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**Return of Private Foundation**

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

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▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**2014****Open to Public Inspection****For calendar year 2014 or tax year beginning** , 2014, and ending , 20

Name of foundation <b>BOEHRINGER INGELHEIM CARES FOUNDATION, INC.</b>		A Employer identification number <b>31-1810072</b>						
Number and street (or P O box number if mail is not delivered to street address) <b>900 RIDGEBURY ROAD</b>		B Telephone number (see instructions) <b>(203) 791-6731</b>						
City or town, state or province, country, and ZIP or foreign postal code <b>RIDGEFIELD, CT 06877</b>		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table border="1" style="display: inline-table; vertical-align: top;"> <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 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 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 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>33,996,990.</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 type="checkbox"/> Cash <input checked="" 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)	153,436,489.			
	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	616,601.	616,601.		ATCH 1
	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)					
12 Total. Add lines 1 through 11	154,053,090.	616,601.			
<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				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) ATCH 2	19,500.			19,500.
	c Other professional fees (attach schedule) [3]	52,183.			52,183.
	17 Interest				
	18 Taxes (attach schedule) (see instructions) [4]	6,166.			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	34,560.			
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) ATCH 5	3,217,565.			3,217,565.
	24 Total operating and administrative expenses. Add lines 13 through 23.	3,329,974.			3,289,248.
	25 Contributions, gifts, grants paid	147,303,795.			812,500.
26 Total expenses and disbursements. Add lines 24 and 25	150,633,769.	0	0	4,101,748.	
27 Subtract line 26 from line 12	3,419,321.				
a Excess of revenue over expenses and disbursements		616,601.			
b Net investment income (if negative, enter -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 . . . . .	1,844,800.	1,926,871.	1,926,871.
	2	Savings and temporary cash investments . . . . .	2,173.	2,173.	2,173.
	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 . . . . .	6,687,739.	9,024,742.	9,024,742.
	9	Prepaid expenses and deferred charges . . . . .	2,422.	25,858.	25,858.
	10 a	Investments - U S and state government obligations (attach schedule) . .			
	b	Investments - corporate stock (attach schedule) ATCH 6 . . . .	1,795,445.	1,850,994.	3,145,546.
	c	Investments - corporate bonds (attach schedule) ATCH 7 . . . .	19,630,889.	20,191,941.	19,871,800.
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans . . . . .			
	13	Investments - other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶) . . . . .				
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	29,963,468.	33,022,579.	33,996,990.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	360,210.		
	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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	360,210.	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here, ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	29,603,258.	33,022,579.	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> <b>check here and complete lines 27 through 31.</b>				
	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	<b>Total net assets or fund balances</b> (see instructions) . . . . .	29,603,258.	33,022,579.	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	29,963,468.	33,022,579.	

**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	29,603,258.
2	Enter amount from Part I, line 27a . . . . .	2	3,419,321.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3 . . . . .	4	33,022,579.
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . .	6	33,022,579.

**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) 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)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div>           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div> </div>		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>           If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in            Part I, line 8         </div> </div>		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))
2013	7,104,593.		
2012	6,490,541.		
2011	6,297,938.		
2010	4,501,881.		
2009	4,537,619.		
2 Total of line 1, column (d)			2 0
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
4 Enter the net value of noncharitable-use assets for 2014 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 6,166.
7 Add lines 5 and 6			7 6,166.
8 Enter qualifying distributions from Part XII, line 4			8 4,101,748.

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 . . . . .		1	6,166.
Date of ruling or determination letter <u>03/28/2002</u> (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 . . . . .			
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	6,166.
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	6,166.
6 Credits/Payments			
a 2014 estimated tax payments and 2013 overpayment credited to 2014 . . . . .	6a 7,222.		
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	7,222.
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	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .		10	1,056.
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input checked="" type="checkbox"/> 1,056. 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 checked="" type="checkbox"/> \$ (2) On foundation managers <input checked="" type="checkbox"/> \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" 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 checked="" type="checkbox"/> CT, . . . . .		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation <u>ATCH 8</u> . . . . .		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 2014 or the taxable year beginning in 2014 (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

**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? Website address <b>HTTP://US.BOEHRINGER-INGELHEIM.COM/</b>	13	X	
14	The books are in care of <b>MICHELLE POTPAN</b> Telephone no <b>203-791-6731</b> Located at <b>900 RIDGEBURY ROAD RIDGEFIELD, CT</b> ZIP+4 <b>06877</b>			
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 <b>15</b>			
16	At any time during calendar year 2014, 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 FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country <b>16</b>	Yes	No	

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>2a</b>		
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 <b>2c</b>		
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 2014 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 2014.)	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 2014?	4b	X

**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 4945(d)(4)(A)? (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)? ☐ **5b** ☒ X  
Organizations 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? ☐ **6b** ☒ X  
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? ☐ **7b** ☒ X

**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 9		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. ☐

**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 . . . . . ▶	

Form 990-PF (2014)



**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	
d	<b>Total</b> (add lines 1a, b, and c)	1d	0
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	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	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)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5	2a	
b	Income tax for 2014 (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	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	

**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	4,101,748.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,101,748.
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	6,166.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	4,095,582.

**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 (2014)

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

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7 . . . . .				
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only . . . . .				
<b>b</b> Total for prior years 20 <u>12</u> , 20 <u>11</u> , 20 <u>10</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009 . . . . .				
<b>b</b> From 2010 . . . . .				
<b>c</b> From 2011 . . . . .				
<b>d</b> From 2012 . . . . .				
<b>e</b> From 2013 . . . . .				
<b>f</b> Total of lines 3a through e . . . . .				
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ . . . . .				
<b>a</b> Applied to 2013, 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 2014 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2014 . . . . . (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 . . . . .				
<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 2013 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a . . . . .		0		
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010 . . . . .				
<b>b</b> Excess from 2011 . . . . .				
<b>c</b> Excess from 2012 . . . . .				
<b>d</b> Excess from 2013 . . . . .				
<b>e</b> Excess from 2014 . . . . .				

Form **990-PF** (2014)

**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 2014, enter the date of the ruling . . . . . **03/28/2002**

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	4,101,748.	7,109,361.	6,497,731.	6,301,763.	24,010,603.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	4,101,748.	7,109,361.	6,497,731.	6,301,763.	24,010,603.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .	33,996,990.	30,640,335.	35,238,174.	25,384,492.	125,259,991.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> 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) )

NONE

**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

NONE

**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 10

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

ATCH 11

**c** Any submission deadlines

BI-ANNUALLY, APRIL 1ST, OCTOBER 1ST

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

SEE ATTACHED POLICIES FOR FINANCIAL CONTRIBUTIONS FROM BI CARES

**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
<b>a</b> <i>Paid during the year</i> SEE ATTACHMENT 12				147,303,795.
<b>Total</b> .....			▶ <b>3a</b>	147,303,795.
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> .....			▶ <b>3b</b>	

## Enter gross amounts unless otherwise indicated

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

JSA  
4E1492 1 000



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

OMB No 1545-0047

**2014**

▶ 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**

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

**Employer identification number**

31-1810072

**Organization type (check one)****Filers of:**

Form 990 or 990-EZ

**Section:**☐ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 **BOEHRINGER INGELHEIM CARES FOUNDATION, INC.**Employer identification number  
31-1810072**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	BOEHRINGER INGELHEIM PHARMACEUTICALS INC 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$ 141,543,140.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	ROXANE LABORATORIES, INC. 1809 WILSON ROAD COLUMBUS, OH 43228	\$ 7,319,718.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	BOEHRINGER INGELHEIM USA CORPORATION 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$ 4,573,631.	Person <input 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)



31-1810072

(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>  1  </u>	PREScription PHARMACEUTICAL PRODUCTS ----- FIXED ASSETS ----- DONATED FACILITY ----- -----	\$ _____ 141,543,140.	<u>Various</u>
(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>  2  </u>	PREScription PHARMACEUTICAL PRODUCTS ----- ----- ----- -----	\$ _____ 7,319,718.	<u>Various</u>
(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>      </u>	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>      </u>	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>      </u>	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>      </u>	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>      </u>	----- ----- ----- -----	\$ -----	-----

Name of organization **BOEHRINGER INGELHEIM CARES FOUNDATION, INC.**Employer identification number  
**31-1810072**

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
	----- ----- -----		----- ----- -----

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INVESTMENT INCOME	616,601.	616,601.
TOTAL	<u>616,601.</u>	<u>616,601.</u>

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING AND AUDIT EXPENSE	19,500.			19,500.
TOTALS	<u>19,500.</u>			<u>19,500.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
OTHER PROFESSIONAL FEES	52,183.	52,183.
TOTALS	<u>52,183.</u>	<u>52,183.</u>

ATTACHMENT 4FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
TAXES PAID	6,166.
TOTALS	<u>6,166.</u>

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
MEMBERSHIP DUES	17,700.
MISCELLANEOUS	1,713.
PATIENT ASSIST. PROGRAM FEES	3,198,152.
TOTALS	<u>3,217,565.</u>

<u>CHARITABLE PURPOSES</u>
17,700.
1,713.
3,198,152.
<u>3,217,565.</u>

ATTACHMENT 6FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SCHWAB S & P 500 INDEX FUND	1,795,445.	1,850,994.	3,145,546.
TOTALS	<u>1,795,445.</u>	<u>1,850,994.</u>	<u>3,145,546.</u>



ATTACHMENT 7FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PIMCO TOTAL RETURN FUND	8,715,624.	9,092,287.	8,993,785.
VANGUARD SHORT TERM BOND	8,833,146.	8,944,127.	8,948,957.
PIMCO REAL RETURN FUND	2,082,119.	2,155,527.	1,929,058.
TOTALS	<u>19,630,889.</u>	<u>20,191,941.</u>	<u>19,871,800.</u>

ATTACHMENT 8

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

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

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 9

<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>
PAUL FONTEYNE 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	CHAIRMAN/DIRECTOR 1.00	0	0	0
LILLY ACKLEY 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	PRESIDENT 5.00	0	0	0
FRANK A. POMER, ESQ. 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	VICE PRESIDENT 1.00	0	0	0
MICHELLE POTPAN 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	TREASURER 5.00	0	0	0
EVERETT L. HOEKSTRA 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	DIRECTOR 1.00	0	0	0
TINA BEAMON, ESQ. 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	SECRETARY 4.00	0	0	0
GRAND TOTALS		0	0	0

ATTACHMENT 10

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

ANN WAINRIGHT  
900 RIDGEBURY ROAD  
RIDGEFIELD, CT 06877

ATTACHMENT 11

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

GRANT APPLICATION TO BE COMPLETED ONLINE AT:  
[HTTP://BICARES.ENVISIONPHARMA.COM/VT\\_BI\\_CD](http://BICARES.ENVISIONPHARMA.COM/VT_BI_CD)

**Boehringer Ingelheim Cares Foundation, Inc.**  
**Transaction Detail By Account**  
 January through December 2014

2014 BI Cares Foundation, Inc

**Cash Contributions**

Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zip
reSET (Social Enterprise Trust)	25,000 00	Support for Programs	20 Waterside Drive		Farmington	CT	06032
National Children's Cancer Society	4,000 00	Support for Transportation Assistance Fund	1 South Memorial Drive		St Louis	MO	63102
Ronald McDonald House of CT	2,000 00	Support for Programs	501 George Street		New Haven	CT	06511
CT Foundation for Dental Outreach	7,500 00	Support for Programs	835 West Queen Street		Southington	CT	06489
Anni's Place, The Home of I Can	25,000 00	Support for Client Services Program	80 Mill Plain Road		Danbury	CT	06810
DSABC	1,000 00	School Based Mentoring Program	63 Beaver Brook Road		Danbury	CT	06810-6211
Norma F Phern Breast Care Center	35,000 00	Support Medically Underserved	111 Beach Road		Fairfield	CT	06824
AmenCares Free Clinics	220,000 00	Support for Danbury Clinic	88 Hamilton Avenue		Stamford	CT	06902
Connecticut Institute for Communities Inc	10,000 00	Support for Children Medical Services	7 Old Sherman Turnpike		Danbury	CT	06810
AmenCares International	80,000 00	Support for Programs	88 Hamilton Avenue		Stamford	CT	06902
Direct Relief International	50,000 00	Support for Programs	27 S La Palera Lane		Santa Barbara	CA	93117
MAP International	55,000 00	Support for Programs	2200 Glynco Parkway		Brunswick	GA	31521-5000
Avielle Foundation	25,000 00	Support Neuroscience Research	PO Box 686		Newtown	CT	06470
Connecticut Invention Convention	15,000 00	Support STEM Programs	P O Box 230311		Hartford	CT	06123-0311
Regional Hospice & Home Care Western CT	25,000 00	Support for Pediatric Special Patient Fund	405 Main Street		Danbury	CT	06810
St Vincent's Medical Center Foundation	10,000 00	Support for Dispensary	2800 Main Street		Bridgeport	CT	06606
Visiting Nurse & Health Services of CT	2,000 00	Support for Telehealth Program	8 Keynote Drive		Vernon	CT	06066
Stepping Stones Museum for Children	2,500 00	Support for Stepping Stones Open Arms Initiative	Mathews Park		Norwalk	CT	06850
Hillside Food Outreach	2,000 00	Support for "Diabetes Healthy Household"	39 Old Ridgebury Road		Danbury	CT	06810
Golden Opportunity Networks, Inc	2,000 00	Support for Programs	One Riverside Road		Sandy Hook	CT	06482
CT Sports Foundation Against Cancer	2,000 00	Support for Programs	455 Boston Post Road, Suite 203B		Old Saybrook	CT	06475
Connecticut Pre-Engineering Program	75,000 00	Support for CPEP Ventures	211 South Main Street		Middletown	CT	06457
Healthy Eyes Alliance (HEA)	5,000 00	Vision Screenings for Children	101 Whitney Avenue		New Haven	CT	06510
Junior Achievement of Western CT, Inc	10,000 00	Support for education - Local STEM	835 Main Street		Bridgeport	CT	06604
Malta House of Cares, Inc	50,000 00	Support for Medical Costs of uninsured	19 Woodland Street		Hartford	CT	06105
Connecticut Science Center, Inc	45,000 00	Support for Genomics Youth Development Program	250 Columbus Blvd		Hartford	CT	06103
Ridgefield Playhouse	2,500 00	Support for under-served children - Science Show	80 East Ridge Road		Ridgefield	CT	06877
CT American Veterans Service Foundation	5,000 00	Support for Our Veterans	Armets Dept of CT		Hartford	CT	06141-0537
Common Ground Communities DBA Comm Sol	20,000 00	Support for Preventative Healthcare	125 Maiden Lane, Suite 16C		New York	NY	10038
	812,500 00						

**Inventory Contributions**


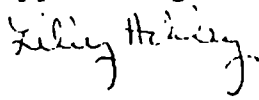
Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zip
Express Scripts, Inc SDS	128,401,120 18	Pharmaceutical Products donated for Patient Assistance Program	21162 Network Place		Chicago	IL	60673-1211
MAP International	1,789,419 09	Pharmaceutical Products donated	2200 Glynco Parkway		Brunswick	GA	31521-5000
Direct Relief International	11,830,200 10	Pharmaceutical Products donated	27 S La Palera Lane		Santa Barbara	CA	93117
AmenCares Warehouse	4,470,455 99	Pharmaceutical Products donated	88 Hamilton Avenue		Stamford	CT	06902
	146,491,195 36						

**Fixed Asset Donations**

Boehringer Ingelheim Cares Foundation, Inc.  
Transaction Detail By Account

January through December 2014

Source Name	Amount	Fixed Asset Donation Description	Street1	Street2	City	State	Zip
Delhi State University of New York	100 00	1- Midas III Slide Strainer	154 Farnsworth Hall		Delhi	NY	13753
	100 00						
	147,303,795.36						

 <b>Boehringer Ingelheim</b>	<b>Boehringer Ingelheim Cares Foundation, Inc.</b>  <b>POLICY</b>	
<b>Policy No. 1.03</b>	<b>Subject: Charitable Contributions and Donations</b>	<b>Sponsor: A. Wainright</b>
<b>Date: 11/8/12</b>	<b>Approval Signature:</b> 	<b>Page 1 of 6</b>

**A. INTRODUCTION AND PHILOSOPHY:**

Boehringer Ingelheim USA Corporation ("BIUSA") recognizes the community reputational value of the corporation's philanthropic activities, and the operational value of having these activities conducted through a separate, not-for-profit organization with charitable and philanthropic aims. The **Boehringer Ingelheim Cares Foundation, Inc.** ("BI Cares" or the "Foundation") was formed in 2001 with a mission to improve lives through financial contributions in support of mission-aligned charitable organizations and programs, through donation of **Boehringer Ingelheim's** U.S. products and company resources, through the provision of the Patient Assistance Program and through employees donating their time to strengthen our communities through the employee Volunteer Program. Financial contributions, product and resource donations, Pharmacy School Donations, the Patient Assistance Program and volunteerism are integral to achieving the Foundation's mission.

For purposes of BI Cares Policies and associated procedures:

"Financial Contributions" are defined as monetary support provided to Section 501(c)(3) organizations that are aligned with the Foundation's mission and are approved by the Foundation.


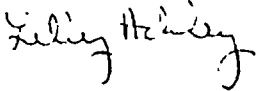
"Patient Assistance Program" is collectively the set of programs undertaken by BI Cares Foundation to provide certain identified free products and associated services to U.S. patients who meet program criteria.

"Product Donations" are defined as donations of any **Boehringer Ingelheim** prescription or OTC product to a product donation partner or NGO for the provision of care to patients in need as defined by each program's criteria or in support of disaster relief efforts and in keeping with BI Cares' philanthropic mission.

"Pharmacy School Donations" are defined as donations of small quantities of products to accredited Schools of Pharmacy for educational purposes only and not for administration to patients.

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“Resource Donations” are defined as any non-monetary and non-product donations of Boehringer Ingelheim resources (e.g. office supplies, furniture, equipment) to a 501(c)(3) organization that are aligned with the Foundation’s mission and approved by the Foundation.


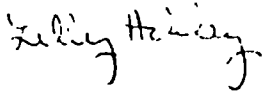
“Volunteer Program” is the program through which employees personally choose to donate their time and skills in collaboration with nonprofit organizations to strengthen our communities.

In order to meet the Foundation’s mission, protect its non-profit status and ensure compliance with IRS regulations for Section 501(c)(3) organizations, Foundation decisions are made independently of any decisions made by Boehringer Ingelheim Corporation (“BIC”), Boehringer Ingelheim USA Corporation (“BIUSA”) and/or their United States subsidiaries (BIUSA, BIC and their U.S. affiliates hereinafter collectively referred to as the “Boehringer Ingelheim Group”). This policy does not preclude any of the Boehringer Ingelheim Group from making grants, funding agreements, sponsorships or engaging into other philanthropic activities in strict accordance with their own policies, procedures and processes. BI Cares will not award any Financial Contribution or product or resource donation in which any benefits will be attributed to BI Cares or to Boehringer Ingelheim Corporation, Boehringer Ingelheim USA Corporation, or any Boehringer subsidiary or affiliated entity or any of their officers, directors or shareholders. BI Cares will also not engage in any acts of “self-dealing”, as defined in Internal Revenue Code Section 4941.

Further, funding from BI Cares will not be awarded to:

- Political groups, candidates for political office, or any organization attempting to influence legislation (lobbying)
- Sectarian and religious organizations that do not serve the general public on a non-denominational basis or other organizations or causes set forth in Procedure #0002.02

BI Cares will make no contributions or donations which are in any way in violation of the exempt purposes set forth in IRS Section 501(c)(3) regulations.

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#### **B. FINANCIAL CONTRIBUTIONS FROM THE FOUNDATION**

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

It is the policy of BI Cares that contributions shall be made in strict compliance with IRS regulations governing §501(c)(3) organizations, and the requirements for private Foundations under Internal Revenue Code §509(a). The Foundation requires that the charitable organization submitting an application is the same legal entity that will receive payment. Further, BI Cares reserves the right to monitor and review the use of funds contributed to any project or organizations.

For more information about the financial contribution process view BI Cares Procedure #2.02.


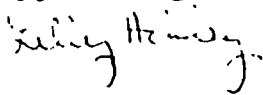
#### **C. PRODUCT DONATION PROGRAM FOR QUALIFIED NON-PROFIT ORGANIZATIONS**

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

View the BI Cares Product Donation Procedure #3.04 for details.

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

The Patient Assistance Program (BI-PAP) is a critical program in fulfilling the Foundation's mission to improve the lives of patients through philanthropic contributions and donations of our products and resources. Through the BI-PAP, BI Cares provides selected pharmaceutical products free of charge to qualified individuals. BI Cares employs a professional management company (Vendor) to This version of the policy is only in effect as of the date printed. For current version, see MyBI

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administer the BI-PAP in full compliance with all applicable legal and regulatory laws and regulations, including but not limited to FDA requirements, Federal Trade Commission and Prescription Drug Marketing Act (PDMA), OIG guidance, as well as state and federal patient privacy and fraud and abuse laws.


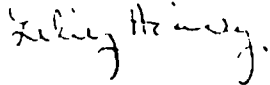
The BI-PAP serves eligible patients who have been prescribed pharmaceutical products that are manufactured and/or distributed by the Boehringer Ingelheim Group. Persons seeking assistance in the form of free prescription pharmaceutical products may apply to the BI-PAP for assistance. The application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

Products are made available to patients eligible for the BI-PAP based on objective program and financial criteria. The application must be completed in full in order to be considered for approval by the Vendor. If a patient is approved to participate in the BI-PAP, prescribed product will be dispensed to the patient through appropriate channels approved by the Foundation. Once accepted into the BI-PAP, the patient continues to receive the pharmaceutical support for as long as he/she continues to qualify for the program, but must reapply to the program each year. Program criteria are reviewed annually or more often to effectively respond to patient need.

All specific references to the identity of patients applying for and/or participating in the BI-PAP are maintained in strict confidence by the Vendor and are not disclosed to BI Cares or any other persons without the prior written consent of the patient.

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

The provision of high-quality health care requires the exchange of personal, often sensitive information between a patient and a skilled health care practitioner. Vital to that interaction is the patient's ability to trust that the information shared will be protected and kept confidential. This policy is designed to protect and enhance the rights of patients by providing them access to their health information. This version of the policy is only in effect as of the date printed. For current version, see MyBI

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and reducing the risk of inappropriate use of that information as envisioned by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HIPAA, on the federal level, as well as certain state laws have established standards protecting the confidentiality of personally identifiable health care information.

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


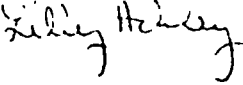
BI Cares, in most instances does not have access to protected health information ("PHI") as defined by HIPAA. However, in the unlikely event that BI Cares obtains access to such information, it is used for limited eligibility assessment/health care operations purposes contemplated by HIPAA. The Patient Authorization Form signed as part of the application packet will expressly authorize the limited and appropriate use of PHI by our vendor and BI in the processing of their application. The Patient Authorization Form must be a separate and fully self-contained document.

#### **F. PHARMACY SCHOOL DONATIONS**

In response to requests from accredited US Schools of Pharmacy, BI Cares Foundation may, for educational purposes, donate product for the purpose of educating Pharmacy Students. These Schools of Pharmacy must be qualifying public charities, have proper practices in place to avoid diversion of product or unintentional dispensing to patients. These donations are made free of any charges and are not for patient use.

#### **G. BOEHRINGER INGELHEIM CARES VOLUNTEERMATCH**

Boehringer Ingelheim's US volunteer program is an important component of our Foundation's ability to improve lives. Our goal is to be a positive presence using

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our resources and considerable talents and energies of our employees to strengthen our local communities. View the [Volunteerism Procedures](#) for details.

#### **H. DEFINITION OF ELIGIBILITY CRITERIAS:**

Each program under the auspices of BI Cares is run pursuant to the policies and procedures set forth by the Foundation as well as established program eligibility criteria. These criteria are the objectively established and identify eligible program beneficiaries, programs or activities that will be supported by BI Cares. All requests for charitable contributions, donated product and/or volunteerism efforts shall be evaluated against program eligibility criteria and shall not be tied directly or indirectly to the purchase or recommendation for purchase of any BI product.

For more information about BI Corporate Social Responsibility visit:  
[http://us.boehringer-ingelheim.com/our\\_responsibility.html](http://us.boehringer-ingelheim.com/our_responsibility.html)

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

#### **I. APPLICABILITY:**

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