

#### 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



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

2010

	lendar year 2010,	or tax year beginning			, 2010	, and endi	ing		, 20	
<b>G</b> Che	eck all that apply	Initial return	ַיי 🗀 יי		of a former p	oublic char	<del></del>		Final return	
		Amended return		Addres	ss change		Name change			
Name (	of foundation						A Employer is	A Employer identification number		
воен	RINGER INGEL	HEIM CARES FOUND	ATION.	INC.				31-	1810072	
		ox number if mail is not delivere				Room/su	ite B Telephone r	umber (s	see page 10 of the instructions)	
	·			·						
900	RIDGEBURY RO	AD						(203	3) 798-4895	
City or	town, state, and ZIP of	code					C If exemption pending, che	applicati	ion is	
							D 1 Foreign o		<b>▶</b>	
	EFIELD, CT 0								ons meeting the ere and attach	
		ation X Section 501								
		nexempt charitable trust			ivate founda				status was terminated	
	r market value of all ear <i>(from Part II, co</i>		unting me ther (spec		asn Acc	ruai		, ,,	(1)(A), check here . P	
-	► \$ 19,6				cash basıs )		. 1.		n a 60-month termination (1)(B), check here	
		enue and Expenses (The			,		ander seems	1007(2)	(d) Disbursements	
	total of amounts in c	columns (b), (c), and (d)		enue and ises per	(b) Net inve	I .	(c) Adjusted no income	et	for charitable	
	column (a) (see pag	vequal the amounts in ge 11 of the instructions))		oks	IIICOII	ie	mcome	-	purposes (cash basis only)	
1		etc , received (attach schedule) .	138,	862,327.						
2	if the	foundation is not required to Sch B								
3		temporary cash investments					-	$\longrightarrow$		
4		est from securities		711,506.	71	1,506.		$\longrightarrow$	ATCH 1	
i										
		oss)		83,195.				$\longrightarrow$		
9 6 a b	Net gain or (loss) from Gross sales price for all	sale of assets not on line 10 5, 705, 622.		03,133.			-	$\rightarrow$		
Borena Bo	assets on line 6a	<del></del>			8	3,195.				
ଝ (	-	ome (from Part IV, line 2) , al gain				,	79,0	572.		
9		S · · · · · · · · · · · · · · ·								
	Gross sales less returns and allowances · · ·	i l								
Ь	Less Cost of goods sold									
С		(attach schedule)		,						
11		h schedule)	120	CE7 000	77	701	70 (	072		
12		rough 11	139,	657,028.	/5	4,701.	79,0	072.		
		ers, directors, trustees, etc						$\rightarrow$		
S 14		aries and wages		<del></del>					<del></del>	
15 16a	Pension plans empi	loyee benefits								
Š III.	Accounting fees (at	chedule) ATCH 2		17,300.		0.	<del>-</del>	0.	17,30	
	Other professional f	ees (attach schedule).*		53,684					53,68	
	Interest								-	
	Taxes (attach schedule)	) (see page 14 of the instructions)		3,570.					· -	
है छि	Depreciation attach	schedule) and depletion,								
[ 20	Occupancy			28,282						
and Administrative Expenses		, and meetings							<del></del>	
		ations ATCH 5	3.	422,548					3,278,81	
Operating 24		ach schedule) Atom. S.  d administrative expenses.	<del></del>	,010				-+		
e l	<del>-</del>	h 23	3,	525,384		0.		0.	3,349,79	
Ö 25	=	grants paid		734,868.					1,160,03	
26	-	rsements. Add lines 24 and 25	141,	260,252		0.		0.	4,509,82	
27	Subtract line 26 from	• •								
а	Excess of revenue over ex	penses and disbursements	-1,	603,224						
b	Net investment inco	ome (if negative, enter -0-)			79	701.			<del></del>	
c	Adjusted net incom	e (if negative, enter -0-)		<u> </u>	L	TCII 2	79,	J/2.		

Part II	Balance Sheets description column should be for end-of-year	Beginning of year	End of yo	ear
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value_
1	Cash - non-interest-bearing	570,206.	507,855.	
2	Savings and temporary cash investments	13,586,965.	14,179,250.	14,179,250
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable			
1	Less allowance for doubtful accounts ▶		·	
5	Grants receivable		2,000,000.	2,000,000
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 ▶	6 9/3 /98	2,933,971.	2,933,971
8 8	Inventories for sale or use	27,512.	27,625.	27,625
ssets	Prepaid expenses and deferred charges		27,023.	21,023
<b>∢</b>  10 a	Investments - U S and state government obligations (attach schedule),			
	Investments - corporate stock (attach schedule)			
11 °	Investments - corporate bonds (attach schedule).			
	and equipment basis Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			<del></del>
13	Investments - other (attach schedule)		-	
14	Land, buildings, and			<del></del>
	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
4.5	(attach schedule)			<del></del>
15	Other assets (describe )			
16	Total assets (to be completed by all filers - see the	21 120 101	10 640 701	10 640 701
	ınstructions Also, see page 1, item I)	21,128,181.		19,648,701
17	Accounts payable and accrued expenses	520,482.	424,192.	
18	Grants payable	350,000.	472,450.	
ଥି 19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 20 21 20 21	Mortgages and other notes payable (attach schedule)			
<b>-</b>  22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	870,482.	896,642.	
	Foundations that follow SFAS 117, check here ► X			
1	and complete lines 24 through 26 and lines 30 and 31.			
9 24	Unrestricted	20,257,699.	18,752,059.	
2 2 2 2				
ᇛ	Temporarily restricted		<del></del>	
M 26	Permanently restricted			
Net Assets or Fund Balance 8 2 2 2 8 9 2 2 9 2 2 9 2 2 9 9 9 9 9 9	Foundations that do not follow SFAS 117,			
<u> </u>	check here and complete lines 27 through 31. ▶			
0 27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS 29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see page 17 of the			
ž	instructions)	20,257,699.	18,752,059.	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	21,128,181.	19,648,701.	
Part I	Analysis of Changes in Net Assets or Fund E	Balances		
	I net assets or fund balances at beginning of year - Part I		nust agree with	
	of-year figure reported on prior year's return)			20,257,699
				-1,603,224
	r amount from Part I, line 27a . er increases not included in line 2 (itemize) ▶ATTACHI	 ለ <b>F</b> Nጥ ሩ		97,584
	1. 40 10		1 . 1	18,752,059
	lines 1, 2, and 3		1 _ 1	10, 132, 039
	reases not included in line 2 (itemize)		5	18,752,059
<u>ь Iota</u>	I net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30   6	10, 132, 039

	and Losses for Tax on Inventor the kind(s) of property sold (c)		(b) How acquired P-Purchase	(c) Date	(d) Date sold (mo , day, yr )		
2-story b	2-story brick warehouse, or common stock, 200 shs MLC Co )						
1a SEE PART IV SCHE	EDULE						
<u>b</u>							
С							
<u>d</u>							
<u>e</u>				<u>L</u>	<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min			
<u>a</u>					_ <del>_</del>		
<u>b</u>	·						
С							
d							
е							
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus		
(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	col	(k), but not less Losses (from co			
a							
b							
С							
d							
е							
2 Capital gain net income or	2	2 83,195.					
3 Net short-term capital gair	n or (loss) as defined in sections 12	(loss), enter -0- in Part I, line 7					
If gain, also enter in Part I,	, line 8, column (c) (see pages 13	and 17 of the instructions)					
If (loss), enter -0- in Part I,	line 8		3		79,072.		
		duced Tax on Net Investment I	ncome				
	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d? [	Yes X No		
<del></del>	not qualify under section 4940(e)		-fa-a al		<del> </del>		
	ount in each column for each year	, see page 18 of the instructions be	etore mar	(Ing any entries (d)			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided by	y col (c))		
2009	4,537,619.	0.			0.000000		
2008	5,477,860.	0.		·	0.000000		
2007	4,547,172.	0.			0.000000		
2006	151,914,867.	0.	ļ		0.000000		
2005	0.	0.	<del>                                     </del>		0.000000		
2 Total of line 1, column (d)			2		0.000000		
<del>-</del>	for the 5-year base period - divide	the total on line 2 by 5, or by the					
number of years the foun	dation has been in existence if less	s than 5 years	3		0.000000		
4 Enter the net value of nor	ncharitable-use assets for 2010 fro	m Part X, line 5	4		0.		
5 Multiply line 4 by line 3			5		0.		
					7,947.		
	nt income (1% of Part I, line 27b)		6				
			7		7,947.		
8 Enter qualifying distribution If line 8 is equal to or graph of the state of the		n Part VI, line 1b, and complete t	8 hat part		509,828. x rate See th		

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter 002 (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7,9	47.
	here ► X 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		7,9	47.
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		7,9	47.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,578.			
b	Exempt foreign organizations-tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		3,5	78.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		4,3	69.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
Par	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		Yes	No
	participate or intervene in any political campaign?	1a		_X
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		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
	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		Х
	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		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		L.,
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5		Х
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	Į.		
	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	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > CT,			
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 .AT.T.A.C.H.M.E.N.T	8 b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			١,,
	names and addresses	10		Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Form 990-PF (2010)

X

Х

3 b

4a

X No

Par	rt VII-B Statements Regarding Activi	ties for Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur an	ny amount to				
	(1) Carry on propaganda, or otherwise attempt to	•	4945(e))?	. Yes X	No	
	(2) Influence the outcome of any specific public	election (see section 4955), o	or to carry on,			
	directly or indirectly, any voter registration driv	re?		Yes X	No	
	(3) Provide a grant to an individual for travel, stud	ly, or other similar purposes?		Yes X	No	
	(4) Provide a grant to an organization other than					
	section 509(a)(1), (2), or (3), or section 4940(			Yes X	No	
	(5) Provide for any purpose other than religious,					
	purposes, or for the prevention of cruelty to ch			Yes X	No	
	If any answer is "Yes" to 5a(1)-(5), did any of th			. — —		
	Regulations section 53 4945 or in a current notice				5b	l x
					92	
	Organizations relying on a current notice regarding				1	
С	If the answer is "Yes" to question 5a(4), does the			Yes X		
	because it maintained expenditure responsibility for			res	NO	
	If "Yes," attach the statement required by Regulation	, ,				
6 a	Did the foundation, during the year, receive any f	funds, directly or indirectly, to	pay premiums	<u> </u>		
	on a personal benefit contract?			Yes X	1 1	
b	Did the foundation, during the year, pay premium	is, directly or indirectly, on a	personal benefit contra	ct?	6b	X
	If "Yes" to 6b, file Form 8870				<u> </u>	
7 a	At any time during the tax year, was the foundation	on a party to a prohibited tax	shelter transaction? .	Yes X	No	
	If "Yes," did the foundation receive any proceeds					X
Pai	rt VIII Information About Officers, Dire	ectors, Trustees, Foun	dation Managers,	Highly Paid Emp	oloyees,	
1	List all officers, directors, trustees, founda	tion managers and their	compensation (see	e page 22 of the ins	tructions).	
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expense	
	tay maine and address	hours per week devoted to position	(IT not paid, enter	employee benefit plans and deferred compensation	other allo	wances
AT	TACHMENT_8		-0-	-0-	_	0-
						_
			•			
2	Compensation of five highest-paid employe	es (other than those inc	luded on line 1 - se	e page 23 of the in	structions).	
	If none, enter "NONE."	(00.000 0.000 0.000 0.000				
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	e account.
(a	) Name and address of each employee paid more than \$50	0,000 hours per week devoted to position	(c) Compensation	plans and deferred	other allo	
		devoted to position	<del></del>	compensation		
					_	_
			<u>-</u>			

Part VIII	and Contractors (continued)	yees, 
3 Five h	ighest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
<b>-</b>		
-		
Total number	or of others recovered over \$50,000 for professional convers	NONE
	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations	and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A		
2		
3		
4		•
Part IX-B		A
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other pro	gram-related investments. See page 24 of the instructions	
3 NONE	y	
3		

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn foundatio	ons,
	see page 24 of the instructions )		
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		1b	
С		1c	0.
đ		1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	0.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	0.
5	the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
_	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		
	foundations and certain foreign organizations check here $\triangleright X$ and do not complete this p		
1	Minimum investment return from Part X, line 6	, , –	<del></del>
	Tax on investment income for 2010 from Part VI, line 5		<del></del>
b		1	
c		2c	
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1		
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
_			
Pa	Qualifying Distributions (see page 25 of the 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	4,509,828.
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	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	0.
3	purposes		
а		3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,509,828.
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 page 26 of the instructions)	5	7,947.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,501,881.
	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 whe	ether the foundation

Form **990-PF** (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only				
b	Total for pnor years 20 08 20 07 20 06				_
3	Excess distributions carryover, if any, to 2010				
_					
b	From 2006				
	From 2007				
d	From 2008				
_	From 2009				
	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII.				
•	line 4 > \$				
_					
_	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
	i				<u> </u>
	Applied to 2010 distributable amount	····			
5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2010				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a)				
6	Enter the net total of each column as indicated below:				
_					
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	<del>-</del> · ·			
D	Prior years' undistributed income Subtract line 4b from line 2b				
С	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				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				<del></del>
	4a from line 2a Taxable amount - see page				
	27 of the instructions				<del></del>
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011			:	
7	Amounts treated as distributions out of corpus	<del></del>			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the				
9	instructions)				
•	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
ď	_				
	Excess from 2010				

P'a	ri XIV Private Oper	ating Foundations (s	ee page 27 of the i	nstructions and Part	VII-A, question 9)	
1 a	If the foundation has i					
		g is effective for 2010, ent			03/28/2002	<del></del>
b	Check box to indicate wh		orivate operating founda		X 4942(j)(	3) or 4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part	Tax year (a) 2010	<b>(b)</b> 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
	I or the minimum investment	(4) 2010	(0) 2000	(0) 2 0 0 0	(2) 2 0 0 /	
	return from Part X for each year listed	0.				0.
b	85% of line 2a	0.				0.
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .	4,509,828.	4,537,619.	5,479,915.	4,552,793.	19,080,155
d	Amounts included in line 2c not used directly for active conduct of exempt activities		İ			
e	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line	4 500 020	4,537,619.	5 470 015	4,552,793.	19,080,155
3	2d from line 2c Complete 3a, b, or c for the	4,509,828.	4,557,619.	5,479,915.	4,332,793.	19,000,133
	alternative test relied upon					
а	"Assets" alternative test - enter  (1) Value of all assets	19,648,701.	21,128,181.	17,089,614.	17,797,732.	75,664,228
	(2) Value of assets qualifying under section					0
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed	0.	0.			0
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),					0
	or royalties) (2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					0
	(j)(3)(B)(III)					
	port from an exempt organization					0
_	(4) Gross investment income.					0
Pa	rt XV Supplementa	ary Information (Co	mplete this part of	only if the founda	tion had \$5,000 c	or more in assets
_	•	luring the year - see	· · · · · · · · · · · · · · · · · · ·	tructions.)	_ ·· <u>·</u> ··	
1	List any managers of	g Foundation Managers		than 2% of the total	contributions receive	d by the foundation
•	before the close of any	tax year (but only if the	ey have contributed m	ore than \$5,000) (Se	e section 507(d)(2))	a by the roundation
	NONE					
	List any managers of	the foundation who of	wn 10% or more of	the stock of a corpo	ration (or an equally	large portion of the
_		ship or other entity) of				3. F
_	NONE		0:4			- <del></del>
2		g Contribution, Grant,		•		
	unsolicited requests f	he foundation only m or funds If the found her conditions, complet	ation makes gifts, gr	ants, etc (see page	able organizations an 28 of the instruction	id does not accept is) to individuals or
_		<del></del>		<del></del>		
	The name, address, an ATTACHME	ENT 9	· · · · · · · · · · · · · · · · · · ·			
b	The form in which appl	lications should be subi	mitted and information	n and materials they s	should include	
	ATTACHME				<del></del>	
С	Any submission deadli	nes				
	NOT AT THIS	S TIME				
d	Any restrictions or lift factors.	mitations on awards,	such as by geograp	phical areas, charitat	le fields, kinds of in	stitutions, or other
	ATTACHME	ENT 11				

Part XV Supplementary Information ( 3 Grants and Contributions Paid Duri	continued)	oved for F	Future Payment	
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 13				137,734,868.
OBE CIMILIBRI 15				137,701,000.
			1	
		İ		
	ı			
Total			▶ 3a	137,734,868
b Approved for future payment				
ATTACHMENT 12				
				•
			į.	
			1	
			ł	
Total	·	<del></del>	▶ 3h	472,450

Part XVI	-A Analysis of Income-Produ	icing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code		Exclusion code	Amount	(See page 28 of the instructions)
-						
f						
g Fees	and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
2 Member	rship dues and assessments					
	on savings and temporary cash investments					
4 Dividend	ds and interest from securities			14	711,506.	
5 Net rent	tal income or (loss) from real estate					
a Debt	t-financed property					
	debt-financed property					····
6 Net renta	al income or (loss) from personal property .					
7 Other in	nvestment income					
8 Gain or (	loss) from sales of assets other than inventory			18	83,195.	
9 Net inco	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory					
11 Other re	evenue a					
b						
c						
d						<del></del>
e					704 701	
	Add columns (b), (d), and (e)				794,701.	501.501
	dd line 12, columns (b), (d), and (e)				13	794,701.
	heet in line 13 instructions on page 29					
Part XVI	-B Relationship of Activities		•			
Line No.	Explain below how each activit					
▼	accomplishment of the foundation instructions )	on's exemp	ot purposes (other tha	n by providin	g tunds for such purpose	es) (See page 29 of the
	<u> </u>	ED EDOM	INDELAMED DUC	TNECC INC	COME	· <del>-</del>
	DIVIDENDS ARE EXCLUDE				OME	<del></del>
8	PURSUANT TO IRS SECT CAPITAL GAINS ARE EX				TNCOME	<del> </del>
					S INCOME	··
	PURSUANT TO IRS SECT	10NS 51	2 (B) (I) AND 31	Z(B)(3).		
			· ·	<del></del>		<del></del>
			<del></del>		<del> </del>	<del>-</del> -
		<del></del>	<del>.</del> .			
					<u></u>	
					· · · · · · · · · · · · · · · · · · ·	
	-					
	-					
			-			
				<del></del>		
						<del></del>
	_					<del> </del>
		<u>-</u>				
	1					

Part 2	(VII	Information	Regarding 1	ransfers	To and T	ransa	ctions	and Rela	tionships With I	Vonc		able
		Exempt Orga						-				
1 D	d the	organization directly	y or indirectly	engage in	any of the	following	g with	any other or	rganization described		Yes	No
in	sect	ion 501(c) of the C	ode (other than	section 5	01(c)(3) orgai	nizations)	or in	section 527	relating to political			
G	ganiza	ations?								-		
a Ti	ransfe	rs from the reporting f	cundation to a n	oncharitable	exempt organiz	ation of						ĺ
(1	) Cas	h							. <b></b>	11a(1)		X
										1a(2)	i	X
_		ansactions									Ī	
(1	) Said	es of assets to a nonch	naritable exempt of	organization					<i>.</i>	16(1)		X
												X
												Х
												X
												X
												X
												X
									should always show			marke
						_			ndation received less			
				_		•			ds, other assets, or			
(a) Line		(b) Amount involved			exempt organiza				sfers transactions, and sha			•
		N/A			· · · · · · · · · · · · · · · · · · ·	i	N/A					
						i						
			İ		<del></del>		-				_	
			i			i						
	<u>i</u> _		ĺ									
			į		<del></del>				· · · · · · · · · · · · · · · · · · ·			
			<u> </u>						<del> </del>			
									<del></del>			
							··					
	i-	···	<u> </u>	<del>~~~</del>								
			1			<del></del> i		<u> </u>				
	<u>i</u> -		i									
	<u> </u> -		i	<del></del>		i		····				
						<del>-</del>						
	<del> </del> -		<del></del>	······································					<del></del>			
	<del> </del> -	<del></del>	<u> </u>			·		<del></del>				
22 le	ıba.	foundation directly	or indispetty o	ffilested must	h or rainted	<u>-</u>			nat acan astron			
		ed in section 501(c) of								$\Box$	es   :	X No
		complete the following		nan section	301(0)(3)) 01 11	1 Section	5217.	· · · · · · · ·		۱ ،	= <u></u>	<u>-1</u> 140
<del></del>		(a) Name of organization			b) Type of organi	ration	,		(c) Description of relation	shio		
		(2)		,,,	ay type of organi				10/ October priority of telescont			
								<del></del>				
·····			<del></del>		<del></del>							
				<del> </del>	<del></del>		-	<del></del>				
		<del></del>		! 	····							
	Linde	r penalties of periors today	ecism that I have	examined this	return unclud no	0. 3650MP	22 520 6	enodular and sta	Naments and to the hest	of my k	novled	ne 22
Sign	belief	it is true correct and cor	nciere Declaration	ol propayer (c	her than takpaye	er or fiduci	ista) iz pa	ised on all inform	itements, and to the best ation of which preparer ha	s any kr	cyledg	e.
	١, :	RANK A. POMER		·//\		I Z	-/10	/// .	SECILLE TO	CACY	186	0
Here	I <b>●</b> -			<del>-1</del>	<del>/</del> -		7101	<u>///</u>	JAC Y V //CE	-//\) (	11-27	<u></u>
	1 - 21	gnature of officer or truste		1 20000	cr'o ciac en co	Đa:e		I Dete	tine i	PTIN		
_		Print/Type preparer's	,	na Prepa	er's signatore	7_	11	21 Date	<b>)</b> . !	F 11/8		
Paid		Glenn J. IVa	enavaty, Ca	MA	0/11		11/1	<b>~</b>   <i>5/9/</i>	Check if self-employed	בחחמ	276	3 6
Prepa	rer	F > 37.7	MANATO	ANAVATY	& DAXENE	0027	LLP	/		4027		
Use C		Firm's name NA	<u>.</u>			PORT,		<del></del>	Firm's EIN ► U0-1	102	7.7	
•		inina address > 12	NEWTO		, JULIE I	. 4 0	^	6470	Phone no 203/4	26-5	500	
		<del>!</del>	NEWIO	1117 (1			U	0410	Phone no 203/4	- v - c		

# Schedule B

Schedule of Contributors

OMB No 1545-0047

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

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

Name of the organization Employer identification number BOEHRINGER INGELHEIM CARES FOUNDATION, INC. 31-1810072 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Employer identification number 31-1810072

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 _	BOEHRINGER INGELHEIM PHARMACEUTICALS INC	100 116 070	Person Payroli
	900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$120,116,073.	Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ROXANE LABORATORIES, INC.		Person
	1809 WILSON ROAD	\$12,582,496.	Payroll X
	COLUMBUS, OH 43228		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 _	BOEHRINGER INGELHEIM USA CORPORATION	'	Person X
	900 RIDGEBURY ROAD	\$750,000.	Payroll
	RIDGEFIELD, CT 06877		(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4 _	BENVENUE LABORATORIES, INC		Person
	300 NORTHFIELD ROAD	\$38,758.	Payroll X
	BEDFORD, OH 44146		(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5 _	BOEHRINGER INGELHEIM PHARMACEUTICALS INC		Person X
	900 RIDGEBURY ROAD	\$5,375,000.	Payroll Noncash
	RIDGEFIELD, CT 06877		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Page of of Part II

Name of organization BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Employer identification number 31-1810072

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PRESCRIPTION PHARMACEUTICAL PRODUCTS FIXED ASSETS DONATED FACILITY	\$\$\$	VARIOUS
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PRESCRIPTION PHARMACEUTICAL PRODUCTS	\$\$	VARIOUS
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4_	PRESCRIPTION PHARMACEUTICAL PRODUCTS	\$\$	VARIOUS
(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

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.
FORM 990-PF - PART IV

Gross sale price less allowed/ allowable Depreciation allowed/ allowable Depreciation price less of sale Depreciation allowed/ allowable Depreciation other as of as of as of pass Depreciation of the price less of sale Depreciation allowable Depreciation of the price less of sale Depreciation as of as of pass Depreciation of the property Type: SECURITIES  VANGUARD GNMA FUND PROPERTY TYPE: SECURITIES  VANGUARD TOTAL BD MARKET INDEX FUND PROPERTY TYPE: SECURITIES  VANGUARD TOTAL BD MARKET INDEX FUND PROPERTY TYPE: SECURITIES	Kınd of P	roperty		Des	cription		07		Date sold
VANGUARD GNMA FUND   POPERTY TYPE: SECURITIES   A0,584.   VANGUARD TOTAL BD MARKET INDEX FUND   PROPERTY TYPE: SECURITIES   A1,302,617.   VANGUARD SHORT TERM BOND INDEX FUND   PROPERTY TYPE: SECURITIES   A2,709   6/1/10   PROPERTY TYPE: SECURITIES   A4,27/09   6/1/10   PROPERTY TYPE: SECURITIES   A4,123.   A4,123					Adj basis		۲	Gain	
PROPERTY TYPE: SECURITIES 4,028,813.  VANGUARD TOTAL BD MARKET INDEX FUND PROPERTY TYPE: SECURITIES 1,302,617.  VANGUARD SHORT TERM BOND INDEX FUND PROPERTY TYPE: SECURITIES 295,120.  P 4/27/09 6/1/10 4,123.	expenses of sale	allowable		12/31/69	12/31/69		$ ot \mid$		<del></del>
PROPERTY TYPE: SECURITIES 4,028,813.  VANGUARD TOTAL BD MARKET INDEX FUND PROPERTY TYPE: SECURITIES 1,302,617.  VANGUARD SHORT TERM BOND INDEX FUND PROPERTY TYPE: SECURITIES 295,120.  P 4/27/09 6/1/10 4,123.			VANGUARD G	NMA FUND			P	VARIOUS	3/22/10
VANGUARD TOTAL BD MARKET INDEX FUND PROPERTY TYPE: SECURITIES 1,302,617.  VANGUARD SHORT TERM BOND INDEX FUND PROPERTY TYPE: SECURITIES 290,997.  295,120.  P 4/27/09 3/22/10  4/27/09 6/1/10					TIES				
PROPERTY TYPE: SECURITIES  1,302,617.  VANGUARD SHORT TERM BOND INDEX FUND PROPERTY TYPE: SECURITIES  295,120.  PROPERTY TYPE: SECURITIES  290,997.  4,123.	4,069,397.		4,028,813.					40,584.	
PROPERTY TYPE: SECURITIES  1,302,617.  VANGUARD SHORT TERM BOND INDEX FUND PROPERTY TYPE: SECURITIES  295,120.  PROPERTY TYPE: SECURITIES  290,997.  4,123.			VANGUARD T	OTAL BD MAR	KET INDEX F	'UND	P	4/27/09	3/22/10
VANGUARD SHORT TERM BOND INDEX FUND PROPERTY TYPE: SECURITIES 290,997.  4/27/09 4/27/09 4,123.						<b></b>		, , , , , ,	_,,_
PROPERTY TYPE: SECURITIES 290,997. 4,123.	1,341,105.		1,302,617.					38,488.	
PROPERTY TYPE: SECURITIES 290,997. 4,123.			VANGUARD S	HORT TERM B	OND INDEX F	'UND	P	4/27/09	6/1/10
			PROPERTY T						
TAL GAIN(LOSS)	295,120.		290,997.					4,123.	
TAL GAIN(LOSS)									
TAL GAIN(LOSS) 83, 195.									
	OTAL GAIN(L	oss)	• • • • • • • • • • •		• • • • • • • • • •	• • • • • • • •		83, 195.	
								•	:

ATTACHMENT 1

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

REVENUE AND

EXPENSES PER BOOKS

INVESTMENT

711,506.

INVESTMENT INCOME

DESCRIPTION

711,506.

711,506.

TOTAL

711,506.

ATTACHMENT 1

ATTACHMENT 2

31-1810072

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	17,300.	17,300.
ADJUSTED NET INCOME		•0
NET INVESTMENT INCOME		0.
REVENUE AND EXPENSES PER BOOKS	17,300.	17,300.
DESCRIPTION	ACCOUNTING AND AUDIT EXPENSE	TOTALS

31-1810072

ATTACHMENT 3

- OTHER PROFESSIONAL FEES PART FORM 990PF,

DESCRIPTION

REVENUE AND EXPENSES PER BOOKS

53,684.

53,684.

TOTALS

OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES

53,684.

53,684.

ATTACHMENT 4

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION
TAXES PAID

TOTALS

3,570.

3,570.

31-1810072

ATTACHMENT 5

OTHER EXPENSES PART I FORM 990PF, REVENUE PER BOOKS EXPENSES MISCELLANEOUS
PATIENT ASSIST. PROGRAM FEES
ADJ. FOR OBSOLETE INVENTORY MEMBERSHIP DUES DESCRIPTION

3,263,030. 143,735. 783. 15,000.

AND

3,278,813.

CHARITABLE
PURPOSES
15,000.

3,263,030.

TOTALS

3,422,548.

31-1810072

ATTACHMENT 6

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

97,584.

TOTAL

97,584.

ATTACHMENT 7

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE FOUNDATION RECEIVES ALL CONTRIBUTIONS FROM AN AFFILIATED COMPANY AND DOES NOT PARTICIPATE IN PUBLIC FUNDRAISING ACTIVITIES.

31-1810072

ATTACHMENT 8

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

J. MARTIN CARROLL

CHAIRMAN/DIRECTOR

**\**1.00

RIDGEFIELD, CT 06877 900 RIDGEBURY ROAD

PRESIDENT

RIDGEFIELD, CT 06877 900 RIDGEBURY ROAD

AMY FRY

5.00

900 RIDGEBURY ROAD FRANK A. POMER

RIDGEFIELD, CT 06877

SECRETARY & TREASURER

DAVID W. NURNBERGER 900 RIDGEBURY ROAD

RIDGEFIELD, CT 06877

1.00 DIRECTOR

> 900 RIDGEBURY ROAD STEFAN RINN

RIDGEFIELD, CT 06877

DIRECTOR

GRAND TOTALS

ATTACHMENT 9

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

ANN WAINRIGHT 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877

Email: Bicares foundation.rdg @ boehringer-ingelheim.com

ATTACHMENT 10

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

GRANT APPLICATION TO BE COMPLETED ONLINE AT:
HTTP://US.BOEHRINGER-INGELHEIM.COM/ABOUT-US/PHILANTHROPY/CHARITABLE\_
DONATIONS.HTML

•				
BOEHRINGER	INGELHEIM	CARES	FOUNDATION,	INC

31-1810072

ATTACHMENT 11

#### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

SEE ATTACHED POLICIES AND PROCEDURES FOR FINANCIAL CONTRIBUTIONS FROM BI CARES

ATTACHMENT 12

# FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CT UNITED FOR RESEARCH EXCELLENCE			350,000.
300 GEORGE STREET			
SUITE 561			
NEW HAVEN, CT 06511			
ABILITY BEYOND DISABILITY			5,000.
4 BERKSHIRE BLVD.			
BETHEL, CT 06801			
ALDRICH CONTEMPORARY ART MUSEUM			2,250.
258 MAIN STREET			
RIDGEFIELD, CT 06877			
DANBURY MUSIC CENTRE, INC.			2,250.
256 MAIN STREET			
DANBURY, CT 06810			
I CAN, INC.			34,200.
ANN'S PLACE, THE HOME OF I CAN			
39 OLD RIDGEBURY ROAD, SUITE 17			
DANBURY, CT 06810			
MARCH OF DIMES			7,200.

NORWALK, CT 06850

11 BELDEN AVENUE

ATTACHMENT 12 (CONT'D)

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

THE MARITIME AQUARIUM  10 NORTH WATER STREET  NORWALK, CT 06854  MORRIS STREET SCHOOL  20 MORRIS STREET  DANBURY, CT 06810  THE RIDGEFIELD PLAYHOUSE  P.O. BOX 655		4,500.
REET OOL AYHOUSE		900.
OOL AYHOUSE		900.
AYHOUSE		2,250.
AYHOUSE		2,250.
AYHOUSE		2,250.
:		
11		
RIDGEFIELD, CT 06877		
RIDGEFIELD SYMPHONY ORCHESTRA		18,000.
99 EAST RIDGE, SUITE C		
RIDGEFIELD, CT 06877		
SCIENCE HORIZONS, INC.		22,500.
DANBURY, CT 06813		
WOMEN'S CENTER OF GREATER DANBURY		23,400.
DANBURY, CT 06810		

TOTAL CONTRIBUTIONS APPROVED

# Boehringer Ingelheim Cares Foundation, Inc. Transaction Detail By Account January through December 2010

Attachment 13

2010 BI Cares Foundation, Inc

9:38 AM 04/14/10 Accrual Basis

Cash Contributions							
Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zip
Morns Street School	1,500 00 Support for Science Fair	cience Fair	28 Moms Street		Danbury	CT	06810
AmenCares International	50,000 00 Support for Programs	rograms	88 Hamilton Avenue		Stamford	5	06902
Gwynedd-Mercy College	10,000 00 Support for Adult Health Center	dult Health Center	1325 Sumneytown Pike	P O Box 901	Gwynedd Valley	Ą	19437-0901
Miracle Flights for Kids	1,000 00 Improve access for Children in CT	iss for Children in CT	2764 N Green Valley Pkwy, #115		Green Valley	≩	89014-2120
MAP International	58,000 00 Annual Support for Programs	ort for Programs	2200 Glynco Parkway		Brunswick	8	31521-5000
Ronald McDonald House of CT	2,500 00 Support for Children and Families	hildren and Families	501 George Street		New Haven	5	06511
American Cancer Society	10,000 00 Support Bethe	10,000 00 Support Bethel, Danbury & Redding Relay for Life	372 Danbury Road		Wilton	5	06897-2523
Junior Achievement of Westem CT, Inc	10,000 00 Support for Education Programs	ducation Programs	177 State Street, 3rd Floor		Bndgeport	5	06604
New Haven Science Fair Program	2,500 00 Support for Programs	rograms	22 Sperry Road		Woodbridge	c	06525
Junior Achievement of Westem CT, Inc	5,000 00 Support for Programs	rograms	177 State Street, 3rd Floor		Bndgeport	5	06604
VNA of Ridgefield	2,500 00 Support for Programs	rograms	90 East Ridge		Ridgefield	5	06877
Direct Relief International	25,000 00 Annual Support	Tr.	27 S La Patera Lane		Santa Barbara	క	93117
Catholic Medical Mission Board	50,000 00 Annual Support	μ	10 West 17th Street		New York	¥	10011-5765
United Way of Western Connecticut	6,500 00 Born Learning Trail	g Trail	85 West Street		Danbury	5	06810
National Children's Cancer Society	15,000 00 Annual Support	μc	1015 Locust, Suite 600		St Louis	Q W	63101
AmenCares Free Clinics	200,000 00 Support for Clinic	linic	88 Hamilton Avenue		Stamford	5	06902
YMCA of Norwalk, Inc	2,500 00 Support for C	2,500 00 Support for Children's Excercise Program	370 West Avenue		Norwalk	5	06850
Ridgefield Now We're Talking	2,500 00 Educational Programming	Programming	c/o Ridgefield Public Schoots		Ridgefield	5	06877
PhRMA Foundation	100,000 00 2010 Corporate Contribution	ste Contribution	950 F Street NW, Suite 300		Washington	2	20004
Ability Beyond Disability	5,000 00 Support for M	ledical Support Assistants	4 Berkshire Blvd		Bethel	CI	06801
Aldrich Contemporary Art Museum	2,250 00 Support for Si	2,250 00 Support for Student Docent Program	258 Main Street		Ridgefield	5	06877
Danbury Music Centre, Inc	2,250 00 Support for Nutcracker Ballet	lutcracker Ballet	256 Main Street		Danbury	5	06810
I CAN, Inc	34,200 00 Support for Fi	34,200 00 Support for Family Day/Family Program Services	Ann's Place, The Home of I CAN	39 Old Ridgebury Road, Suite 17	Danbury CT		0 06810
March of Dimes 2	7,200 00 Support for Healthy Babies	ealthy Babies	11 Belden Avenue		Norwalk	CJ	06850
Mantime Aquanum	4,500 00 Support for M	4,500 00 Support for Manne Science and Environmental Education	10 North Water Street		Norwalk	CI	06854
Moms Street School	900 00 Healthy Development and	elopment and Education	28 Morris Street		Danbury	СТ	06810
Ridgefield Playhouse	2,250 00 Support for S	2,250 00 Support for Science Themed Arts in Education	P O Box 655		Ridgefield	CT	06877
Ridgefield Symphony Orchestra	18,000 00 Support for Concerts	oncerts	99 East Ridge, Suite C	P O Box 289	Ridgefield	CT	06877
Science Horizons, Inc	22,500 00 Support for Science Fair	cience Fair	P O Box 2328		Danbury	5	06813
Women's Center of Greater Danbury, Inc	23,400 00 Support for Volunteer Coodinator	olunteer Coodinator	2 West Street		Danbury	5	06810
United Way of Northern Fairfield County	133,081 00 2010 Contribution	ution	85 West Street		Danbury	c	06810
CT United for Research Excellence, Inc	350,000 00 Support for Science Quest	cence Quest	300 George Street, Suite 561		<b>New</b> Наven	5	06511

Inventory Contributions							
Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zip
Express Scripts, Inc. SDS	79,550,727 00 Pharmaceutical P	79,550,727 00 Pharmaceutical Products donated for Patient Assistance Program 21162 Network Place	21162 Network Place		Chicago	ŀ	60673-1211
MAP International	8,236,683 09 Pharmaceutical Products donated	roducts donated	2200 Glynco Parkway		Brunswick	Ğ	31521-5000
National Children's Cancer Society	112,303 98 Pharmaceutical Products donated	reducts donated	1015 Locust, Suite 600		St Louis	W <sub>O</sub>	63101
Direct Relief International	9,053,551 34 Pharmaceutical Products donated	roducts donated	27 S La Patera Lane		Santa Barbara	క	93117
AmenCares Warehouse	12,422,113 41 Pharmaceutical Products donated	roducts donated	88 Hamilton Avenue		Stamford	ct	06907

137,878,603 12

Catholic Medical Mission Board	26,398,421 25 Pharmaceutical Products donated		10 West 17th Street	ž	New York	ž	10011-5765
University of Louisiana	4,540.56 Pharmaceutical Products donated	s donated					
	135,778,340 63						
Inventory Write-Off							
			:	•	i	ě	ř

Inventory write-Off							
Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zlp
Express Scripts, Inc. SDS ===	143,735 47	143,735 47 Write-off of Inventory for Products no longer in Program	21162 Network Place		Chicago	1	60673-1211
Fixed Asset Donations							
Source Name	Amount	Fixed Asset Donation Description	Street1	Street2	City	State	Zip
University of the Pacific	250 00	250 00 1 Diode Array Detector	751 Brookside Road		Stockton	Ş	95211
St. John's University	40 00	2 Quatemary Pumps	8000 Utopia Parkway		Queens	ž	11439
St John's University	20 00	2 Thermostated column compartments	8000 Utopia Parkway		Queens	¥	11439
St. John's University	20 00		8000 Utopia Parkway		Queens	¥	11439
St John's University	20 00	1 Diode Array Detector	8000 Utopia Parkway		Queens	ž	11439
St John's University	20 00	1 Flourescence Detector	8000 Utopia Parkway		Queens	ž	11439
St. John's University	20 00	1 Automated Quatemary LC2D System	8000 Utopia Parkway		Queens	¥	11439
Yale University	200 00	1 Ultra Mictotome	333 Cedar Street		New Haven	CI	06520
Yale University	200 00	1 Microtome Controller	333 Cedar Street		New Haven	ರ	06520
University of Connecticut	200 00	1 System Controller	55 North Eagleville Road Unit 3060		Storrs	ct	06269
University of Connecticut	100 00	1 Auto Sampler	55 North Eagleville Road Unit 3060		Storrs	겁	06269
University of Connecticut	100 00	1 UV Vis Detector	55 North Eagleville Road Unit 3060		Storrs	CT	06269
University of Connecticut	20 00	1 Quatemary pump	343 Mansfield Road Unit 2177		Storrs	CT	06269
University of Connecticut	20 00		343 Mansfield Road Unit 2177		Storrs	ct	06269
University of Connecticut	20 00	1 Auto sampler	343 Mansfield Road Unit 2177		Storrs	CT	06269
University of Connecticut	10 00	1 Column Heater	343 Mansfield Road Unit 2177		Storrs	5	06269
Sanford/Burnham Medical Research Institute	11,252 35	1 Balance Automater	6400 Sanger Road		Orlando	4	32827
Sanford/Bumham Medical Research Institute	1,000 00	1 Mass Spectrometer	6400 Sanger Road		Orlando	긥	32827
Sanford/Bumham Medical Research Institute	200 00	1 UV Detector	6400 Sanger Road		Orlando	7	32827
Sanford/Bumham Medical Research Institute	250 00	1 Pump	6400 Sanger Road		Orlando	귙	32827
Sanford/Bumham Medical Research Institute	20 00	1 Degasser	6400 Sanger Road		Orlando	료	32827
University of Minnesota- College of Pharmacy	12,416 67	1 Mass Spectrometer	200 Oak Street Southeast, Surte 500		Minneapolis	Z	55455
University of Connecticut	250 00	1 Auto Sampler	55 North Eagleville Road Unit 3060		Storrs	сı	06269
University of California, Berkeley	4,950 00	1 Mass Spectrometer	420 Latimer Hall #1460		Berkeley	5	94720
University of Houston	200 00	1 Waters 2690 HPLC Machine	1441 Moursand Street		Houston	¥	77030
Long Island University	4,422 43	Dissolution Sampling System	75 Dekalb Avenue		Brooklyn	¥	11201
Western Connecticut State University	35,574 28	Cellomics Array Scan II	181 White Street		Danbury	cı	06810
University of New Hampshire	976 78		46 College Road, 379 Rudman Hall		Durham	Ĭ	03824
University of New Hampshire	6,661 87	1 Micro Calonmeter VP System	46 College Road, 379 Rudman Hail		Durham	¥	03824
Fairfield University	676,933 87		1073 North Benson Road		Fairfield	CI	06824
Fairfield University	6,667 66		1073 North Benson Road		Fairfield	5	06824
Fairfield University	6,667 66	BioRad VersArray Chip Writer Pro	1073 North Benson Road		Fairfield	5	06824
University of Delaware	22,000 00	1 Auto Isothermal Titration	Office of Development, Hullihen Hall		Newark	믬	19716
Yale University	1,275 88	Parr Hydrogenator/shaker	225 Prospect Street		New Haven	CT	06520
Yale University	863 88	Parr Hydrogenator/shaker glass bottle	225 Prospect Street		New Haven	C1	06520
Yale University	100 00	Nitrogen Generator Agilen	225 Prospect Street		New Haven	CT	06520
Yale University	852 44	Buchi Vac V-513 rotavap pump	225 Prospect Street		New Haven	5	06520
Yale University	20 00	Chiller	225 Prospect Street		New Haven	5	06520
Yale University	140 25	Pump	225 Prospect Street		New Haven	5	06520
Yale University	100 00	100 00 Glassware	225 Prospect Street		New Haven	5	06520
	796,496 02						



#### **POLICIES**

SUBJECT: Chari	table Donations	POLICY: # 0001	.01
Supersedes 0001.00	Approval Signature	Date Issued 07/16/08	Page 1 of 4

#### A. INTRODUCTION AND PHILOSOPHY:

The Bochringer Ingelheim Cares Foundation, Inc. ("BI Cares" or the "Foundation") has as its mission to "Improve lives through philanthropic contributions of Bochringer Ingelheim's U.S. products and resources," Cash and non-cash contributions are an integral part of achieving the Foundation's mission. In order to meet the Foundation's mission, and to protect the non-profit status of and to ensure compliance with IRS regulations for Section 501(C)(3) organizations, philanthropic decisions will be made independent of any decisions made by Bochringer Ingelheim Corporation ("BIC"), Bochringer Ingelheim USA Corporation ("BIUSA") and/or their United States subsidiaries (BIUSA, BIC and their U.S. affiliates hereinafter collectively referred to as "Bochringer Ingelheim").

Boehringer Ingelheim USA Corporation recognizes the financial and public relations value in centralizing the corporation's philanthropic contributions into a not-for-profit organization. Centralized administration of the entirety of U.S. philanthropic contributions and donations not only offers the opportunity to significantly improve Boehringer Ingelheim's name recognition, but climinates duplicate contributions from different subsidiaries and/or cost centers responding to the same request for funds.

It is the policy of Boehringer Ingelheim that all philanthropic, cash and non-cash contributions greater than \$1,000 be made by BI Cares.

It is also the policy of Boehringer Ingelheim that the Foundation will make no contributions or donations which:

- Benefit private sharoholders or individuals within Boehringer Ingelheim Corporation or its subsidiaries;
- Attempt to influence legislation or support political campaign activities;
- Are in any way in violation of the exempt purposes set forth in IRS Section 501(c)(3) regulations.

#### B. FINANCIAL CONTRIBUTIONS FROM THE FOUNDATION

The cash contribution program is a critical element in accomplishing the Foundation's mission."



#### **POLICIES**

SUBJECT: Charl	table Donations	POLICY: # 0001.	01
Supersedes	Approval Signature	Date Issued 07/16/08	Page 2 of 4
	STATE OF THE PARTY	:	•

It is the policy of BI Cares that donations shall be made in strict compliance with IRS regulations governing §501(c)(3) organizations, and the requirements for private foundations under Internal Revenue Code §509(a). The Foundation also reserves the right to monitor and review the use of funds contributed to any project or organizations.

For more information about the application process view:

http://rdevipprod.am.bochringer.com/intranet\_rdg/intranet\_rdg/opunet/webbi/policyproc/bicf/extnlfincontri.pdf.

# C. PRODUCT DONATION PROGRAM FOR QUALIFIED NON-PROFIT ORGANIZATION -

The Product Donation Program (PDP) is a critical element in the mission of Bl Cares. It is the policy that product donations be made in strict compliance with IRS regulations governing §501(c)(3) organizations, and adhere to high standards in the delivery of medical products to under-served people and disaster victims around the world, including the WHO Guidelines for Drug Donations. U.S. Product Donations will only be made to qualified nonprofit §501(c)(3) organizations (NPOs) that are classified as public charities described in Internal Revenue Code §509(a)(1), §509(a)(2), or §509(a)(3), or government organizations (GOs) defined in Internal Revenue Code §170(c)(1) or §511(a)(2)(B), in support of qualified needy patients, and will be made free of any charges.

View the Product Donation Procedure for details:

http://rdgvipprod.am.boehringer.com/intranet\_rdg/intranet\_rdg/opunet/webbi/policyproc/bicf/bicfprocedure/prdctdonatprgm.pdf

#### D. PATIENT ASSISTANCE PROGRAM IN THE U.S.

The Patient Assistance Program (BI-PAP) is a critical component of the mission of BI Cares to "improve lives through philanthropic contributions and donations of our products and resources." Through the BI-PAP, BI Cares will provide selected pharmaceutical products free of charge to qualified individuals. BI Cares will hire a professional management company (Vendor) to administer the BI-PAP in full compliance with all applicable legal and regulatory laws and regulations including but not limited to Food and Drug Administration, Federal Trade Commission and Prescription Drug Marketing Act (PDMA), HIPAA, and anti-kickback statute requirements.



#### **POLICIES**

SUBJECT: Charl	table Donations	POLICY: # 0001.	01
Supersedes	Approval Signature	Date Issued 07/16/08	Page 3 of 4

The BI-PAP will serve eligible patients who have been prescribed pharmaceutical products that are manufactured and/or distributed by U.S. subsidiaries of Boehringer Ingelheim Corporation. Persons seeking assistance in the form of free prescription pharmaceutical products may apply to the BI-PAP for assistance. The application will include relevant medical information from the patient's physician, a valid prescription from the physician for a product distributed through the BI-PAP, and financial information supporting their eligibility for the BI-PAP. The application will be submitted to the Vondor for review and processing.

Products will be made available to patients eligible for the BI-PAP based on objective program and financial criteria. The application must be completed in full in order to be considered for approval by the Vendor. If a patient is approved to participate in the BI-PAP, prescribed product will be shipped directly to the prescribing physician for dispersal by the physician to the qualified patient. Once accepted into the BI-PAP, the patient will continue to receive the pharmaceutical support for as long as he/she continues to qualify for the program, but must reapply to the program each year.

All specific references to the identity of patients applying for and/or participating in the BI-PAP will be maintained in strict confidence by the Vendor and will not be disclosed to the BICF or any other persons without the prior written consent of the patient. The Patient Assistance Program (BI-PAP) is a critical component of the mission of BI Cares. Through the BI-PAP, BI Cares will provide selected pharmaceutical products free of charge to qualified individuals.

# E. PATIENT AUTHORIZATION REQUIREMENTS FOR PROTECTED HEALTH INFORMATION – PATIENT ASSISTANCE PROGRAM

The provision of high-quality health care requires the exchange of personal, oftensensitive information between an individual and a skilled practitioner. Vital to that interaction is the patient's ability to trust that the information shared will be protected and kept confidential. This policy is designed to protect and enhance the rights of patients by providing them access to their health information and controlling the inappropriate use of that information as envisioned by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Since HIPAA establishes only minimum standards for confidentiality of protected health information certain state laws may impose more stringent privacy protections (e.g., Texas, California).



#### **POLICIES**

SUBJECT: Charl	table Donations	POLICY: # 0001	.01
Supersedes - 0001.00	Approval Signature	Date Issued 07/16/08	Page 4 of 4

In order to receive accurate and reliable diagnosis and treatment, patients must provide health care professionals with accurate, detailed information about their personal health, behavior, and other aspects of their lives. The provision of health information assists in the diagnosis of an illness or condition, in the development of a treatment plan, and in the evaluation of the effectiveness of that treatment. In the absence of full and accurate information, there is a risk that the treatment plan may be inappropriate to the patient's situation.

BI Cares, in most instances will not have access to protected health information ("PHI") as defined by HIPAA. However, in the unlikely event that BI Cares obtains access to such information, the Patient Authorization Form will be the determining factor on how patient data can be used. The patient data can only be used as explicitly stated in the Patient Authorization Form.

The Patient Authorization Form must be a separate and fully self-contained document.

#### F. DEFINITION OF ELIGIBILITY CRITERAS:

These may either be cash or non-cash (i.e. equipment, personal computers) contributions/donations but cannot be tied or related to the purchase or recommendation of products of any Boehringer Ingelheim Corporation subsidiary, and are limited to activities funding: Charitable; educational; scientific; and literary events or organizations. For more information visit: <a href="http://us.boehringer-ingelhelm.com/about-us/philanthropy.html">http://us.boehringer-ingelhelm.com/about-us/philanthropy.html</a>

Failure by an employee to observe this policy may constitute a breach of the terms and conditions of employment and subject such employee to disciplinary action, up to and including termination of employment.

#### H. APPLICABILITY:

All BI Cares officers and employee volunteers of Boehringer Ingelheim Corporation, Boehringer Ingelheim USA Corporation, or any Boehringer subsidiary or affiliated entity.



#### **PROCEDURES**

SUBJECT: APPLICATION PROCESS FOR FINANCIAL CONTRIBUTIONS FROM BI CARES

PROCEDURE: # 0002.01

Supersedes

**Approval Signature** 

**Date Issued** 

07/16/08

Page 1 of 3

Policy/Procedure: 0002.00

- Total

A. APPLICATION PROCESS FOR FINANCIAL CONTRIBUTIONS FROM THE BOEHRINGER INGEHEIM CARES FOUNDATION, INC. (BI CARES),:

For all charitable donation requests from BI Cares, the applicant must complete an online Charitable Donation Application, together with supporting details. Upon receipt, the application will be reviewed and best efforts will be made to notify the applicant of the outcome within 90 days. To apply for a charitable donation, please visit: <a href="http://us.bochringer-ingelheim.com/about-us/philanthropy/charitable\_donations.html">http://us.bochringer-ingelheim.com/about-us/philanthropy/charitable\_donations.html</a>

#### B. GUIDELINES FOR APPLICANT APPROVAL:

Bl Cares is a tax-exempt private operating foundation within the meaning of Section 509(a) of the Internal Revenue Code (the "Code"). The Foundation reserves the right to limit financial contributions to those organizations that meet the following criteria, as determined within the sole discretion of the Foundation:

- 1. A proposed project must be consistent with the mission of BI Cares.
- The following types of tax-exempt organizations and/or endeavors are eligible for receiving an award from BI Cares:
- Access to medical care
- Math or science education
- Local cultural events
- Environmental and public safety
- Disaster relief
- Assuming that a grant request falls within a category mentioned in number 2, the following are suggested guidelines for reviewing and approving a specific grant:
- Consistency between the project or organization's goals and incentives with those
  of BI Cares. All conflicts will be taken into consideration during evaluation.
- Extent of community need for the project or organization's services (i.e., the number of people that will be affected by the grant).
- The organization's ability to accomplish its stated goals and/or objectives, given



#### **PROCEDURES**

SUBJECT: APPLIC	CATION PROCESS FOR FINANCIAL FROM BI CARES	PROCEDURE: #	0002.01
Supersedes Policy/Procedure: 0002.00	Approval Signature	Date Issued 07/16/08	Page 2 of 3

the scope of the project and amount of financial assistance necessary.

- Boehringer Ingelheim USA Corporation's (and its US subsidiaries and affiliated entities) employee/volunteer involvement with the requesting organization.
- Demonstrated fiscal responsibility and viability of the project/organization
- Strength of recommendations from community leaders or recognized experts familiar with the project or organization.
- All benefits and risks pertaining to funding any given project or organization.
- History or previous support of an organization or project.
- For projects or organizations that are broad-based fundraising campaigns, evaluation will be made upon the following:
  - The applicant's corporate fundraising goals,
  - Commitments made by companies represented on the organization's board or campaign cabinet, and
  - Support from other local funding sources.
- 4. BI Cares will not award any financial or non-financial contribution in which any benefits will inure to BI Cares or to Boehringer Ingelheim Corporation, Boehringer Ingelheim USA Corporation, or any Boehringer subsidiary or affiliated entity.
- 5. Funding from BI Cares will not be awarded to the following:
- Political groups, candidates for political office, or any organization attempting to influence legislation (lobbying)
- Sectarian and religious organizations that do not serve the general public on a non-denominational basis.
- Organizations with a limited constituency (fraternal, trade unions, etc.).
- Organizations soliciting contributions for publicity and tangible gain (advertising, tickets to fundraising events, and promotional materials).
- 6. BI Cares can not meet every request made for eligible donations, contributions, or grants. Contributions from BI Cares will be made solely at the discretion of the BI Cares Charitable Donations Committee and Foundation Board of Directors.



#### **PROCEDURES**

SUBJECT: APPLIC CONTRIBUTIONS	ATION PROCESS FOR FINANCIAL FROM BI CARES	PROCEDURE: #	0002.01
Supersedes Policy/Procedure: 0002.00	Approval Signature	Date Issued 07/16/08	Page 3 of 3

Failure by an employee to observe this policy may constitute a breach of the terms and conditions of employment and subject such employee to disciplinary action, up to and including termination of employment.

#### APPLICABILITY:

All BI Cares officers and employee volunteers of Boehringer Ingelheim Corporation, Bochringer Ingelheim USA Corporation, or any Boehringer subsidiary or affiliated entity.

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

### **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name	of estate or trust				Employer Identifi	cation	number
	OEHRINGER INGELHEIM CARES FO		INC.		31-18100	72	
	: Form 5227 filers need to complete only P						
Par	Short-Term Capital Gains and Lo	osses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
						-	
							<u> </u>
	·····						
			ı				
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	79,072.
2	Short-term capital gain or (loss) from Fori	ms 4684, 6252,	6781, and 882	24		2	
3	Net short-term gain or (loss) from partner	ships, S corpora	tions, and othe	r estates or trusts		3	
4	Short-term capital loss carryover Enter the Carryover Worksheet	ne amount, if any	y, from line 9 o	f the 2009 Capital Los	s	4	(
5	Net short-term gain or (loss). Combine lir column (3) on the back	nes 1a through 4	ın column (f)	Enter here and on lir	ne 13,	5	79,072.
Par					· · · · · · · · · · · · · · · · · · ·		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )		(d) Sales price	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
				-			
			_			1	
b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6 b	4,123.
7	Long-term capital gain or (loss) from Fore	ns 2439, 4684,	6252, 6781, a	nd 8824		7	
8	Net long-term gain or (loss) from partners	ships, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the Carryover Worksheet	e amount, if any	, from line 14	of the 2009 Capital Lo	ss	11	(
12	Net long-term gain or (loss). Combine line column (3) on the back	es 6a through 11	I in column (f)	Enter here and on li	ne 14a,	12	4,123.
<u> </u>	Paperwork Reduction Act Notice, see the Instr	uctions for Form 1	041				le D (Form 1041) 2010

Sched	Jule D (Form 1041) 2010				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
_	Caution: Read the instructions before completing this	part.	(see instr)	or trust's	
13	Net short-term gain or (loss)	13			79,072.
14	Net long-term gain or (loss):				
а	Total for year	14a			4,123.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
C	28% rate gain	14c			
	• • • • • • • • • • • • • • • • • • • •				83,195.
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo	rm 990	-T, Part I, line 4a) If line	es 14a and 15, colum	n (2), are net gains, go
	rt V, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete F	art IV a	and the Capital Loss Cal	ryover worksneet, as	necessary ————————————————————————————————————
	t IV Capital Loss Limitation		<del></del> -	<del> </del>	
					,
a	The loss on line 15, column (3) or b \$3,000	:::		16 (	)
note C <i>an</i> yı	i: If the loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, pag <b>over Worksheet</b> on page 7 of the instructions to figure your capital loss carryove	ie 1, lir er	ne 22 (or Form 990-1, 1	ine 34), is a loss, con	npiete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate				
	1 1041 filers. Complete this part only if both lines 14a and 15 in colu		2) are gains, or an ar	nount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo				
	ion: Skip this part and complete the worksheet on page 8 of the instru				
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	irt and	I complete the work	sheet on page 8 o	of the instructions if
eitne	er line 14b, col (2) or line 14c, col (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified			1 1	
	dividends included in income in Part I of Form 990-T) 19				`
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0		22		
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	ne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% ( 15)			30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rat				
	(see the Schedule G instructions in the instructions for Form 1041) $\underline{\ }$			31	
32	Add lines 30 and 31				
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rat	e Sch	edule for Estates a	nd Trusts	
	(see the Schedule G instructions in the instructions for Form 1041) $_{\mbox{\scriptsize .}}$				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33	here a	and on Form 1041,	Schedule	
	C line to (or Form 000 T line 36)			24	

#### **SCHEDULE D-1** (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Employer identification number 31-1810072

BOEHRINGER INGELHEIM CARES	FOUNDATION,	, INC.		31-1810072	
Part I Short-Term Capital Gains an	d Losses - Asse	ts Held One Yea	r or Less	<u> </u>	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
VANGUARD GNMA FUND	VARIOUS	3/22/10	4,069,397.	4,028,813.	40,58
VANGUARD TOTAL BD MARKET INDEX FUND	4/27/09	3/22/10	1,341,105.	1,302,617.	38,48
INDEX FOND	4/2//09	3/22/10	1,341,103.	1,302,017.	30,40
					<del></del>
		_			
	_				
	:				
_					
	_				
	<u> </u>	<u> </u>			

**Employer identification number** Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (a) Description of property (Example 100 sh 7% preferred of "Z" Co ) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold acquired (mo, day, yr) (mo , day, yr ) 6a VANGUARD SHORT TERM BOND 290,997. 4,123. INDEX FUND 295,120. 4/27/09 6/1/10 4,123. 6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . . . .