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## EXTENSION ATTACHED

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2013**

Open to Public Inspection

For calendar year 2013 or tax year beginning

, 2013, and ending

, 20

Name of foundation <b>THE ALCON FOUNDATION INC.</b>		A Employer identification number <b>20-0166600</b>						
Number and street (or P O box number if mail is not delivered to street address) <b>C/O TAX DEPARTMENT</b> <b>ONE SOUTH RIDGEDALE AVENUE</b>		B Telephone number (see instructions) <b>(817) 293-0450</b>						
City or town, state or province, country, and ZIP or foreign postal code <b>EAST HANOVER, NJ 07936</b>		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input checked="" type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input checked="" type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input checked="" type="checkbox"/> Address change	<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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 30,000.</b>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)								

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	5,097,287.			
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 . . . . .				
10 a Gross sales less returns and allowances . . . . .				
b Less Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) <b>ATCH 1</b> . . . . .	31,585.			
12 <b>Total.</b> Add lines 1 through 11 . . . . .	5,128,872.			
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc . . . . .	0			
14 Other employee salaries and wages . . . . .				
15 Pension plans, employee benefits . . . . .				
16 a Legal fees (attach schedule) . . . . .				
b Accounting fees (attach schedule) . . . . .				
c Other professional fees (attach schedule) * . . . . .	28,400.			28,400.
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) <b>ATCH 3</b> . . . . .	3,185.			3,185.
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	31,585.			31,585.
25 Contributions, gifts, grants paid . . . . .	5,097,287.			5,097,287.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	5,128,872.			5,128,872.
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-) . . . . .				
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .				

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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 . . . . .					
Net Assets or Fund Balances	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			
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, . . . <input type="checkbox"/> check here and complete lines 27 through 31.	27	Capital stock, trust principal, or current funds . . . . .				
		28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .				
		29	Retained earnings, accumulated income, endowment, or other funds . . . . .				
		30	Total net assets or fund balances (see 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		0
3	Other increases not included in line 2 (itemize) ▶ . . . . .	3		
4	Add lines 1, 2, and 3 . . . . .	4		0
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					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) (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))
2012	6,398,990.	29,550.	216.547885
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
2 Total of line 1, column (d)			2 978.201861
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			3 195.640372
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4			8 5,128,872.

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)			
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 . . . . .		1	0
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 2013 estimated tax payments and 2012 overpayment credited to 2013 . . . . .	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 2014 estimated tax <input 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"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
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 2013 or the taxable year beginning in 2013 (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 . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶				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)? . . . . . <input type="checkbox"/> 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 2013? . . . . .	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . <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 2013 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 2013) . . . . .	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 2013?	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 ☐**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

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**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.)

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

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2013 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	0

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	5,128,872.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	5,128,872.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4.	<b>6</b>	5,128,872.

**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.

Form 990-PF (2013)

Page **9****Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7 . . . . .				0
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only . . . . .				
<b>b</b> Total for prior years 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008 . . . . .				
<b>b</b> From 2009 . . . . .				
<b>c</b> From 2010 . . . . .				
<b>d</b> From 2011 . . . . . 4,004,616.				
<b>e</b> From 2012 . . . . . 6,397,512.				
<b>f</b> Total of lines 3a through e . . . . .	10,402,128.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>5,128,872.</u>				
<b>a</b> Applied to 2012, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2013 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .	5,128,872.			
<b>5</b> Excess distributions carryover applied to 2013 . . . . . (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .	15,531,000.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	15,531,000.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009 . . . . .				
<b>b</b> Excess from 2010 . . . . .				
<b>c</b> Excess from 2011 . . . . . 4,004,616.				
<b>d</b> Excess from 2012 . . . . . 6,397,512.				
<b>e</b> Excess from 2013 . . . . . 5,128,872.				

Form **990-PF** (2013)

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling . . . . .

**b Check box to indicate whether the foundation is a private operating foundation described in section**

4942(j)(3) or

4942(j)(5)

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

**b 85% of line 2a . . . . .**

**C Qualifying distributions from Part XII, line 4 for each year listed** .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

**3** Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test - enter

(1) Value of all assets . . . .  
(2) Value of assets qualifying  
under section  
4942(j)(3)(B)(i). . . . .

**b "Endowment" alternative test-**  
enter 2/3 of minimum invest-  
ment return shown in Part X,  
line 6 for each year listed . . .

C "Support" alternative test - enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .

(3) Largest amount of support from an exempt organization. . . . .

(4) Gross investment income .

**Part 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 address 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**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>  ATCH 10				
<b>Total</b> .....			<b>3a</b>	5,097,287.
<b>b Approved for future payment</b>  ATCH 11				
<b>Total</b> .....			<b>3b</b>	2,621,500.

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations )

Line No.

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )

[illegible]



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

OMB No 1545-0047

**2013**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

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

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 its Form 990-PF, Part I, line 2, 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, INC. 6201 SOUTH FREEWAY FORT WORTH, TX 76134	\$ 5,097,287.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



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
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----

ATTACHMENT 1FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
REIMBURSEMENT OF EXPENSES FROM ALCON LABORATORIES, INC.	31,585.
TOTALS	<u>31,585.</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	28,400.	28,400.
TOTALS	<u>28,400.</u>	<u>28,400.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
BANK FEES	3,092.
MISCELLANEOUS EXPENSES	93.
TOTALS	<u>3,185.</u>

<u>CHARITABLE PURPOSES</u>
3,092.
93.
<u>3,185.</u>

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 4

<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 TRUSTEESATTACHMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HELEN BOUDREAU C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	CHAIRMAN 1.00	0	0	0
BETTINA MAUNZ C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR/PRESIDENT 1.00	0	0	0
MERRICK MCCrackEN C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	0	0	0
STEPHEN WILSON C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR/VP, TREASURER 1.00	0	0	0
CHRISTINA ACKERMANN C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	0	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
ROBERT KIM C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	0	0	0
KEVIN BUEHLER C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	0	0	0
ROBERT PELZER C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	0	0	0
RHONDA BRYANT C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR/SECRETARY 1.00	0	0	0
MATTHEW HEAD C/O TAX DEPARTMENT ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	0	0	0
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.

ROBERT KIM , KEVIN BUEHLER, STEVEN WILSON, BETTINA MAUNZ, AND MERRICK MCCracken.

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 8

990PF, 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.

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ATTACHMENT 9

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990PF, 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 12/31/2013

THE ALCON FOUNDATION INC.  
EIN 20-0166600  
FOR THE YEAR ENDED 12/31/2013

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
ALLIED THEATRE GROUP-STAGE WEST	N/A	PUBLIC	GOODWILL	7,500
AMERICAN GLAUCOMA SOCIETY FOUNDATION	N/A	PUBLIC	GOODWILL	80,000
AMERICAN HEART ASSOCIATION	N/A	PUBLIC	GOODWILL	2,500
AMERICAN OPTOMETRIC FOUNDATION	N/A	PUBLIC	GOODWILL	9,500
AMON CARTER MUSEUM OF WESTERN ART	N/A	PUBLIC	GOODWILL	10,000
AMPHIBIAN PRODUCTIONS	N/A	PUBLIC	GOODWILL	5,000
ANGELS FOR SIGHT, INC	N/A	PUBLIC	GOODWILL	5,000
ARVO FOUNDATION	N/A	PUBLIC	GOODWILL	47,300
ARVO FOUNDATION	N/A	PUBLIC	GOODWILL	22,500
ASCO	N/A	PUBLIC	GOODWILL	5,000
BERKS ARTS COUNCIL	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS LONE STAR	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS LONE STAR	N/A	PUBLIC	GOODWILL	10,000
BIG BROTHERS BIG SISTERS OF THE TRI-STATE, INC	N/A	PUBLIC	GOODWILL	5,000
BOYS & GIRLS CLUB OF GREATER FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
CABELL-WAYNF ASSOCIATION OF THE BLIND	N/A	PUBLIC	GOODWILL	5,000
CAMP FIRE, USA	N/A	PUBLIC	GOODWILL	10,000
CANCER CARE SERVICES	N/A	PUBLIC	GOODWILL	8,000
CATHOLIC CHARITIES	N/A	PUBLIC	GOODWILL	10,000
CENTER FOR EYE RESEARCH & EDUCATION (CERE)	N/A	PUBLIC	GOODWILL	35,000
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 CHAMBER DEVELOPMENT FOUNDATION	N/A	PUBLIC	GOODWILL	37,500
FORT WORTH OPERA	N/A	PUBLIC	GOODWILL	10,000
FORT WORTH SYMPHONY ORCHESTRA (FWSO)	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION FIGHTING BLINDNESS	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION FIGHTING BLINDNESS	N/A	PUBLIC	GOODWILL	10,000
FOUNDATION FIGHTING BLINDNESS	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
GA LIONS LIGHTHOUSE FOUNDATION, INC	N/A	PUBLIC	GOODWILL	25,000
GLAUCOMA FOUNDATION	N/A	PUBLIC	GOODWILL	120,000
GLAUCOMA RESEARCH FOUNDATION	N/A	PUBLIC	GOODWILL	120,000
HUNTINGTON CITY MISSION	N/A	PUBLIC	GOODWILL	10,000
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	25,000
IMPOSSIBLE POSSIBILITIES	N/A	PUBLIC	GOODWILL	5,000
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
JA OF CHISHOLM TRAIL, INC	N/A	PUBLIC	GOODWILL	50,000
JUBILEE THEATER	N/A	PUBLIC	GOODWILL	10,000
JUNIOR ACHIEVEMENT OF BERKS COUNTY, INC	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
KINGS RIDGE CHRISTIAN SCHOOL INC	N/A	PUBLIC	GOODWILL	5,000
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
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

THE ALCON FOUNDATION INC.  
EIN# 20-0166600  
FOR THE YEAR ENDED 12/31/2013

NATIONAL MERIT SCHOLARSHIP PROGRAM	N/A	PUBLIC	GOODWILL	382
NATIONAL MERIT SCHOLARSHIP PROGRAM	N/A	PUBLIC	GOODWILL	17,885
NATIONAL SOCIETY TO PREVENTION OF BLINDNESS/PREVENT BLINDNESS AMERIC	N/A	PUBLIC	GOODWILL	50,000
NC STATE UNIVERSITY STUDENT AID ASSOCIATION	N/A	PUBLIC	GOODWILL	1,800
NEW YORK EYE & EAR INFIRMARY	N/A	PUBLIC	GOODWILL	10,000
NEW YORK EYE & EAR INFIRMARY	N/A	PUBLIC	GOODWILL	10,000
NEW YORK EYE & EAR INFIRMARY	N/A	PUBLIC	GOODWILL	10,000
NORTH AMERICA IAPB INC	N/A	PUBLIC	GOODWILL	100,000
NORTHWEST ASSISTANCE MINISTRIES - NAM	N/A	PUBLIC	GOODWILL	5,000
ONEOC	N/A	PUBLIC	GOODWILL	10,000
OPHTHALMIC WOMEN LEADERS	N/A	PUBLIC	GOODWILL	10,000
OPTOMETRY GIVING SIGHT	N/A	PUBLIC	GOODWILL	10,000
ORANGE COUNTY MUSEUM OF ART	N/A	PUBLIC	GOODWILL	10,000
ORANGE COUNTY'S UNITED WAY	N/A	PUBLIC	GOODWILL	104,072
ORANGE COUNTY'S UNITED WAY	N/A	PUBLIC	GOODWILL	75,487
ORBIS INTERNATIONAL	N/A	PUBLIC	GOODWILL	600,000
ORBIS INTERNATIONAL	N/A	PUBLIC	GOODWILL	360,000
PARENTING CENTER	N/A	PUBLIC	GOODWILL	2,500
PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY	N/A	PUBLIC	GOODWILL	10,000
PREVENT BLINDNESS GEORGIA	N/A	PUBLIC	GOODWILL	75,000
PREVENT BLINDNESS GEORGIA	N/A	PUBLIC	GOODWILL	1,000
PREVENT BLINDNESS TEXAS	N/A	PUBLIC	GOODWILL	15,000
REAL SCHOOL GARDENS	N/A	PUBLIC	GOODWILL	10,000
SENIOR CITIZEN SERVICES OF GREATER TARRANT COUNTY, INC	N/A	PUBLIC	GOODWILL	10,000
SERVE THE PEOPLE	N/A	PUBLIC	GOODWILL	9,750
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 COUNTY ASSOCIATION FOR THE BLIND	N/A	PUBLIC	GOODWILL	10,000
TEXAS CHRISTIAN UNIVERSITY	N/A	PUBLIC	GOODWILL	25,000
TEXAS WESLEYAN UNIVERSITY (TWU)	N/A	PUBLIC	GOODWILL	10,000
THE HOPE CENTER	N/A	PUBLIC	GOODWILL	3,500
THE LAGUNA PLAYHOUSE	N/A	PUBLIC	GOODWILL	5,000
THEATRE ARLINGTON	N/A	PUBLIC	GOODWILL	5,000
TRINITY HABITAT FOR HUMANITY	N/A	PUBLIC	GOODWILL	50,000
UNITED COMMUNITY CENTERS, INC	N/A	PUBLIC	GOODWILL	1,000
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	26,610
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	22,368
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	22,844
UNITED WAY OF BERKS COUNTY	N/A	PUBLIC	GOODWILL	27,524
UNITED WAY OF METROPOLITAN ATLANTA INC	N/A	PUBLIC	GOODWILL	5,792
UNITED WAY OF METROPOLITAN ATLANTA INC	N/A	PUBLIC	GOODWILL	7,273
UNITED WAY OF METROPOLITAN ATLANTA INC	N/A	PUBLIC	GOODWILL	9,122
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	283,309
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	107,010
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	287,621
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PUBLIC	GOODWILL	328,675
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	10,999
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	6,101
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	9,699
UNITED WAY OF THE RIVER CITIES, INC	N/A	PUBLIC	GOODWILL	11,087
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	14,612
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	3,537
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	8,363
UNITED WAY OF THE TEXAS GULF COAST	N/A	PUBLIC	GOODWILL	9,857
UNIVERSITY OF HOUSTON - COLLEGE OF OPTOMETRY	N/A	PUBLIC	GOODWILL	100,000
UTMB-UNIV OF TEXAS FOUNDATION	N/A	PUBLIC	GOODWILL	25,000
VAN CLIBURN FOUNDATION	N/A	PUBLIC	GOODWILL	10,000
VAN CLIBURN FOUNDATION	N/A	PUBLIC	GOODWILL	10,000
WHAT ABOUT REMEMBERING ME CENTER INC	N/A	PUBLIC	GOODWILL	10,000
WILLS EYE INSTITUTE	N/A	PUBLIC	GOODWILL	75,660
YMCA OF METROPOLITAN FORT WORTH	N/A	PUBLIC	GOODWILL	10,000
				5,097,287

THE ALCON FOUNDATION INC  
EIN 20-0166600  
FOR THE YEAR ENDED 12/31/2013

Page 11, Part XV, Line 3 (b) - Contributions Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Texas Christian University	N/A	Public	Goodwill	\$25,000 00
ESSILOR VISION FOUNDATION	N/A	Public	Goodwill	\$500,000 00
University of Houston - College of Optometry	N/A	Public	Goodwill	\$50,000 00
Project ORBIS International, Inc	N/A	Public	Goodwill	\$360,000 00
International Council of Ophthalmology Foundation	N/A	Public	Goodwill	\$100,000 00
Foundation Fighting Blindness	N/A	Public	Goodwill	\$50,000 00
Georgia Lions Lighthouse	N/A	Public	Goodwill	\$25,000 00
North America IAPB	N/A	Public	Goodwill	\$100,000 00
Lone Star Film Association	N/A	Public	Goodwill	\$10,000 00
Medical Ministry International	N/A	Public	Goodwill	\$60,000 00
Project ORBIS International, Inc	N/A	Public	Goodwill	\$450,000 00
Prevent Blindness America	N/A	Public	Goodwill	\$50,000 00
Prevent Blindness Georgia	N/A	Public	Goodwill	\$75,000 00
Prevent Blindness Texas	N/A	Public	Goodwill	\$40,000 00
University of Texas Medical Branch	N/A	Public	Goodwill	\$25,000 00
VisionSpring	N/A	Public	Goodwill	\$75,000 00
International Eye Foundation	N/A	Public	Goodwill	\$50,000 00
Marshall B Ketchum University	N/A	Public	Goodwill	\$10,000 00
Special Olympics	N/A	Public	Goodwill	\$10,000 00
American Glaucoma Society	N/A	Public	Goodwill	\$80,000 00
Glaucoma Research Foundation	N/A	Public	Goodwill	\$100,000 00
The Glaucoma Foundation	N/A	Public	Goodwill	\$100,000 00
AAO-HNSF	N/A	Public	Goodwill	\$11,000 00
ARVO Foundation	N/A	Public	Goodwill	\$15,000 00
Center for Eye Research and Education	N/A	Public	Goodwill	\$20,000 00
Massachusetts Eye & Ear	N/A	Public	Goodwill	\$30,000 00
Wills Eye Institute	N/A	Public	Goodwill	\$30,000 00
Habitat for Humanity	N/A	Public	Goodwill	\$50,000 00
Junior Achievement	N/A	Public	Goodwill	\$25,000 00
Fort Worth Chamber of Commerce	N/A	Public	Goodwill	\$37,500 00
National Merit Scholarship Program	N/A	Public	Goodwill	\$18,000 00
Foundation of the American Academy of Ophthalmology	N/A	Public	Goodwill	\$50,000 00
Direct Relief	N/A	Public	Goodwill	\$10,000 00
				\$2,621,500 00

**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](http://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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 13 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 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 <b>Balance due.</b> 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).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Enter filer's identifying number, 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-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 ► 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
- 4 I request an additional 3-month extension of time until 11/17, 20 14
- 5 For calendar year 2013, or other tax year beginning , 20 , and ending , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 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 Forms 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 <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

**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 ► *Indira C. Thilak* Title ► Tax Preparer Date ► 8/5/14