
	 Signature of officer or trustee		Date <b>10/22/11</b>		<b>DIRECTOR</b> Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ELSA A. ROMERO</b>	 <b>ELSA A. ROMERO</b>	<b>10/10/11</b>		
	Firm's name ▶ <b>AKT LLP</b>			Firm's EIN ▶	
	Firm's address ▶ <b>312 S JUNIPER STREET, SUITE 100 ESCONDIDO, CA 92025</b>			Phone no. <b>(760) 746-1560</b>	

**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

**2010**

Name of the organization

**RESMED FOUNDATION**

Employer identification number

**02-0622126**

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 foundationCheck 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) and 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 its 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

RESMED FOUNDATION

02-0622126

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GLOBAL ORGANIZATIONAL DEVELOPMENT AND GENEAL COUNSEL  9001 SPECTRUM CENTER BOULEVARD  SAN DEIGO, CA 92123	\$ 2,000,000.	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 )



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

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SOURCE	AMOUNT
MERRILL LYNCH	4,761.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	4,761.

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FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MERRILL LYNCH	61,641.	0.	61,641.
TOTAL TO FM 990-PF, PART I, LN 4	61,641.	0.	61,641.

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FORM 990-PF LEGAL FEES STATEMENT 3

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	5,894.	1,179.		0.
TO FM 990-PF, PG 1, LN 16A	5,894.	1,179.		0.

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FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING FEES	60,000.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	60,000.	0.		0.

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FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAXES	1,180.	0.			0.
TO FORM 990-PF, PG 1, LN 18	1,180.	0.			0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BOARD MEETINGS	3,465.	3,292.			0.
MISCELLANEOUS	148.	0.			0.
INSURANCE	706.	565.			0.
OFFICE EXPENSE	5,886.	5,297.			0.
TELEPHONE	2,843.	1,422.			0.
ADVERTISING	6,996.	6,996.			0.
WEB SITE	500.	500.			0.
BANK FEES	8,561.	0.			0.
TO FORM 990-PF, PG 1, LN 23	29,105.	18,072.			0.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
DESCRIPTION	AMOUNT		
UNREALIZED GAIN ON INVESTMENTS	67,677.		
RETURN OF GRANTS FROM PY	44,588.		
TOTAL TO FORM 990-PF, PART III, LINE 3	112,265.		

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
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DESCRIPTION	AMOUNT
BOOK ADJ-PRIOR PERIOD ADJUSTMENT	501,052.
BOOK ADJ-TO RECORD PY GRANTS PAYABLE	343,259.
TOTAL TO FORM 990-PF, PART III, LINE 5	844,311.

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS & EQUITIES	889,305.	889,305.
TOTAL TO FORM 990-PF, PART II, LINE 10B	889,305.	889,305.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
	COST	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		0.	0.

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FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EDWARD BLAIR 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	4,000.	0.	0.
MARY BERGLUND, PHD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TREASURER 0.50	4,000.	0.	0.
PETER C. FARRELL, PHD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	SECRETARY 0.50	4,000.	0.	0.
PETER CISTULLI, MD, PHD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	3,000.	0.	0.
TERENCE M. DAVIDSON, MD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	4,000.	0.	0.
HUGH M. DAVIES, PHD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	4,000.	0.	0.
EDWARD A. DENNIS, PHD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	4,000.	0.	0.
KLAUS SCHINDHELM, BE, PHD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	4,000.	0.	0.
JONATHAN R. L. SCHWARTZ, MD 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	TRUSTEE 0.50	4,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		35,000.	0.	0.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION  
53.4942(A)-3(D)(2) TO TREAT  
EXCESS QUALIFYING DISTRIBUTIONS  
AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 12

PURSUANT TO IRC SEC.4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE RESMED FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

SIGNED:

X Mary Berglund

NAME AND TITLE:

X MARY BERGLUNDDirector / Treasurer

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FORM 990-PF	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT 13
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RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALFRED HOSPITAL DEPARTMENT OF ALLERGY IMMUNOLGY 5TH FLOOR 55 COMMERCIAL ROAD MELBOURNE 3004, VICTORIA,	NONE USE OF LONG TERM NON-INVASIVE VENTILATION IN AUSTRALIA	501(C)(3)	30,000.
UNIVERSITY HEALTH NETWORK 399 BATHURST STREET, MCL 2-405 TORONTO, ONTARIO, CANADA M5T 2S8	NONE A PROSPECTIVE OBSERVATION STUDY TO FOLLOW UP OSA PATIENTS AFTER SURGERY	501(C)(3)	40,000.
UNIVERSITY OF PITTSBURGH 3347 FORBES AVENUE, FIRST FLOOR PITTSBURGH, PA 15213	NONE HEARTSCORE PROJECT	501(C)(3)	31,308.
UNIVERSITY OF CHICAGO DEPARTMENT OF MEDICINE 5751 SOUTH WOODLAWN AVENUE, SUITE 408 CHICAGO, IL 60637	NONE SLEEP DISTURBANCES IN PREGNANCY AND THEIR RELATIONSHIP TO GLUCOSE TOLERANCE	501(C)(3)	29,978.
U OF GOTHENBURG/SKARABORG HOSPITAL-SLEEP MEDICINE UNIT, SKARABBORG HOSPITAL - SE 54185 SKOYDE SWEDEN, SWEDEN	NONE RANDOMIZED INTERVENTION WITH CPAP IN CORONARY ARTERY DISEASE AND	501(C)(3)	50,000.
SYKEHUSET OESTFOLD REGNSKAP RAABEKKEN 1603 FREDRIKSTAD NORWAY, NORWAY	NONE 3 C STUDY CHRONIC HEART FAILURE-CHEYNE STOKES RESPIRATION - CS2	501(C)(3)	20,000.
MONASH UNIVERSITY HOSPITAL SCHOOL OF PSYCHOLOGY BUILDING 17, WELLINGTON ROAD CLAYTON, VICTORIA, AUSTRALIA	NONE DEVELOPMENT OF AN INTERVENTION PLAN FOR SLEEP DISORDERS IN AUSTRALIA	501(C)(3)	17,500.

SOCIETE FRJANCAISE DE CARDIOLOGIE 5 RUE DES COLONNES DU TRONE PARIS, FRANCE, FRANCE 75012	NONE IMPACT OF SERVO VENT. IN MUSCLE SYMPATHETIC NERVE ACTIVITY FOR SLEEP APNEA	501(C)(3)	30,000.
ASSOCIATION POUR LE GIAGNOSTIC TRAITMENT DU SYNDROME D'APNEE DU SOMMEIL - 38700 LA TRONCHE FRANCE, FRANCE	NONE IMPACT OF SERVO VENTILATION IN MUSCLE SYMP NERVE ACTIVITY FOR SLEEP APNEA	501(C)(3)	24,624.
CHURCHILL HOSPITAL OXFORD RADCLIFFE NHS TRUST CHURCHIL HOSPITAL, OLD ROAD HEADINGTON, OXFORD, UNITED	NONE EFFECT OF CONT. POSITIVE AIRWAY PRESSURE TREATMENT ON DIABETIC MACULAR OEDEM	501(C)(3)	37,500.
ROYHAL ALEXANDRA HOSPITAL FOR CHILDREN LOCKED BAG 4001 WESTMENAD, AUSTRALIA, AUSTRALIA NSW 245	NONE DOES TREATMENT OF OSA AVOID NEUROCOGNITIVE DEFICITS IN CHILDREN	501(C)(3)	46,000.
BRIGHAM AND WOMEN'S HOSPITAL, DIVISION OF SLEEP MEDICINE 221 LONGWOOD AVENUE, BLI 438 BOSTON, MA 02115	NONE A PLANNING STUDY: SLEEP APNEA INTERVENTO TO REDUCE CARDIOVASCULAR DISEASE	501(C)(3)	90,000.
HARVARD'S BRIGHAM AND WOMEN'S RESEARCH ADMINISTRATION 101 HUNTINGTON AVENUE, SUITE 300 BOSTON, MA 02199	NONE ASSESSMENT OF AHI BY APENALINK UNDER LAB AND HOME-BASED COND FOR POLICE-OSA	501(C)(3)	25,272.
PRIMAARY CARE NETWORK 1230 E KINGSLEY STREET SPRINGFIELD, MO 65804-7211	NONE OSA: A PRACTRIONER-DRIVEN EDUCATIONAL INITIATIVE	501(C)(3)	96,600.
SALK INSTITUTE SD POLIO SURVIVORS 10010 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	NONE A SYPOSIUM ON BREATHING AND SLEEP 2010 FOR SURVIVORS OF POLIO	501(C)(3)	8,000.
HARVARD MEDICAL SCHOOL DIVISION OF SLEEP 2ND FLOOR EAST 401 PARK DRIVE BOSTON, MA 02215	NONE TECHNICAL PRODUCTION OF AN EDUCATION IN MODULE ON SLEEP DISORDERED-OSA	501(C)(3)	100,000.

JOSLIN DIABETES CENTER - ONE JOSLIN PLACE PROFESSIONAL EDUCATION DEPARTMENT BOSTON, MD 02215	NONE OSA AND THE CARIOMETABOLIC SYNDROME: CLINICAL PERSPECTIVE AND	501(C)(3)	249,931.
PENNSYLVANIA SLEEP SOCIETY 10551 DECATUR ROAD, SUITE 200 PHILADELPHIA, PA 19154	NONE SECOND ANNUAL PENNSYLVANIA SLEEP SOCIETY MEETING AND COURSES	501(C)(3)	2,500.
MUNSTER MEDICAL RESEARCH FOUNDATION 901 MACARTHUR BOULEVARD MUNSTER, IN 46321	NONE 2010 SLEEP DISORDER SYMPOSIUM	501(C)(3)	2,500.
MUSEUM OF PHOTOGRAPHIC ARTS 1649 EL PRADO SAN DIEGO, CA 92101	NONE EXHIBITION: BELOVED DAUGHTERS - PHOTOGRAPHS BY FAZAL SHEIK	501(C)(3)	10,000.
MUSEUM CONTEMPORARY ARTS SD 700 PROSPECT STREET LA JOLLA, CA 92037	NONE SUPPORT MUSEUM EDUCATIONAL PROGRAM	501(C)(3)	10,000.
ATHENAEUM MUSIC AND ARTS LIBRARY 1008 WALL STREET LA JOLLA, CA 92037	NONE RESEARCH AND DEVELOP A CATALOGUE BOOK ON THE COLLECTION	501(C)(3)	10,000.
SAN DIEGO MUSEUM OF ART EL PRADO SAN DIEGO, CA 92101	NONE EXHIBITION: PRINTS BY FERDINAND BOL	501(C)(3)	10,000.
SAN DIEGO OPERA 1200 THIRD AVENUE, 18TH FLOOR SAN DIEGO, CA 92101	NONE SUPPORT EDUCATION OUTREACH PROGRAMS	501(C)(3)	10,000.
LA JOLLA MUSIC SOCIETY 7946 IVANHOE AVENUE, SUITE 309 LA JOLLA, CA 92037	NONE SPONSOR OF CHOPIN SERIES	501(C)(3)	10,000.
LA JOLLA PLAYHOUSE PO BOX 12039 LA JOLLA, CA 92039	NONE SUPPORT THE 2009 PERFORMACE OUTREACH PROGRAM TOUR AND IN-SCHOOL RESIDENCY	501(C)(3)	10,000.



## RESMED FOUNDATION

02-0622126

NEW CHILDREN'S MUSEUM 200 WEST ISLAND AVENUE SAN DIEGO, CA 92101	NONE EXHIBITION: ANIMAL ART	501(C)(3)	10,000.
PLAYWRIGHTS PROJECT 2356 MOORE STREET, SUITE 204 SAN DIEGO, CA 92110-3019	NONE SUPPORT DRAMA-BASED EDUCATION PROGRAMS	501(C)(3)	5,000.
UCSD FOUNDATION PREUSS SCHOOL 9500 GILMAN DRIVE MC 0370 LA JOLLA, CA 92093-0370	NONE SUPPORT SCIENCE AND ENGINEERING INITIATION	501(C)(3)	10,000.
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182-5400	NONE PUBLIC BROADCASTING PROGRAMS	501(C)(3)	10,000.
OLD GLOBE PO BOX 122171 SAN DIEGO, CA 92112-2171	NONE EDUCATIONAL OUTREACH PROGRAMS	501(C)(3)	10,000.
ELEMENTARY INSTITUTE OF SCIENCE 68 51ST STREET SAN DIEGO, CA 92114	NONE SCIENCE AND TECHNOLOGY EDUCATION FOR YOUTH	501(C)(3)	10,000.
SAN DIEGO BRAIN INSURY FOUNDATION 1922 VERDE VIA ESCONDIDO, CA 92037	NONE SPONSOR A GOLF CHARITY	501(C)(3)	1,000.
MAINLY MOZART 2801 JUAN STREET, SUITE 29 SAN DIEGO, CA 92110	NONE SPONSOR A CONCERT	501(C)(3)	5,000.
OCEAN DISCOVERY INSTITUTE 2211 PACIFIC BEACH DRIVE, SUITE A SAN DIEGO, CA 92109	NONE OCEAN SCIENCE EXPLORERS PROGRAM FOR YOUTH	501(C)(3)	10,000.
TIMKIN MUSEUM OF ART 1500 EL PRADO BALBOA PARK SAN DIEGO, CA 92101	NONE ARTS EDUCATION ACCESS-OUTREACH ESPANOL	501(C)(3)	10,000.

RESMED FOUNDATION

02-0622126

SAN DIEGO SYMPHONY  
1245 SEVENTH AVENUE  
CA 92101

SAN DIEGO,

NONE  
EDUCATIONAL OUTREACH  
PROGRAMS

501(C)(3)

10,000.

MONARCH SCHOOL  
808 WEST CEDAR STREET  
DIEGO, CA 92038

SAN

NONE  
MATH SPECIALIST FOR  
HOMELESS CHILDREN

501(C)(3)

10,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

1,102,713.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	RESMED FOUNDATION	02-0622126
	Number, street, and room or suite no. If a P.O. box, see instructions	
	C/O 7514 GIRARD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LA JOLLA, CA 92037	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

FIONA TUDOR

- The books are in the care of ☒ P.O. BOX 1206 - LA JOLLA, CA 92038

Telephone No. ☒ (858) 775-6551

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning                     , and ending                     

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension

**THE FOUNDATION RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	756.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	1,512.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

Form 8868 (Rev. 1-2011)

COPY