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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

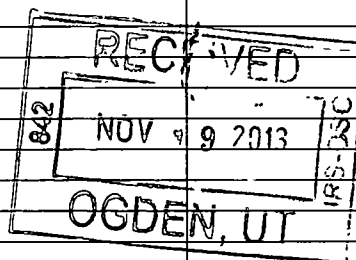
For calendar year 2012 or tax year beginning

, 2012, and ending

, 20

Name of foundation THE ALCON FOUNDATION INC.		A Employer identification number 20-0166600
Number and street (or P O box number if mail is not delivered to street address) 6201 SOUTH FREEWAY		B Telephone number (see instructions) (817) 293-0450
City or town, state, and ZIP code FORT WORTH, TX 76134		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	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <input type="checkbox"/> \$ 30,000.		E If private foundation status was terminated under section 507(b)(1)(A), 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.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)		6,379,485.	ATTCH 1A		
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
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)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) ATTCH 1B		19,505.			
12 Total. Add lines 1 through 11		6,398,990.			
13 Compensation of officers, directors, trustees, etc.		0			
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)					
c Other professional fees (attach schedule) *		16,670.			16,670.
17 Interest					
18 Taxes (attach schedule) (see instructions)					
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) ATTCH 3.		2,835.			2,835.
24 Total operating and administrative expenses. Add lines 13 through 23		19,505.			19,505.
25 Contributions, gifts, grants paid		6,379,485.			6,379,485.
26 Total expenses and disbursements. Add lines 24 and 25		6,398,990.			6,398,990.
27 Subtract line 26 from line 12		0			
a Excess of revenue over expenses and disbursements		0			
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (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	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see 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				
	10 a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	Liabilities	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 ▶ ATCH 4)				30,000.
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	0	0		30,000.
17		Accounts payable and accrued expenses				
18		Grants payable				
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)	0	0			
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				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)	0	0		
	31	Total liabilities and net assets/fund balances (see instructions)	0	0		

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		0
2	Enter amount from Part I, line 27a	2		
3	Other increases not included in line 2 (itemize) ▶	3		
4	Add lines 1, 2, and 3	4		
5	Decreases not included in line 2 (itemize) ▶	5		
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		0

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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 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	4,006,094.	29,550.	135.570017
2010	7,574,599.	29,550.	256.331607
2009	5,716,082.	29,550.	193.437631
2008	5,210,100.	29,550.	176.314721
2007			

2 Total of line 1, column (d)	2	761.653976
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	190.413494
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	29,550.
5 Multiply line 4 by line 3	5	5,626,719.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	5,626,719.
8 Enter qualifying distributions from Part XII, line 4	8	6,398,990.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		1	0
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
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	
3 Add lines 1 and 2		3	0
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	0
6 Credits/Payments			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a		
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		0
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be Credited to 2013 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> TX,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address N/A				
14	The books are in care of BETTINA MAUNZ Telephone no 817-293-2099			
Located at 6201 SOUTH FREEWAY FORT WORTH, TX ZIP+4 76134-2099				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country	16	Yes	No
				X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception: Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	X
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	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 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		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

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

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

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐ **5b****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? ☐ Yes ☒ No

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

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

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **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
ATCH 5		0	0	0

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

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

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

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

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

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	30,000.
d	Total (add lines 1a, b, and c)	1d	30,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	30,000.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	450.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,550.
6	Minimum investment return. Enter 5% of line 5	6	1,478.

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	1,478.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,478.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,478.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,478.

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	6,398,990.
b	Program-related investments - total from Part IX-B	1b	
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	6,398,990.
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	6,398,990.

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.

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Page **9****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				1,478.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only				
b Total for prior years 20 <u>10</u> , 20 <u>09</u> , 20 <u>08</u>				
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011 4,004,616.				
f Total of lines 3a through e	4,004,616.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ <u>6,398,990.</u>				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2012 distributable amount				1,478.
e Remaining amount distributed out of corpus	6,397,512.			
5 Excess distributions carryover applied to 2012 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,402,128.			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	10,402,128.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011 4,004,616.				
e Excess from 2012 6,397,512.				

Form **990-PF** (2012)

Part XIV Private 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 foundation is a private operating foundation described in section

4942(1)(3) or

4942(1)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

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). . . .

downment" 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 (1)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income .

Part XV **Supplementary Information (Complete this part only if the foundation 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))

ATTACHMENT 6

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.

N/A

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 or e-mail of the person to whom applications should be addressed

ATCH 7

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

ATCH 8

c Any submission deadlines

THERE ARE NOT ANY SUBMISSION DEADLINES.

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

ATCH 9

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

<div>Recipient</div> <div>Name and address (home or business)</div>	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 ATCH 10				
Total			▶ 3a	6,379,485.
b Approved for future payment ATCH 11				
Total			▶ 3b	3,327,810.

Form 990-PF (2012)

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property .						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory . .						
11 Other revenue a <u>OTHER INCOME</u>						19,505.
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e)						19,505.
13 Total. Add line 12, columns (b), (d), and (e)						19,505.

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Schedule of Contributors

OMB No 1545-0047

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

2012

Name of the organization

THE ALCON FOUNDATION INC.

Employer identification number

20-0166600

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 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or 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).

Name of organization THE ALCON FOUNDATION INC.

Employer identification number
20-0166600**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	ALCON LABORATORIES 6201 SOUTH FREEWAY FORT WORTH, TX 76134	\$ 6,379,485.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE ALCON FOUNDATION INC.

Employer identification number

20-0166600

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

Name of organization THE ALCON FOUNDATION INC.

Employer identification number

20-0166600

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

THE ALCON FOUNDATION, INC.
EIN# 20-0166600
FOR THE YEAR ENDING 12/31/2012

Part I, Line 1 - Contributions, Gifts, Grants, Etc.

Name and Address of Contributor:

Alcon Laboratories, Inc.	6,379,485
6201 South Freeway	
Fort Worth, TX 76134	<hr/>
Total Contributions	<u><u>6,379,485</u></u>

ATTACHMENT 1BFORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
REIMBURSEMENT OF EXPENSES FROM ALCON LABORATORIES, INC.	19,505.
TOTALS	<u>19,505.</u>

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
CONSULTING & PROFESSIONAL FEES	16,670.	16,670.
TOTALS	<u>16,670.</u>	<u>16,670.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
BANK FEES	2,835.	2,835.
TOTALS	<u>2,835.</u>	<u>2,835.</u>

ATTACHMENT 4

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING FMV</u>
OTHER (ARTWORK)	30,000.
TOTALS	<u>30,000.</u>

THE ALCON FOUNDATION INC.

20-0166600

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

ATTACHMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS		EXPENSE ACCT AND OTHER ALLOWANCES
			TO EMPLOYEE BENEFIT PLANS		
SARA WOODWARD 6201 SOUTH FREEWAY FORT WORTH, TX 76134	PRESIDENT UNTIL JUNE 2012 1.00	0	0	0	0
KEVIN BUEHLER 6201 SOUTH FREEWAY FORT WORTH, TX 76134	CHAIRMAN 1.00	0	0	0	0
STEVEN WILSON 6201 SOUTH FREEWAY FORT WORTH, TX 76134	DIRECTOR 1.00	0	0	0	0
JOHN VIA 6201 SOUTH FREEWAY FORT WORTH, TX 76134	DIRECTOR UNTIL 8/24/12 1.00	0	0	0	0
BETTINA MAUNZ 6201 SOUTH FREEWAY FORT WORTH, TX 76134	DIRECTOR/PRESIDENT 1.00	0	0	0	0
MERRICK MCCrackEN 6201 SOUTH FREEWAY FORT WORTH, TX 76134	DIRECTOR 1.00	0	0	0	0

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

ATTACHMENT 5 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CONTRIBUTIONS		EXPENSE ACCT	
		COMPENSATION	TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES	
ROBERT PELZER 6201 SOUTH FREEWAY FORT WORTH, TX 76134	DIRECTOR	0	0		0
	1.00				
GRAND TOTALS		0	0		0

ATTACHMENT 6

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ALCON LABORATORIES, INC., CONTRIBUTES MORE THAN 2% OF THE TOTAL CONTRIBUTIONS OF THE ALCON FOUNDATION, INC. INDICATED BELOW ARE OFFICERS OR DIRECTORS OF THE ALCON FOUNDATION, INC. WHO ARE OFFICERS OF ALCON LABORATORIES, INC.

KEVIN BUEHLER, STEVEN WILSON, JOHN VIA, BETTINA MAUNZ, MERRICK MCCRAKEN

ATTACHMENT 7

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

BETTINA MAUNZ, PRESIDENT
ALCON FDTN INC., 6201 SOUTH FREEWAY
FORT WORTH, TX 76134-2099
817-293-0450

ATTACHMENT 8990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

GRANT REQUESTS SHOULD BE SUBMITTED IN WRITING AND INCLUDE CURRENT IRS DOCUMENTATION CERTIFYING THAT THE APPLICANT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

- INFORMATION ABOUT THE APPLICANT AND A BRIEF DESCRIPTION OF THE SPECIFIC PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED.
- NAMES AND AFFILIATIONS OF THE OFFICERS, TRUSTEES AND/OR BOARD OF DIRECTORS OF THE APPLICANT.
- LIST OF THE APPLICANT'S CURRENT CORPORATE AND FOUNDATION SUPPORTERS.
- MOST RECENT AUDITED FINANCIAL STATEMENTS OF THE APPLICANT.

ATTACHMENT 9990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE ALCON FOUNDATION, INC. SUPPORTS ORGANIZATIONS IN THE FIELDS OF HEALTH CARE, LEADERSHIP PROGRAMS, RESEARCH, EDUCATION AND COMMUNITY RESPONSIBILITY. PROGRAMS THAT ADVANCE THE EDUCATION AND SKILL LEVELS OF EYE CARE PROFESSIONALS ARE GIVEN SPECIAL CONSIDERATION. ALCON BELIEVES THESE TYPES OF PROGRAMS BENEFIT THE EYE CARE PROFESSIONAL AND IMPROVE PATIENT CARE. IN ADDITION, THE FOUNDATION SUPPORTS THE PHILANTHROPIC INTEREST OF ALCON. ALCON IS COMMITTED TO MAKING A DIFFERENCE IN THE COMMUNITIES WHERE WE HAVE A LARGE EMPLOYEE PRESENCE AND BELIEVE IT IS OUR SOCIAL RESPONSIBILITY TO SUPPORT EDUCATIONAL PROGRAMS, GOOD WORKS AND CHARITIES. THE ALCON FOUNDATION, INC. SUPPORTS CIVIC AND COMMUNITY, HEALTH AND HUMAN SERVICES, EDUCATION, ARTS AND CULTURAL PROGRAMS.

THE ALCON FOUNDATION INC.
EIN 20-0166600
FOR THE YEAR ENDED 12/31/2012

Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient Name	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
AAO-HNS FOUNDATION, INC	N/A	PUBLIC	GOODWILL	10,800
AAO-HNS FOUNDATION, INC	N/A	PUBLIC	GOODWILL	10,800
ALLIANCE FOR CHILDREN	N/A	PUBLIC	GOODWILL	3,000
ALLIED THEATRE GROUP-STAGE WEST	N/A	PUBLIC	GOODWILL	7,500
AMERICAN GLAUCOMA SOCIETY	N/A	PUBLIC	GOODWILL	80,000
AMERICAN HEART ASSOCIATION	N/A	PUBLIC	GOODWILL	2,000
AMERICAN OPTOMETRIC FOUNDATION	N/A	PUBLIC	GOODWILL	9,500
AMERICAN RED CROSS	N/A	PUBLIC	GOODWILL	8,556
AMON CARTER MUSEUM OF WESTERN ART	N/A	PUBLIC	GOODWILL	20,000
AMPHIBIAN PRODUCTIONS	N/A	PUBLIC	GOODWILL	5,000
ARTS COUNCIL OF FORT WORTH AND TARRANT COUNTY	N/A	PUBLIC	GOODWILL	10,000
ARVO FOUNDATION	N/A	PUBLIC	GOODWILL	47,300
ARVO FOUNDATION	N/A	PUBLIC	GOODWILL	22,500
ASCRS FOUNDATION	N/A	PUBLIC	GOODWILL	50,000
BERKS ARTS COUNCIL	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS OF BERKS COUNTY, PA	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS OF NORTH TEXAS	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS OF NORTH TEXAS	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS OF THE TRI-STATE, INC	N/A	PUBLIC	GOODWILL	5,000
BLIND CHILDRENS LEARNING CENTER	N/A	PUBLIC	GOODWILL	10,000
BO'S PLACE	N/A	PUBLIC	GOODWILL	10,000
BOYS & GIRLS CLUB OF GREATER FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
BOYS & GIRLS CLUBS OF ARLINGTON, INC	N/A	PUBLIC	GOODWILL	7,500
BUCKNER CHILDREN AND FAMILY SERVICES	N/A	PUBLIC	GOODWILL	10,000
BUCKNER CHILDREN AND FAMILY SERVICES	N/A	PUBLIC	GOODWILL	10,000
CABELL-WAYNE ASSOCIATION OF THE BLIND	N/A	PUBLIC	GOODWILL	5,000
CALIFORNIA POLYTECHNIC STATE UNIVERSITY	N/A	PUBLIC	GOODWILL	5,000
CALIFORNIA POLYTECHNIC STATE UNIVERSITY	N/A	PUBLIC	GOODWILL	5,000
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	N/A	PUBLIC	GOODWILL	5,000
CAMP FIRE, USA	N/A	PUBLIC	GOODWILL	10,000
CANCER CARE SERVICES	N/A	PUBLIC	GOODWILL	8,000
CASA MANANA	N/A	PUBLIC	GOODWILL	5,000
CATHOLIC CHARITIES	N/A	PUBLIC	GOODWILL	10,000
CENIKOR FOUNDATION, INC	N/A	PUBLIC	GOODWILL	2,000
CENTER FOR EYE RESEARCH & EDUCATION (CERE)	N/A	PUBLIC	GOODWILL	35,000
CENTER FOR HEARING AND SPEECH	N/A	PUBLIC	GOODWILL	10,000
CHILD STUDY CENTER	N/A	PUBLIC	GOODWILL	10,000
CHILD STUDY CENTER	N/A	PUBLIC	GOODWILL	10,000
CHILD VISION CENTER	N/A	PUBLIC	GOODWILL	75,000
CHILDREN'S EYE FOUNDATION	N/A	PUBLIC	GOODWILL	129,400
CLEVELAND CLINIC FOUNDATION, COLE EYE INSTITUTE	N/A	PUBLIC	GOODWILL	50,000
CORNERSTONE ASSISTANCE NETWORK	N/A	PUBLIC	GOODWILL	10,000
DIRECT RELIEF INTERNATIONAL	N/A	PUBLIC	GOODWILL	45,000
DRESS FOR SUCCESS RIVER CITIES INC	N/A	PUBLIC	GOODWILL	3,896
ESSILOR VISION FOUNDATION	N/A	PUBLIC	GOODWILL	1,363
ESSILOR VISION FOUNDATION	N/A	PUBLIC	GOODWILL	410,000
EYE CARE FOR KIDS FOUNDATION	N/A	PUBLIC	GOODWILL	7,500
FELLOWSHIP OF CHRISTIAN ATHLETES	N/A	PUBLIC	GOODWILL	1,500

THE ALCON FOUNDATION INC.
EIN 20-0166600
FOR THE YEAR ENDED 12/31/2012

Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient Name	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
FORT WORTH ART ASSOCIATION DBA MODERN ART MUSEUM OF FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
FORT WORTH ART ASSOCIATION DBA MODERN ART MUSEUM OF FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
FORT WORTH CHAMBER DEVELOPMENT FOUNDATION	N/A	PUBLIC	GOODWILL	37,500
FORT WORTH OPERA	N/A	PUBLIC	GOODWILL	20,000
FORT WORTH SYMPHONY ORCHESTRA (FWSO)	N/A	PUBLIC	GOODWILL	25,000
FOUNDATION FIGHTING BLINDNESS	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION FIGHTING BLINDNESS	N/A	PUBLIC	GOODWILL	1,000
FOUNDATION FIGHTING BLINDNESS	N/A	PUBLIC	GOODWILL	9,147
FOUNDATION FIGHTING BLINDNESS	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION FIGHTING BLINDNESS, INC	N/A	PUBLIC	GOODWILL	1,000
FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY (FAAO)	N/A	PUBLIC	GOODWILL	225,000
FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY (FAAO)	N/A	PUBLIC	GOODWILL	30,000
GILL CHILDREN'S SERVICES	N/A	PUBLIC	GOODWILL	10,000
GLAUCOMA FOUNDATION	N/A	PUBLIC	GOODWILL	120,000
GLAUCOMA RESEARCH FOUNDATION	N/A	PUBLIC	GOODWILL	120,000
GUIDE DOGS FOR THE BLIND, INC	N/A	PUBLIC	GOODWILL	7,000
GUIDE DOGS OF TEXAS, INC	N/A	PUBLIC	GOODWILL	10,000
HELEN KELLER INTERNATIONAL	N/A	PUBLIC	GOODWILL	204,508
HUNTINGTON MUSEUM OF ART, INC	N/A	PUBLIC	GOODWILL	10,000
ILLINOIS COLLEGE OF OPTOMETRY	N/A	PUBLIC	GOODWILL	25,000
ILLUMINATION FOUNDATION	N/A	PUBLIC	GOODWILL	10,000
INTERNATIONAL COUNCIL OF OPHTHALMOLOGY FOUNDATION	N/A	PUBLIC	GOODWILL	100,000
INTERNATIONAL EYE FOUNDATION	N/A	PUBLIC	GOODWILL	90,938
INTERNATIONAL EYE FOUNDATION	N/A	PUBLIC	GOODWILL	119,531
INTERNATIONAL SISTER CITIES ASSOCIATION OF FORT WORTH, INC	N/A	PUBLIC	GOODWILL	20,000
JA OF CHISHOLM TRAIL, INC	N/A	PUBLIC	GOODWILL	80,000
JUNE HARLESS CENTER FOR RURAL EDUCATIONAL RESEARCH AND DEVELOPMENT-MARSHALL UNIVERSITY	N/A	PUBLIC	GOODWILL	10,000
JUNIOR ACHIEVEMENT OF SOUTHEAST TEXAS	N/A	PUBLIC	GOODWILL	10,000
JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC	N/A	PUBLIC	GOODWILL	10,000
LAURA'S HOUSE	N/A	PUBLIC	GOODWILL	5,000
LESTONNAC FREE CLINIC	N/A	PUBLIC	GOODWILL	10,000
LONE STAR FILM SOCIETY, INC	N/A	PUBLIC	GOODWILL	10,000
MANSFIELD ISD EDUCATION FOUNDATION	N/A	PUBLIC	GOODWILL	10,000
MASSACHUSETTS EYE AND EAR INFIRMARY	N/A	PUBLIC	GOODWILL	72,050
MAYFEST	N/A	PUBLIC	GOODWILL	7,500
MEDICAL MINISTRY USA	N/A	PUBLIC	GOODWILL	30,000
MEDICAL MINISTRY USA DBA MEDICAL MINISTRY INTERNATIONAL	N/A	PUBLIC	GOODWILL	60,000
NATIONAL MERIT SCHOLARSHIP PROGRAM	N/A	PUBLIC	GOODWILL	677
NATIONAL MERIT SCHOLARSHIP PROGRAM	N/A	PUBLIC	GOODWILL	24,210
NATIONAL MERIT SCHOLARSHIP PROGRAM	N/A	PUBLIC	GOODWILL	20,185
NATIONAL SOCIETY TO PREVENTION OF BLINDNESS/PREVENT BLINDNESS AMERICA	N/A	PUBLIC	GOODWILL	160,000
NORTH AMERICA IAPB INC	N/A	PUBLIC	GOODWILL	100,000
NORTHWEST ASSISTANCE MINISTRIES - NAM	N/A	PUBLIC	GOODWILL	5,000
OPHTHALMIC WOMEN LEADERS	N/A	PUBLIC	GOODWILL	10,000

THE ALCON FOUNDATION INC.
EIN 20-0166600
FOR THE YEAR ENDED 12/31/2012

Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient Name	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
OPHTHALMIC WOMEN LEADERS	N/A	PUBLIC	GOODWILL	15,000
OPTOMETRY CARES FOUNDATION	N/A	PUBLIC	GOODWILL	50,000
OPTOMETRY GIVING SIGHT	N/A	PUBLIC	GOODWILL	200,000
OPTOMETRY GIVING SIGHT	N/A	PUBLIC	GOODWILL	10,000
ORANGE COUNTY'S UNITED WAY	N/A	PUBLIC	GOODWILL	107,215
ORANGE COUNTY'S UNITED WAY	N/A	PUBLIC	GOODWILL	77,328
ORBIS INTERNATIONAL	N/A	PUBLIC	GOODWILL	360,000
ORBIS INTERNATIONAL	N/A	PUBLIC	GOODWILL	600,000
PARENTING CENTER	N/A	PUBLIC	GOODWILL	5,000
PERFORMING ARTS FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
PRESBYTERIAN NIGHT SHELTER	N/A	PUBLIC	GOODWILL	10,000
PREVENT BLINDNESS GEORGIA	N/A	PUBLIC	GOODWILL	55,000
PREVENT BLINDNESS TEXAS	N/A	PUBLIC	GOODWILL	80,000
PREVENT BLINDNESS TEXAS - FW	N/A	PUBLIC	GOODWILL	794
REAL SCHOOL GARDENS	N/A	PUBLIC	GOODWILL	10,000
SAFEHAVEN OF TARRANT COUNTY	N/A	PUBLIC	GOODWILL	10,000
SAMARITAN HOUSE	N/A	PUBLIC	GOODWILL	5,000
SENIOR CITIZEN SERVICES OF GREATER TARRANT COUNTY, INC	N/A	PUBLIC	GOODWILL	10,000
SOUTH COAST REPERTORY	N/A	PUBLIC	GOODWILL	10,000
SOUTHWEST PERUVIAN HORSE CLUB	N/A	PUBLIC	GOODWILL	1,000
SPECIAL OLYMPICS GEORGIA	N/A	PUBLIC	GOODWILL	3,000
TARRANT AREA FOOD BANK	N/A	PUBLIC	GOODWILL	1,608
TARRANT COUNTY ASSOCIATION FOR THE BLIND	N/A	PUBLIC	GOODWILL	10,000
TARRANT COUNTY COLLEGE FOUNDATION	N/A	PUBLIC	GOODWILL	10,000
TARRANT LITERACY COALITION	N/A	PUBLIC	GOODWILL	10,000
TARRANT LITERACY COALITION	N/A	PUBLIC	GOODWILL	10,000
TEXAS CHRISTIAN UNIVERSITY	N/A	PUBLIC	GOODWILL	50,000
THE HOPE CENTER	N/A	PUBLIC	GOODWILL	3,500
THE LADDER ALLIANCE, INC	N/A	PUBLIC	GOODWILL	6,500
THE LAGUNA PLAYHOUSE	N/A	PUBLIC	GOODWILL	7,500
THE RED CROSS - ORANGE COUNTY CHAPTER	N/A	PUBLIC	GOODWILL	7,500
THEATRE ARLINGTON	N/A	PUBLIC	GOODWILL	5,000
TISSUE BANKS INTERNATIONAL	N/A	PUBLIC	GOODWILL	50,000
TRINITY HABITAT FOR HUMANITY	N/A	PUBLIC	GOODWILL	50,000
UNITED COMMUNITY CENTERS, INC	N/A	PUBLIC	GOODWILL	5,000
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	28,950
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	19,002
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	22,747
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	23,386
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	327,412
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	37,188
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	297,177
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	304,968
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	12,802
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	6,875
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	9,257
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	9,675
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	19,160

THE ALCON FOUNDATION INC.
EIN 20-0166600
FOR THE YEAR ENDED 12/31/2012

Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient Name	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
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	3,691
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	13,137
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	13,591
UNIVERSITY OF SOUTHERN CALIFORNIA	N/A	PUBLIC	GOODWILL	5,000
UNIVERSITY OF SOUTHERN CALIFORNIA	N/A	PUBLIC	GOODWILL	5,000
UTMB-UNIV OF TEXAS FOUNDATION	N/A	PUBLIC	GOODWILL	60,000
VAN CLIBURN FOUNDATION	N/A	PUBLIC	GOODWILL	20,000
VISIONSPRING	N/A	PUBLIC	GOODWILL	50,000
WHAT ABOUT REMEMBERING ME?	N/A	PUBLIC	GOODWILL	10,000
WILLS EYE INSTITUTE	N/A	PUBLIC	GOODWILL	75,660
WOMEN'S CENTER OF TARRANT COUNTY	N/A	PUBLIC	GOODWILL	3,000
WOMEN'S CENTER OF TARRANT COUNTY	N/A	PUBLIC	GOODWILL	3,000
YMCA OF METROPOLITAN FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
YWCA	N/A	PUBLIC	GOODWILL	9,500
				6,379,485

THE ALCON FOUNDATION INC.
EIN 20-0166600
FOR THE YEAR ENDED 12/31/2012

Part XV, Line 3b - Grants and Contributions Approved for Future Payment

Recipient Name	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
AAO-HNSF	N/A	PUBLIC	GOODWILL	10,800
AMERICAN GLAUCOMA SOCIETY FOUNDATION	N/A	PUBLIC	GOODWILL	80,000
AMON CARTER MUSEUM OF WESTERN ART	N/A	PUBLIC	GOODWILL	10,000
ARVO FOUNDATION FOR EYE RESEARCH	N/A	PUBLIC	GOODWILL	47,300
ARVO FOUNDATION FOR EYE RESEARCH	N/A	PUBLIC	GOODWILL	22,500
BERKS ARTS COUNCIL	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS LONE STAR	N/A	PUBLIC	GOODWILL	10,000
CHILD VISION CENTER	N/A	PUBLIC	GOODWILL	75,000
DIRECT RELIEF INTERNATIONAL	N/A	PUBLIC	GOODWILL	25,000
EMORY UNIVERSITY	N/A	PUBLIC	GOODWILL	35,000
ESSILOR VISION FOUNDATION	N/A	PUBLIC	GOODWILL	500,000
FORT WORTH AREA HABITAT FOR HUMANITY, INC / DBA TRINITY HABITAT FOR HUMANITY	N/A	PUBLIC	GOODWILL	50,000
FORT WORTH CHAMBER DEVELOPMENT FOUNDATION	N/A	PUBLIC	GOODWILL	37,500
FORT WORTH OPERA	N/A	PUBLIC	GOODWILL	10,000
FORT WORTH SYMPHONY ORCHESTRA ASSOCIATION	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY	N/A	PUBLIC	GOODWILL	225,000
FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY	N/A	PUBLIC	GOODWILL	30,000
FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY	N/A	PUBLIC	GOODWILL	10,000
GOERGIA LIONS LIGHTHOUSE FOUNDATION, INC	N/A	PUBLIC	GOODWILL	25,000
GEORGIA SOCIETY TO PREVENT BLINDNESS, INC	N/A	PUBLIC	GOODWILL	75,000
GLAUCOMA RESEARCH FOUNDATION	N/A	PUBLIC	GOODWILL	120,000
ILLINOIS COLLEGE OF OPTOMETRY	N/A	PUBLIC	GOODWILL	25,000
ILLUMINATION FOUNDATION	N/A	PUBLIC	GOODWILL	25,000
IMPOSSIBLE POSSIBILITIES	N/A	PUBLIC	GOODWILL	5,000
INTERNATIONAL COUNCIL OF OPHTHALMOLOGY FOUNDATION	N/A	PUBLIC	GOODWILL	100,000
INTERNATIONAL SISTER CITIES ASSOCIATION OF FORT WORTH, INC	N/A	PUBLIC	GOODWILL	10,000
JUNIOR ACHIEVEMENT OF BERKS COUNTY, INC	N/A	PUBLIC	GOODWILL	10,000
JUNIOR ACHIEVEMENT OF THE CHISHOLM TRAIL, INC	N/A	PUBLIC	GOODWILL	50,000
KINGS RIDGE CHRISTIAN SCHOOL INC	N/A	PUBLIC	GOODWILL	5,000
LONE STAR FILM SOCIETY, INC	N/A	PUBLIC	GOODWILL	10,000
MARIST COLLEGE	N/A	PUBLIC	GOODWILL	200
MASSACHUSETTS EYE AND EAR INFIRMARY	N/A	PUBLIC	GOODWILL	72,050
MEDICAL MINISTRY USA DBA MEDICAL MINISTRY INTERNATIONAL	N/A	PUBLIC	GOODWILL	60,000
NC STATE UNIVERSITY STUDENT AID ASSOCIATION	N/A	PUBLIC	GOODWILL	1,800
NEW YORK EYE & EAR INFIRMARY	N/A	PUBLIC	GOODWILL	10,000
NORTH AMERICA IAPB	N/A	PUBLIC	GOODWILL	100,000
ORANGE COUNTY MUSEUM OF ART	N/A	PUBLIC	GOODWILL	10,000
PREVENT BLINDNESS AMERICA	N/A	PUBLIC	GOODWILL	50,000
PREVENT BLINDNESS TEXAS	N/A	PUBLIC	GOODWILL	40,000
PROJECT ORBIS INTERNATIONAL, INC	N/A	PUBLIC	GOODWILL	600,000
PROJECT ORBIS INTERNATIONAL, INC	N/A	PUBLIC	GOODWILL	360,000
REAL SCHOOL GARDENS	N/A	PUBLIC	GOODWILL	10,000
TEXAS CHRISTIAN UNIVERSITY	N/A	PUBLIC	GOODWILL	25,000
THE GLAUCOMA FOUNDATION	N/A	PUBLIC	GOODWILL	120,000
THE UNIVERSITY OF TEXAS MEDICAL BRANCH	N/A	PUBLIC	GOODWILL	25,000
UNIVERSITY OF HOUSTON - COLLEGE OF OPTOMETRY	N/A	PUBLIC	GOODWILL	100,000
VAN CLIBURN FOUNDATION, INC	N/A	PUBLIC	GOODWILL	10,000
WILLIS EYE INSTITUTE	N/A	PUBLIC	GOODWILL	75,660
				3,327,810

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
THE ALCON FOUNDATION, INC.	20-0166600
Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
6201 SOUTH FREEWAY	
City, town or post office, state, and ZIP code. For a foreign address, see instructions	
FORT WORTH, TX 76134	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► ACCOUNTING DEPARTMENT

Telephone No ► 817-293-0450 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 20 12 or ☐ tax year beginning _____, 20 _____, and ending _____, 20 ____.
- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions.	
	THE ALCON FOUNDATION, INC.		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.		20-0166600	
	6201 SOUTH FREEWAY		Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
FORT WORTH, TX 76134				

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

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

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

- The books are in the care of DAVID CHAMBERLAIN
Telephone No. 817-293-0450 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 20 13.
- For calendar year 2012, or other tax year beginning _____, 20____, and ending _____, 20____
- If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification must be completed for Part II only.

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

Signature Jaeger C. Thibault Title Paid Preparer Date 8/5/13