

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



T<sup>\*</sup>

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

	Cinain	evenue service 140tc The Touridation may	DC BDIC I					
F		lendar year 2011 or tax year beginning			4/01 <b>, 2011</b>	<del></del>	g	03/31, <b>20</b> 12
	Name	e of foundation THE MASIMO FOUNDATI	ON FOR	R ETHICS,	INNOVATIO	N	' '	tification number
_	AND	COMPETITION IN HEALTHCARE		· · · · · · · · · · · · · · · · · · ·			01-09560	020
	Numi	ber and street (or P O box number if mail is not deliv	ered to stre	et address)		Room/suit	e B Telephone nur	nber (see instructions)
							( !	949) 297-7000
_	40	PARKER			,			
	City	or town, state, and ZIP code						
							C If exemption app pending, check h	ere
_	IRV	INE, CA 92618		<del></del>				
G	Che	eck all that apply Initial return	<u> </u>	Initial return	of a former p	oublic charit	y D 1 Foreign organ	izations, check here
		Final return		Amended re	turn			nizations meeting the
_		Address change		Name chang				ck here and attach
H	_Che	eck type of organization $X$ Section 501					E If private founda	ation status was terminated
1	s	ection 4947(a)(1) nonexempt charitable trust		her taxable pr			1	17(b)(1)(A), check here . >
I	Fair	market value of all assets at end	ounting n	nethod 💹 C	ash 🔼 🔀 Acc	crual	F If the foundation	is in a 60-month termination
			Other (sp				under section 50	7(b)(1)(B), check here .
			<del></del>	(d) must be or	i cash basis )		<u> </u>	<del></del>
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) R	levenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in		enses per books	incon	4	income	purposes
_		column (a) (see instructions) )	ļ					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .  If the foundation is <b>not</b> required to		235,039.			<del>_</del>	
	2	Check Little foundation is not required to attach Sch B		24 420		4 420		7.7.5
	3	Interest on savings and temporary cash investments		24,439.	2	4,439.		ATCH 1
	4	Dividends and interest from securities					<del></del>	
	5 a	Gross rents						
	b	Net rental income or (loss)	ļ					
ne		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<u></u>					
Revenue	"	assets on line 6a	-					
Š	7	Capital gain net income (from Part IV, line 2),	1					
_	8	Net short-term capital gain						
	9	Income modifications · · · · · · · · · · · · · · · · · · ·					<del></del>	
		and allowances • • • • •	<del> </del>					
	l	Less Cost of goods sold .	<del> </del>					
	l	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		259,478.	2	4,439.		
_	12	Total Add lines 1 through 11		233,470.		1,133.		
	13	Compensation of officers, directors, trustees, etc	<u> </u>					
es.	14	Other employee salates salt wages	<u> </u>					
Suc	15	Pension plans, employee benefits	<b>-</b>	2,310.				2,310
Operating and Administrative Expenses	١.	Legal fees (attach schedule) ATCH 2 Accounting fees (attach schedule) ATCH 3		9,450.			<u> </u>	9,450
e H	b	Other professional fees (attack schedule). *		25,000.				25,000
₹	17 <sup>C</sup>	Interest						
Stra	17 18	Interest		730.				
Ξ	19	Taxes (attach schedule) (see instructions						
臣	20	Occupancy	<del></del>					
Ž.	21	Travel, conferences and meetings					· · · · · · · · · · · · · · · · · · ·	
anc	22	Printing and publications	<b></b>	125.				125
ģ	23	Other expenses (attach schedule) ATCH 5		66,879.			······································	66,879
ΞĘ	24	Total operating and administrative expenses		<del></del>			<del></del>	
oer		Add lines 13 through 23		104,494.				103,764
ō	25	Contributions, gifts, grants paid	3	3,555,732.				2,320,732
	26	Total expenses and disbursements Add lines 24 and 25		3,660,226.		0		0 2,424,496
_	27	Subtract line 26 from line 12	1	·				<u> </u>
	1	Excess of revenue over expenses and disbursements	-3	,400,748.				
	i .	Net investment income (If negative, enter -0-)			2	4,439.		



\*ATCH 4 JSA Form 990-PF (2011)

Page 2

F	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End o	of year
	CIT (III)	Datance offeets	amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
_	1	Cash - non-interest-beari	ing	623,800.	299,3		299,316
	2		cash investments	9,036,314.	7,975,5	73.	7,975,573
	3	Accounts receivable ▶	770.				
			btful accounts ▶		7	70.	770
	4						
		Less allowance for doub	btful accounts ▶				
	5						
	6		officers, directors, trustees, and other				
			tach schedule) (see instructions)				
	7		receivable (attach schedule)				
			btful accounts ▶				
	8		e				
sets	9		eferred charges	781,293.			
Ass	ı		e government obligations (attach schedule)	·······························			
1	ı		stock (attach schedule)				
	1		bonds (attach schedule)				
	11	Investments - corporate Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	s, •				
	12	,	loans				
	13 14		ach schedule)		<u></u>		
		Less accumulated deprecia (attach schedule)	ation >				
	15		<b>&gt;</b> )				
	16		completed by all filers - see the				
			age 1, item I)	10,441,407.	8,275,6	59.	8,275,659
	17		accrued expenses				
	18			125,000.	1,360,0	00.	
ý	1						
Liabilities	20		ors, trustees, and other disqualified persons				
ĕ	21		otes payable (attach schedule)				
Ë	22		• ►)				
		Otrior madmines (accome	, ,				
	23	Total liabilities (add line	es 17 through 22)	125,000.	1,360,0	oo.l	
_		Foundations that fol	low SFAS 117, check here ► X 24 through 26 and lines 30 and 31.	,	_,,,,,		
es	24	Unrestricted		10,316,407.	6,915,6	59.	
Š	25						
äa	26						
Ā	20	-	not follow SFAS 117,				
Ë	1		plete lines 27 through 31.				
7	24 25 26 27		cipal, or current funds			İ	
ıs	28		r land, bldg , and equipment fund				
se	28 29 30 31	•	ulated income, endowment, or other funds				
Ą	30	•	balances (see instructions)	10,316,407.	6,915,6	59.	
ě	31		net assets/fund balances (see		5,5-5,5		
_	}			10,441,407.	8,275,6	59.	
6	art II		anges in Net Assets or Fund E		0,2.0,0	33.1	
			alances at beginning of year - Part		nust agree with		<del></del>
•			d on prior year's return)			1	10,316,407.
2		r amount from Part I, I	·		1	2	-3,400,748
				• • • • • • • • • • • • • • • • • • • •	I	3	
		lines 1, 2, and 3		- <b></b>	<b> </b>	4	6,915,659
_	_		line 2 (itemize)		1	5	
6	Total	net assets or fund ha	line 2 (itemize) ► lances at end of year (line 4 minus li	ne 5) - Part II. column (h)		6	6,915,659
<u>~</u>	· Jiai	addeted of futio be		o, i aren, colonin (b),		<u> </u>	

_		•
۲ao	e	J

` ,	d describe the kind(s) of property sold ( rick warehouse, or common stock, 200	,	acquired P-Purchase D-Donation	acquired (mo , day, yr )	(d) Date so (mo , day, )
a			<u> </u>		
b					-
C					
<u>d</u>					
<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	) (ce)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	,
a					
b					
C					
d					
e					
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less to Losses (from co	
	as of 12/31/69	over col (j), if any	<del> </del>		
a .			<del> </del>		
b			<del> </del>		
<u>C</u>			<del> </del>		
d o					
e	e If	gain, also enter in Part I, line 7	<del>                                     </del>		
Capital gain net income or		(loss), enter -0- in Part I, line 7	2		
Net short-term capital gair	 or (loss) as defined in sections 12				
	rt I, line 8, column (c) (see inst				
•	· · · · · · · · · · · · · · · · · · ·		3		
For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for	the section 4942 tax on the distrib	duced Tax on Net Investment I e section 4940(a) tax on net invest outable amount of any year in the b	ment inco		Yes X
For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation does 1 Enter the appropriate am	c private foundations subject to the	duced Tax on Net Investment in e section 4940(a) tax on net invest outable amount of any year in the bound on not complete this part	ment inco	d?	Yes X
For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years	c private foundations subject to the leave this part blank the section 4942 tax on the distribution and qualify under section 4940(e) ount in each column for each year	e section 4940(a) tax on net invest  outable amount of any year in the b  Do not complete this part  see the instructions before making  (c)	ase period	es (d)	atro
For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation does Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in)	c private foundations subject to the leave this part blank the section 4942 tax on the distribution and qualify under section 4940(e) ount in each column for each year  (b) Adjusted qualifying distributions	duced Tax on Net Investment I e section 4940(a) tax on net invest  butable amount of any year in the b Do not complete this part c, see the instructions before making  (c)  Net value of nonchantable-use assets	ase period	es (d) Distribution ra	atro / col (c))
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For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation does I Enter the appropriate ame (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008  2007  2006  Total of line 1, column (d) Average distribution rationumber of years the foundation number of years the foundation of the properties of	the section 4942 tax on the distribution of qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 968,698.  for the 5-year base period - divided dation has been in existence if less incharitable-use assets for 2011 from the income (1% of Part I, line 27b).	duced Tax on Net Investment I e section 4940(a) tax on net invest  putable amount of any year in the b Do not complete this part see the instructions before makin (c) Net value of nonchantable-use assets 9, 681, 072.	ase period g any entri  2 3 4 5 6 7	d?  (d)  Distribution ra (col (b) divided by	0.10006 0.10006 0.05003 118,553 456,210 244 456,454
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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	ctions	;)
1 a ·	Exempt operating foundations described in section 4940(d)(2), check here 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		2	244.
	here 🕨 🗓 and enter 1% of Part I, line 27b			
С	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			
3	Add lines 1 and 2		2	244.
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		2	244.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 770.			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			770.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			526.
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 526. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	Instructions for definition)?	1 b		Х
	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			l
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers   \$			,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_ 3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
_	If "Yes," attach the statement required by General Instruction T			İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or  By language in t			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that  and that with the obtaining and the government of the governm	6	Х	
-	conflict with the state law remain in the governing instrument?	7	X	
7				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)   CA, DE,			
<b>L</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ָטט.		
•	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
. 0	and addresses	10		X
			n DE	

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 2011?

Form 990-PF (2011)

4b

Form **990-PF** (2011)

Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 GRANT PROVIDED TO 24 CHARITIES FOR PURPOSES OF ENSURING PATIENT SAFETY, INCREASING EFFICIENCY AND INCREASING THE AVILIABLITY OF ADVANCED MEDICAL EQUIPMENT FOR HEALTCARE 2,424,496. 2 FACILITIES WORLDWIDE. 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 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3.

Form 990-PF (2011)

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreitsee instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	9,257,414.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	9,257,414.
е			
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	3	9,257,414.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	138,861.
5		5	9,118,553.
6	Minimum investment return. Enter 5% of line 5	6	455,928.
Pa	To 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 process.	oart)	
1	Minimum investment return from Part X, line 6	1	455,928.
2 a	Tax on investment income for 2011 from Part VI, line 5 244.		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	244.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	455,684.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	455,684.
6	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		-
	line 1	7	455,684.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	2,424,496.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2			
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	······································
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,424,496.
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	244.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,424,252.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating	whether the foundation

Form 990-PF (2011)

2493AT 700W

Form ,990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (b) (a) (d) (c) Corpus Years prior to 2010 2010 2011 Distributable amount for 2011 from Part XI, 455,684. Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only . . . . . . . . Total for pnor years 20 09 ,20 08 ,20 07 h Excess distributions carryover, if any, to 2011 3 a From 2006 ..... From 2007 ..... b From 2008 . . . . . . From 2009 . . . . . . From 2010 . . . . . . Total of lines 3a through e . . . . . . . . . . . . 485,374. Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 2,424,496. a Applied to 2010, but not more than line 2a . . . Applied to undistributed income of prior years (Election required - see instructions)..... Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . 455,684. d Applied to 2011 distributable amount . . . . . 1,968,812. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 2,454,186. Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b 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 . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 ........ Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2012. 2,454,186. Subtract lines 7 and 8 from line 6a Analysis of line 9 10 a Excess from 2007 . . . b Excess from 2008 . . .

Form 990-PF (2011)

c Excess from 2009 . . .

d Excess from 2010 . . .e Excess from 2011 . . .

485,374.

1,968,812.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors N/A JSA 1E1490 1 000 Form 990-PF (2011) 2493AT 700W 0171255.00039

Page **11** 

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	Future Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or Substantial Contributor			
a Tala damig the year				
A TO A CLIMENT O				
ATTACHMENT 9		İ		
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			}	
			1	
Total	1	I	▶ 3a	2,320,732.
Total	<u> </u>	· · · · · ·		2,320,132.
<b>b</b> Approved for future payment SEE ATTACHMENT A				1 225 000
SEE ATTACHMENT A		ļ		1,235,000.
		1		
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		1		
				1
		1		
		j		
		]		
		<u></u>		
Total	<u> </u>	<u></u>		1,235,000.

Page 12

- J 3	mounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
Program (	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-						(See instructions)
						<del></del>
_						
	nd contracts from government agencies					
Members	nip dues and assessments					
Interest on	savings and temporary cash investments	ļ <u>.</u> .		14	24,439.	
Dividends	and interest from securities					
Net renta	income or (loss) from real estate					
a Debt-f	inanced property					
<b>b</b> Not de	bt-financed property					<del>.</del>
Net rental	ncome or (loss) from personal property .			<del> </del>		
Other invi	estment income			_ <del> </del>		
Gain or (lo	ss) from sales of assets other than inventory			<del></del>		
Net incom	ie or (loss) from special events					
Gross pro	fit or (loss) from sales of inventory			<del></del>		
Other reve	enue a					
ь				<del></del>		
	<del></del>					
d						
е					24 420	
2 Subtotal	Add columns (b), (d), and (e)				24,439.	24.439
Subtotal  Total. Add	l line 12, columns (b), (d), and (e)					24,439
Subtotal  Total. Add	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to t
Subtotal Total. Add ee workshe art XVI-E	l line 12, columns (b), (d), and (e) let in line 13 instructions to verify calc Relationship of Activities	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to
Subtotal Total. Add ee workshe art XVI-E ine No.	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to
Subtotal Total. Add ee workshe art XVI-E ine No.	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to
Subtotal Total. Add ee workshe art XVI-E	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to
Subtotal Total. Add ee workshe art XVI-E ine No.	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to
Subtotal Total. Addee workshe art XVI-E	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to
Subtotal Total. Add ee workshe art XVI-E ine No.	l line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purpo	oses ) of Part XVI-A contribu	ted importantly to

JSA 1E1492 1 000

Form **990-PF** (2011)

### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			AN FRANCISCO			94111	Phone no 415-98		00	
Use	Only			A STREET, SUI	TTE 2300		THINSEIN > 30 ° 00	, , , , , ,		
Pre	oarer		RANT THORNTO				Firm's EIN ▶ 36-60			
		CHRISTINA BEC	KWITH	( Be couth	Digitally signed Christina Beckw	by 8/3,	2012 self-employed	P0053	3926	6
——Paid	 !	Print/Type preparer's	s name	Preparer's signatu		Date		PTIN	<u> </u>	
Sigr Her	e	napare of officer or trastee	hul and ta	Date	172 Titl	Treasur	May the IRS with the pr	eparer s	hown	
							nd to the best of my knowledg	e and b	elief, it	ıs true,
			7						-	
		(=) o. organizatio		(2, 7,50 0) 0			(2) 2 22 3 (pilot) of felicions	<del></del>		
		(a) Name of organization		(b) Type of or	rganization		(c) Description of relations	hip		
L		bed in section 501(c		her than section 50	1(c)(3)) or in s	section 527?		Ye	s L	No
2a		foundation directly	-							
			<del> </del>			-		-		
			<del> </del> -							
							<del></del>			
		N/A				N/A				
(a) L	ne no	(b) Amount involved	(c) Name of n	oncharitable exempt orga	nızatıon	(d) Description of tra	nsfers, transactions, and shar	ng arrai	ngemer	nts
		_					ods, other assets, or s			
a							ndation received less			
								1c		orket
	(6) Pe	rformance of service	es or membersh	ıp or fundraısıng sol	icitations			1b(6)		
	(5) Lo	ans or loan guarante	es					1b(5)		
	(4) Re	imbursement arrang	jements					1b(4)		
	(3) Re	ntal of facilities, equ	ipment, or other	assets				1b(2) 1b(3)		
	(1) Sales of assets to a noncharitable exempt organization									
ь	b Other transactions (4) Salas of assets to a penalparitable everythmen.									
								1a(2)		
								1a(1)		
а		ers from the reporti	_							
	organı	zations?								
-		_	•		-	-	', relating to political		103	
1	Did th	e organization direc	tly or indirectly e	engage in any of th	e following w	uth anv other or	ganization described		Yes	Νo

Form **990-PF** (2011)

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

Schedule of Contributors

OMB No 1545-0047

2011

Name of the organization Employer identification number THE MASIMO FOUNDATION FOR ETHICS, INNOVATION AND COMPETITION IN HEALTHCARE 01-0956020 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 [X] 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, total 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 total 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 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 Part I, 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)

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) (2011)

Name of organization THE MASIMO FOUNDATION FOR ETHICS, INNOVATION

AND COMPETITION IN HEALTHCARE

| Comparization Number | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Comparization | Com

Part I	Contributors (see instructions) Use duplicate copies of	Part Lif additional space is need	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MASIMO CORPORATION  40 PARKER  IRVINE, CA 92618	\$234,939.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization THE MASIMO FOUNDATION FOR ETHICS, INNOVATION AND COMPETITION IN HEALTHCARE

Employer identification number

01-0956020

Part II	Noncash Property	(see instructions)	Use duplicate copies	of Part II if additiona	al space is needed
	itoliousii i i operty	(300 111011 40110110)	Occ auphoute copies	or rait in addition	ar opado la modade

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICAL DEVICES AND EQUIPMENT	\$234,939.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization THE MASIMO FOUNDATION FOR ETHICS, INNOVATION Employer identification number AND COMPETITION IN HEALTHCARE 01-0956020 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions ) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

ATTACHMENT 1

## PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF,

NET INVESTMENT INCOME	24,439.	24,439.
REVENUE AND EXPENSES PER BOOKS	24,439.	24,439.
		TOTAL
DESCRIPTION	INTEREST INCOME	

·	
FEES	
LEGAL	
1	
Н	ı
PART	
990PF,	
FORM	

THE MASIMO FOUNDATION FOR ETHICS, INNOVATION

CHARITABLE PURPOSES_	2,310.	2,310.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		and the same of th
REVENUE AND EXPENSES PER BOOKS	2,310.	2,310.
		TOTALS
DESCRIPTION	LEAGAL FEES	

ATTACHMENT 2

ATTACHMENT 3

FEES	
ACCOUNTING	
ı	
ы	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	9,450.	9,450.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	9,450.	9,450.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	25,000.	25,000.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	25,000.	25,000.
		TOTALS
DESCRIPTION	ADMINISTRATION EXPENSE	

OCUUU BECITIO

ATTACHMENT 5

### ほうつく きょくりょく

## FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE	PURPOSES 3,250.	40.	178.	750.	3,404.	59,257.	66,879.
ADJUSTED NET	INCOME						
NET INVESTMENT	INCOME						
REVENUE AND EXPENSES	PER BOOKS 3,250.	40.	178.	750.	3,404.	59,257.	66,879.
							TOTALS
	DESCRIPTION BANK CHARGES	FILING FEES	SUPPLIES	POSTAGE DELIVERY	INSURANCE	GRANTS RELATED EXPENSES	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
JOE E. KIANI 40 PARKER IRVINE, CA 92618	DIRECTOR, CHAIRMAN 1.00	0	0	0	
MARK P. DE RAAD 40 PARKER IRVINE, CA 92618	DIRECTOR, TREASURER & SECRETARY 1.00	0	0	0	
FREDERICK J. HARRIS 5500 CAMPANILE DR, SUITE 403B SAN DIEGO, CA 92182	DIRECTOR 1.00	0	0	0	
JIM BERGMAN 40 PARKER IRVINE, CA 92618	DIRECTOR 1.00	0	0	0	
MICHAEL O'REILLY 40 PARKER IRVINE, CA 92618	DIRECTOR 1.00	0	0	0	
SARAH KIANI 40 PARKER IRVINE, CA 92618	DIRECTOR 1.00	0	0	0	
,	GRAND TOTALS	0	0	0	

### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

ANN L. VAN DORMOLEN P.O. BOX 9429 MARINA DEL REY, CA 90295 310-670-7411

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

AGENCIES ARE TO SUBMIT A HARD-COPY LETTER, ON LETTERHEAD, OF THEIR INQUIRY OR INTENT TO THE FOUNDATION ADMINISTRATOR. ONCE THE LETTER OF INQUIRY OR INTENT IS DEEMED TO BE WITHIN THE INTEREST AREA OF THE PRIVATE FOUNDATION, THE FOUNDATION ADMINISTRATOR WILL INVITE THE AGENCY TO COMPLETE THE "MASIMO FOUNDATION GRANT APPLICATION FORM" AND A LIST OF REQUIRED DOCUMENTS IN ACCORDANCE WITH THE "ADDENDUM TO FORM 1023 FOR THE MASIMO FOUNDATION".

INNOVATION
ETHICS,
FOR
FOUNDATION
MASIMO
THE

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SEE ATTACHMENT A

1,304,500

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 9

1,016,232

FOUNDATION EQUIPMENT DONATIONS

TOTAL CONTRIBUTIONS PAID

2,320,732

01-0956020

### Masimo Foundation for Ethics, Innovation and Competition in Healthcare In kind donation and Grants Paid during the year

Organization Legal Name	Organization Address	Status of recipient	Purpose	An	Amount
Anesthesia Patient Safety Foundation	8007 S Mendian St , Bldd One, Ste 2, Indianapolis, IN	501(c) 3 public Chanty	APSF/Masimo Foundation Research Grant and General Operating Expenses	\$ 18	180,000
Chapman University	One University Drive, Orange, CA	501(c) 3 public Charity	Biomedical Lab as part of the Science Center abd General Operating Expenses	\$ 11	115,000
Children's Hospital Boston	300 Longwood Avenue, Boston, MA	501(c) 3 public Charity	To improve safety and quality of care to pediatric patients	\$	50,000
Children's Hospital Foundation (Children's National Medical Center) 111 Michigan Avenue NW, Washington , DC	) 111 Michigan Avenue NW, Washington , DC	501(c) 3 public Charity	To develop technology to treat heart defects	\$ 10	100,000
CHOC Foundation (Children's Hospital Orange County)	455 5 Main Street, Orange ,CA	501(c) 3 public Charity	Capital Grant for new hospital	\$ 10	100,000
Cincinnati Children's Hospital Medical Center	3333 Burnet Avenue, Cincinnati, OH	501(c) 3 public Charity	Toward Chinese Pediatric Research Fellowships	\$ 13	135,000
Connecticut Children's Medical Center	282 Washington Street, Hartford, CT	501(c) 3 public Charity	Oxygen Saturation Study	\$	25,000
International Documentary Association	1201 W 5th Street, Suite M270, Los Angeles, CA	501(c) 3 public Charity	For Educational Film called 'Life Stories"	\$	25,000
Juvenile Diabetes Research Foundation, Int'l Orange County Chapter 17992 Mitchell South, Suite 100, Irvine, CA	r 17992 Mitchell South, Suite 100, Irvine, CA	501(c) 3 public Charity	General Operating Expenses	\$	10,000
Lucile Packard Foundation for Children's Health	400 Hamilton Avenue, Suite 340, Palo Alto, CA	501(c) 3 public Charity	To study the treatment of primary sclerosing cholangitis	s	50,000
Malaria No More Fund	432 Park Avenue South, 13th Floor, New York, NY	501(c) 3 public Charity	General Operating Expenes	\$	10,000
Meadow Park PTA	50 Blue Lake South, Irvine, CA	501(c) 3 public Charity	Meadow Park Elementary School Jog a-thon March 16, 2012	s	2,000
National Patient Safety Foundation	268 Summer Street, 6th Floor, Boston, MA	501(c) 3 public Charity	To support the work of the Lucian Leape Institute	<b>σ</b>	20,000
Newborn Foundation	750 9th Street NW Suite 750, Washington, DC	501(c) 3 public Charity	To analyze methods for screening for congenital heart ailments in newborns	\$ 25	250,000
Northwestern University (Div. of Immunotherapy & Autoimmune Dir 750 North Lake Shore Dr, Rubloff Bldg., 3rd Fl, Chicago, IL	ا، 750 North Lake Shore Dr, Rubloff Bldg , 3rd Fl, Chicago, الـ	501(c) 3 public Charity	Development of a stem cell transplant protocol for autoimmune hepatitis	ν.	20,000
Regents of the University of California, for San Diego	9500 Gilman Drive, La Jolla, CA	501(c) 3 public Charity	To improve monitoring and resuscitation of neonates	s	20,000
William J. Clinton Foundation	77 Water Street, New York, NY	501(c) 3 public Charity	For Key Initiatives	\$ 10	100,000
Wright Foundation for Pediatric Ophthalmology and Strabismus	520 S San Vicente Blvd , Los Angeles CA	501(c) 3 public Charity	General Operating Expenses	₩	2,500
Kenya Urithi Education Fund	PO Box 131354, Ann Arbor, MI 48114	501(c) 3 public Charity	Teach oxygen transport physiology and cardiopulmonary resuscitation & local clinics	\$	22,815
Saddleback Church (The Peace Plan)	1 Saddleback Parkway, Lake Forest, CA 92630	501(c) 3 public Charity	Haiti Mission trip to donate medical equipment	\$	15,728
Partners in Health	888 Commonwealth Ave, 3rd Fl Boston, MA 02215	501(c) 3 public Charity	Infant care program expansion to Rwanda	\$	22,501
ISSA Trust Foundation	2401 8th St , Altoona, IA 50009	501(c) 3 public Charity	To improve health and other services of well-being in Jamaica	\$	23,840
Japan Society of Anesthesiologists	Kobe KIMEC Center Building 3F, 1 5 2 Minatojima-Minamima	Japan Non-Profit Org	Japan earthquake aid	\$ 36	360,544
MedShare Western Region	2937 Alvarado St , San Leandro, CA 94577	501(c) 3 public Charity	Need portable devices to travel to remote areas without power	\$ 57	570,803
		Grand total		\$ 2,320	2,320,731
Grants Approved for future payment					
Organization Legal Name	Organization Address	Org type		<u>a.</u> 1	<b>Payable</b>
Chapman University	One University Drive, Orange, CA	501(c) 3 public Charity	Biomedical Lab as part of the Science Center abd General Operating Expenses	\$	000'006
Children's Hospital Boston	300 Longwood Avenue, Boston, MA	501(c) 3 public Charity	To improve safety and quality of care to pediatric patients	\$ 15	150,000
Cincinnati Children's Hospital Medical Center	3333 Burnet Avenue, Cincinnati, OH	501(c) 3 public Charity	Toward Chinese Pediatric Research Fellowships	\$ 13	135,000
National Patient Safety Foundation	268 Summer Street, 6th Floor, Boston, MA	501(c) 3 public Charity	To support the work of the Lucian Leape Institute	s	20,000

\$ 1,235,000

Future payment total