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Form

990-PF

Department of the Treasury  
Internal Revenue Service

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

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation RESMED FOUNDATION		A Employer identification number 02-0622126	
Number and street (or P O box number if mail is not delivered to street address) C/O 7514 GIRARD AVENUE		B Telephone number (see instructions) (858) 699-1616	
City or town, state, and ZIP code LA JOLLA, CA 92037		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 6,120,523		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,300,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,197	3,197		
	4 Dividends and interest from securities. . . . .	163,895	163,895		
	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				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	1,467,092	167,092		
	13 Compensation of officers, directors, trustees, etc	60,000	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	6,150	1,230		0
	c Other professional fees (attach schedule) . . . . .	93,000	0		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)	4,092	0		0
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	7,931	0		0
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	9,893	4,243		0
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	181,066	5,473		0
	25 Contributions, gifts, grants paid . . . . .	1,472,948			1,472,948
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,654,014	5,473		1,472,948
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-186,922			
	b <b>Net investment income</b> (if negative, enter -0-)		161,619		
	c <b>Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	3,197,654	312,327	312,327
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .		22,500	22,500
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	2,806,681	5,785,696	5,785,696
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	6,004,335	6,120,523	6,120,523	
Liabilities	17	Accounts payable and accrued expenses . . . . .	2,094	7,585	
	18	Grants payable . . . . .	1,262,225	2,556,827	
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .	1,264,319	2,564,412	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	4,740,016	3,556,111	
	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 (see page 17 of the instructions) . . . . .	4,740,016	3,556,111	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	6,004,335	6,120,523	

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	4,740,016
2	Enter amount from Part I, line 27a . . . . .	2	-186,922
3	Other increases not included in line 2 (itemize) ▶ _____	3	275,119
4	Add lines 1, 2, and 3 . . . . .	4	4,828,213
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,272,102
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	3,556,111

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				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(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		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

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 page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	1,249,574	5,188,073	0 240855
2010	1,102,713	6,522,973	0 169051
2009	784,110	3,549,860	0 220885
2008	613,948	2,984,437	0 205717
2007	641,109	660,814	0 970181
2 Total of line 1, column (d). . . . .			2 1 806689
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .			3 0 361338
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5. . . . .			4 5,960,411
5 Multiply line 4 by line 3. . . . .			5 2,153,723
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .			6 1,616
7 Add lines 5 and 6. . . . .			7 2,155,339
8 Enter qualifying distributions from Part XII, line 4. . . . .			8 1,472,948

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

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the 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	3,232
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	3,232
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	3,232
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a	2,000	
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	2,000
8		Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	9
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	1,241
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	
11		Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/>	Refunded <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

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? . . . . .		Yes	No
		1a		No
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)? . . . . .			No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?. . . . .	1c		No
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.	2		No
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?. . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.	5		No
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? . . . . .	6		No
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	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> _____			
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 .	8b	Yes	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶WWW RESMEDFOUNDATION ORG				
14	The books are in care of ▶KRISTI BURLINGAMETelephone no ▶(415) 448-5518 Located at ▶PO BOX 1206 LA JOLIA CAZIP +4 ▶920 38			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2012, 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? . . . . .	16		No
See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

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? ( <b>Exception.</b> 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 <b>any</b> 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 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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 2012?. . . . .	1c		No
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
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 2012 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2012?	4b		No

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1 ), (2), or (3), or section 4940(d)(2)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	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 (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FIONA TUDOR	FORMER EXECUTIVE DIRECTOR	75,000
PO BOX 1206		
LA JOLLA, CA 92038		
KRISTI BURLINGAME	EXECUTIVE DIRECTOR	18,000
PO BOX 1206		
LA JOLLA, CA 92038		
Total number of others receiving over \$ 50,000 for professional services. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments See page 24 of the instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3.	0

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	4,296,189
b	Average of monthly cash balances. . . . .	1b	1,754,990
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	6,051,179
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	6,051,179
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	90,768
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,960,411
6	Minimum investment return. Enter 5% of line 5. . . . .	6	298,021

Part XI

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

1	Minimum investment return from Part X, line 6. . . . .	1	298,021
2a	Tax on investment income for 2012 from Part VI, line 5. . . . .	2a	3,232
b	Income tax for 2012 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	3,232
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	294,789
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	294,789
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	294,789

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	1,472,948
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,472,948
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	1,472,948
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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				294,789
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only. . . . .			0	
b Total for prior years 20__ , 20__ , 20__		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007. . . . .				623,225
b From 2008. . . . .				614,206
c From 2009. . . . .				784,110
d From 2010. . . . .				370,050
e From 2011. . . . .				1,249,574
f Total of lines 3a through e. . . . .	3,641,165			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 1,472,948				
a Applied to 2011, 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). . . . .	1,472,948			
d Applied to 2012 distributable amount. . . . .				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	294,789			294,789
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,819,324			
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 2011 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .	328,436			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a . . . . .	4,490,888			
10 Analysis of line 9				
a Excess from 2008. . . .				614,206
b Excess from 2009. . . .				784,110
c Excess from 2010. . . .				370,050
d Excess from 2011. . . .				1,249,574
e Excess from 2012. . . .				1,472,948

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				1,472,948
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b>				1,794,655

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2012)

<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>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

**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.

*****	2013-08-02	*****	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature of officer or trustee	Date	Title	

May the IRS discuss this return with the preparer shown below (see instr )? ☒ **Yes** ☐ **No**

**Paid  
Preparer  
Use  
Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN  P00790287
	WARD R BOUMAN	WARD R BOUMAN	2013-08-02		
	Firm's name <input type="checkbox"/>	WARD R BOUMAN CPA		Firm's EIN <input type="checkbox"/> 33-0558553	
		4669 MURPHY CANYON ROAD SUITE 130			
	Firm's address <input type="checkbox"/>	SAN DIEGO , CA 92123		Phone no (858) 467-4770	

Form 990PF Part VIII Line 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
EDWARD DENNIS	CHAIRMAN 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
PETER C FERRELL PHD	SECRETARY 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
MARY BERGLUND	TREASURER 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
CHARLEY CHOCHRANE	TRUSTEE 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
TONY DEMARIA	TRUSTEE 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
KLAUS SCHINDHELM BE PHD	TRUSTEE 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
SIR NEIL DOUGLAS	TRUSTEE 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
JONATHAN SWARTZ MD	TRUSTEE 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				
MICHAEL COPPOLA MD	TRUSTEE 0 50	0	0	0
9001 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 9404 GENESEE AVENUE SUITE 240 SAN DIEGO,CA 92037		501(C)(3)	SUPPORT OF HEART WALK AND PROMOTE AWARENESS OF HEART DISEASE	10,000
ASSOCIATION POUR LE DIAGNOSTIC TRAIEMENT LABORATOIRE DEFCR LA TRONCHE,FRANCE FR		501(C)(3)	IMPACT OF SERVO VENTILATION IN MUSCLE SYPAATHECIE NERVE ACTIVITY	50,660
ATHENAEUM MUSIC AND ARTS LIBRARY 1008 WALL STREET LA JOLLA,CA 92037		501(C)(3)	SUPPORT THE "CONCEPTUAL ARTISTS BOOKS" PUBLICATION	10,000
ELEMENTARY INSTITUTE OF SCIENCE 68 51ST STREET SAN DIEGO,CA 92114		501(C)(3)	SCIENCE AND TECHNOLOGY EDUCATION FOR YOUTH	10,000
ESADA BRUNA STRAKET 11 GOTHENBURG,SWEDEN SW		501(C)(3)	ESADA DATABASE	82,500
GIRL SCOUTS OF AMERICA 1231 UPAS STREET SAN DIEGO,CA 92103		501(C)(3)	GIRLS OUTREACH - SCIENCE PROGRAM FOR GIRLS	10,000
INSTITUTE FOR BREATHING AND SLEEP PO BOX 5555 HEIDELBERG VICTORIA, AUSTRALIA AS		501(C)(3)	OPTIMAL THERAPY FOR OBESITY HYPOVENTILATION SYNDROME	41,250
JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY SUITE 117 BALITOMORE,MD 21205		501(C)(3)	THE PREVALANCE OF OSA IN PATIENTS WITH NON ALCOHICIL LIVER DISEASE	56,781
JOSLIN DIABETES INSTITUTE ONE JOSLIN PLACE BOSTON,MA 00215		501(C)(3)	EDUCATION CONTINUUM ENTTITED OBSTRUCTIVE SLEEP APNEA AND CARDIOMETABOLIC SYNDRONE	54,053
KAROLINSKA INTRITUET NOBELS VAG 5 STOCKHOLM,SWEDEN SW		501(C)(3)	LEUKOTRIENE PATHWAY IN OSA	25,000
KYOTO PRIZE SYMPOSIUM PO BOX 3303 LA JOLLA,CA 92037		501(C)(3)	SUPPORT OF THE PRIZE FOR SUPERB SCIENCE	25,000
LA JOLLA MUSIC SOCIETY 7948 IVANHOE AVENUE SUITE 309 LA JOLLA,CA 92037		501(C)(3)	SUPPORT OF TIJUANA BRASS AND UTE LAEMPUR CONCERTS	10,000
LA JOLLA PLAYHOUSE PO BOX 12039 LA JOLLA,CA 92039		501(C)(3)	SUPPORT FOR 2011 PERFORMANCE OUTREACH PROGRAM TOUR AND RESIDENCY PROGRAMS	10,000
MAINLY MOZART 444 WEST BEECH ST SUITE 220 SAN DIEGO,CA 92101		501(C)(3)	SPOTLIGHT CONCERT 2012 SPONSORSHIP	5,000
MUSEUM OF COMTEMPORARY ARTS SAN DIEGO 700 PROSPECT STREET LA JOLLA,CA 92037		501(C)(3)	EHIBITION JOHN BALDESSARI A PRINT RETROSPECTIVE	10,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MUSEUM OF PHOTOGRAPHIC ARTS 1649 EL PRADO SAN DIEGO,CA 92101		501(C)(3)	EXHIBITION ARTISTS AND THE ENVIRONMENT	10,000
NEW CHILDRENS MUSEUM 200 WEST ISLAND AVENUE SAN DIEGO,CA 92101		501(C)(3)	ACCESS FOR UNDERSERVED SCHOOLS AND CHILDREN	10,000
OCEAN DISCOVERY INSTITUTE 2211 PACIFIC BEACH DRIVE SUITE A SAN DIEGO,CA 92109		501(C)(3)	FUND OCEAN SCIENCE EXPLORERS	5,000
OLD GLOBE PO BOX 122171 SAN DIEGO,CA 92112		501(C)(3)	EDUCATIONAL OUTREACH PROGRAMS - BI-LINGUAL PRODUCTION OF SHAKESPEARE	10,000
PLAYWRIGHTS PROJECT 2356 MOORE STREET SUITE 204 SAN DIEGO,CA 92110		501(C)(3)	SUPPORT DRAMA BASED EDUCATION PROGRAMS	5,000
SAN DIEGO MUSEUM OF ART EL PRADO SAN DIEGO,CA 92101		501(C)(3)	EXHIBITION FROM EL GRECO TO DALI THE GREAT SPANISH MASTERS FROM THE PEREZ SIMON COLLECTION	10,000
SAN DIEGO NATURAL HISTORY MUSEUM PO BOX 121390 SAN DIEGO,CA 92112		501(C)(3)	FUND SCIENCE TO DISADVANTAGE STUDENTS IN MUSEUM SETTING	10,000
SAN DIEGO OPERA 1200 THIRD AVENUE 18TH FLOOR SAN DIEGO,CA 92101		501(C)(3)	SUPPORT EDUCATION OUTREACH PROGRAMS	10,000
SAN DIEGO SYMPHONY 1245 SEVENTH AVENUE SAN DIEGO,CA 92101		501(C)(3)	MUSIC EDUCATION PROGRAMS AND YOUTH OUTREACH	10,000
SOCIETE FRANCAISE DE CARDIOLOGIE 5 RUE COLONNES DU TRONE PARIS,FRANCE FR		501(C)(3)	IMPACT OF SERVO VENTILATION IN MUSCLE SYMPATHEIC NERVE ACTIVITY	30,000
MEDICAL COLLEGE OF WISCONSIN 9200 WEST WISCONSIN AVENUE MILWAUKEE,WI 53226		501(C)(3)	THE CONTRIBUTION OF ORNASAL CPAP INTERFACE TO UPPER AIRWAY OBSTRUCTION	10,000
NEWCASTLE UNIVERSITY NEWCASTLE UPON TYNE NEWCASTLE,UNITED KINGDOM NE2 4HH UK		501(C)(3)	TREATING PATIENTS WITH CPAP WHO HAVE DIABETIC RETINOPATHY AND CONCURRENT OSA IMPROVES VISUAL ACUITY AT 12 MONTHS	116,667
UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVE AMB M237 CHICAGO,IL 60637		501(C)(3)	SEX DIFFERENCES IN THE IMPACT OF OSA ON DIABETES AND OBESITY RISK	60,175
SKARABORG HOSPITAL KARABORG HOSPITAL SE 84185 SKARBORG,SWEDEN SW		501(C)(3)	DOES CPAP TREATMENT REDUCE THE COMBINED RATE OF NEW REVASCULARIZATIO, MYOCARDIAL INFARCTION, STROKE AND CARDIOVASCULAR MORTALITY OVER 3 YEARS	75,000
UNIVERSITY OF TORONTO 12 QUEENS PARK CRESCENT WEST TORONTO,CANADA M5S 1S8 CA		501(C)(3)	A RISK STRATIFICATION MODEL FOR ADULT PATIENTS WITH OBSTRUCTIVE SLEEP APNEA DEVELOPMENT AND EVALUATION	9,403

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSTITY OF ADELAIDE QUEEN ELIZABETH HOSP WOODVILLE ROAD WOODVILLE,AUSTRALIA 5011 AS		501(C)(3)	SLEEP, SEXUAL HEALTH, INFLAMMATION AND CARDIOMETABOLIC DISEASE IN LARGE MALE COHORT	24,970
PEOPLES UNIVERSITY OF PEKING UVINERSITY OF PEKING BEICHING,CHINA CH		501(C)(3)	THE PREVALENCE AND ASSOCIATION STUDY OF OBSTRUCTIVE SLEEP APNEA IN HOSPITALIZED PATIENTS WITH TYPE 2 DIABETES	50,000
RUHRLANDKLINIK AND UNIVERSITY OF ESSEN TUSCHENER WEG 40 ESSEN,GERMANY D-45239 GM		501(C)(3)	SLEEP DISORDERED BREATHING AND CARDIOVASCULAR RISK IN MIDDLE AGED SUBJECTS	57,000
CLEVELAND CLINIC 9500 EUCLID AVENUE FA-20 CLEVELAND,OH 44195		501(C)(3)	SLEEP DISORDER	25,000
UNIVERSITY OF WASHINGTON 1100 NE 45TH ST 300 SEATTLE,WA 98195		501(C)(3)	TRANSCRIPTIONAL EFFECTS OF CPAP THERAPY ON ADIPOSE TISSUE	37,650
SAN DIEGO BRAIN FOUNDATION PO BOX 84601 SAN DIEGO,CA 92138		501(C)(3)	SUPPORT THE BRAIN FOUNDATION	1,000
UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 SOUTH 20TH STREET AB 1170 BIRMINGHAM,AL 35294		501(C)(3)	EFFECT OF PAP THERAPY IN CHILDREN WITH OSA	42,011
BINZHOU MEDICAL UNIVERSITY NO 345 GUAN HAI LU LAISHAN QU SHANDONG,CHINA CH		501(C)(3)	REMOTE SCREENING AND TREATMENT OF SDB IN PATIENTS WITH POLIO	50,000
UNIVERSITY HOSPITAL RESENSBURG FRANZ JOSEF STRAUSS ALLEE 11 REGENSBURG,GERMANY 93042 GM		501(C)(3)	TREATMENT OF SLEEP APNEA IN THE EARLY PHASE AFTER MYOCARDIAL INFARCTION	217,500
BRIGHAM AND WOMENS HOSPITAL (JOSLIN) 221 LONGWOOD AVENUE 2ND FLOOR BOSTON,MA 02115		501(C)(3)	A PLANNING STUDY SLEEP APNEA INTERVENTION TO REDUCE CARDIOVASCULAR DISEASE	121,328
CA CENTER FOR THE ARTS ESCONDIDO 340 N ESCONDIDO BLVD EXCONDIDO,CA 92025		501(C)(3)	TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN FROM LOW INCOME FAMILIES	5,000
SAN DIEGO REPERTORY THEATER 79 HORTON PLAZA SAN DIEGO,CA 92101		501(C)(3)	SUPPORT EDUCATIONAL PARTNERSHIP PRODUCTION WITH SAN DIEGO SCHOOL OF THE CREATIVE AND PERFORMING ARTS	5,000
NATIONAL MARINE MAMMAL FOUNDATION 2240 SHELTER ISLAND DRIVE 200 SAN DIEGO,CA 92106		501(C)(3)	TO SUPPORT THE STEM EDUCATION INITIATIVE	10,000
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG ST SAN DIEGO,CA 92111		501(C)(3)	FUNDS TO OPEN A MATH LAB FOR HIGH SCHOOL STUDENTS WITH DEFICIENCIES IN MEETING GRADE LEVEL	10,000
PREUSS SCHOOL 3670 VOIGT DR SAN DIEGO,CA 92037		501(C)(3)	SCIENCE AND ENGINEERING INITIATIVE	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VOICES FOR CHILDREN 2851 MEADOW LARK DR SAN DIEGO,CA 92123		501(C)(3)	TO SUPPORT CASA PROGRAM OF EDUCATIONAL VOLUNTEERS WHO PLAY A CRUCIAL ROLE IN SERVING AS ADVOCATES FOR CHILDREN	10,000
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123		501(C)(3)	TO SUPPORT ARTS FOR HEALING PROGRAM AT SHARP METROPOLITAN CAMPUS	5,000
<b>Total . . . . .</b>  <b>3a</b>				1,472,948

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>b</b> <i>Approved for future payment</i>				
NEWCASTLE UNIVERSITY NEWCASTLE UPON TYNE NEWCASTLE, UNITED KINGDOM NE2 4HH UK		501(C)(3)	TREATING PATIENTS WITH CPAP WHO HAVE DIABETIC RETINOPATHY AND CONCURRENT OSA IMPROVES VISUAL ACUITY AT 12 MONTHS	583,333
UNIVERSITY OF CHICAGO5841 SOUTH MARYLAND AVE AMB M237 CHICAGO, IL 60637		501(C)(3)	SEX DIFFERENCES IN THE IMPACT OF OSA ON DIABETES AND OBESITY RISK	60,176
OCEAN DISCOVERY INSTITUTE 2211 PACIFIC BEACH DRIVE SUITE A SAN DIEGO, CA 92109		501(C)(3)	FUND OCEAN SCIENCE EXPLORERS	5,000
UNIVERSITY OF WASHINGTON1100 NE 45TH ST 300 SEATTLE, WA 98195		501(C)(3)	TRANSCRIPTIONAL EFFECTS OF CPAP THERAPY ON ADIPOSE TISSUE	37,650
UNIVERSITY OF ALABAMA AT BIRMINGHAM701 SOUTH 20TH STREET AB 1170 BALITOMORE, AL 35294		501(C)(3)	EFFECT OF PAP THERAPY IN CHILDREN WITH OSA	42,011
BINZHOU MEDICAL UNIVERSITYNO 345 GUAN HAI LU LAISHAN QU SAN DIEGO, CANADA CH		501(C)(3)	REMOTE SCREENING AND TREATMENT OF SDB IN PATIENTS WITH POLIO	50,000
UNIVERSITY HOSPITAL RESENSBURGFranz Josef Strauss Allee 11 REGENSBURG, GERMANY GM		501(C)(3)	TREATMENT OF SLEEP APNEA IN THE EARLY PHASE AFTER MYOCARDIAL INFARCTION	652,500
BRIGHAM AND WOMENS HOSPITAL (JOSLIN)221 LONGWOOD AVENUE 2ND FLOOR BALTIMORE, GERMANY 02115 GM		501(C)(3)	A PLANNING STUDY SLEEP APNEA INTERVENTION TO REDUCE CARDIOVASCULAR DISEASE	363,985
<b>Total . . . . .</b>			<b>3b</b>	1,794,655

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  
  
2012

Name of the organization RESMED FOUNDATION	Employer identification number 02-0622126
---	--

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 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 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)

<b>Name of organization</b> RESMED FOUNDATION	<b>Employer identification number</b> 02-0622126
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## Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RESMED CORPORATION 9001 SPECTRUM CENTER BLVD  SAN DIEGO, CA 92123  	\$ 1,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )

<b>Name of organization</b> RESMED FOUNDATION	<b>Employer identification number</b>  02-0622126
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> RESMED FOUNDATION	<b>Employer identification number</b> 02-0622126
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4<div></div></div> <div>Relationship of transferor to transferee<div></div></div>		

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

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

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

## TY 2012 Accounting Fees Schedule

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,150	1,230		0

**TY 2012 Distribution from Corpus Election**

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

**Election:** PURSUANT TO IRC SEC 4942(H) 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 OUT  
OF CORPUS.SIGNED:\_\_\_\_\_NAME  
AND TITLE:\_\_\_\_\_

**TY 2012 Investments Corporate  
Stock Schedule**

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS AND EQUITIES	5,785,696	5,785,696

TY 2012 Other Decreases Schedule

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

Description	Amount
ADJUSTMENT TO RECORD GRANTS PAYABLE	1,272,102

**TY 2012 Other Expenses Schedule****Name:** RESMED FOUNDATION**EIN:** 02-0622126

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	4,016	2,008		0
TELEPHONE	4,470	2,235		0
MISCELLANEOUS	1,407	0		0

TY 2012 Other Increases Schedule

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	275,119

## TY 2012 Other Professional Fees Schedule

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	93,000	0		0

TY 2012 Taxes Schedule

**Name:** RESMED FOUNDATION

**EIN:** 02-0622126

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ESTIMATED TAXES	4,092	0		0