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# Form 990-PF

## **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.

OMB No. 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning , 2016, and ending								, 20		
Name of foundation						A	Employer identifi	cation number		
BOEHRINGER INGELHEIM CARES FOUNDATION, INC.					L	31-181007	2			
	Numbe	er and street (or P O box number if mail is not delivere	d to str	eet a	ddress)		Room/suite	6	Telephone numb	er (see instructions)
							-			
<u>,</u> ~	900	RIDGEBURY ROAD				:		1	(203) 79	1-6731
$\langle \overline{\ }  $	City or	town, state or province, country, and ZIP or foreign po	stal co	de						
								٥ (	If exemption applica pending, check here	ition is
( <u>z</u>	RID	GEFIELD, CT 06877							P	
G	Che	ck all that apply Initial return			Initial return	of a former p	ublic charit	У	1. Foreign organizat	ions, check here >
٠.,		Final return			Amended re	turn		- 1	2. Foreign organiza	
		Address change			Name chang	e			85% test, check h computation	ere and attach
H	Che	eck type of organization $X$ Section 501	(c)(3	<u>)</u> ex	empt private f	oundation			If private foundation	n status was terminated
		ection 4947(a)(1) nonexempt charitable trust			ner taxable pr			┛¯	•	)(1)(A), check here .
ِ بِ	Fair	market value of all assets at JAcc	ountır	ng m	nethod C	ash <u>X</u> Acc	rual	F	If the foundation is	in a 60-month termination
7	\	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Other	(spe	ecify)			_	under section 507(b)	(1)(B), check here . >
				n (d)	must be on ca	sh basis )	<del></del>			
ŀ	art	Analysis of Revenue and Expenses (The	<b>∍</b> ] (	a) R	evenue and	(b) Net inve	etment	(c)	Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	-		enses per books	Incom		(0)	income	purposes
_	ī	column (a) (see instructions) )								(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule).		443	3,470,460	<del></del>				
	2	attach Sch B			<del> </del>					
	3	Interest on savings and temporary cash investments.			722 050	72	3,050.			ATCH 1
	4	Dividends and interest from securities			723,050	12	3,030.			AICH I
	5a	Gross rents					$\rightarrow$		<del></del>	
۵.	!	Net rental income or (loss)	+	- F	DEC.	FIVEU	<del>-                                    </del>			
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		}	TILO	less •	181			
		assets on line 6a	+-	$\dashv$	12 HAY	1 9 2017	1000			
Re	7	Capital gain net income (from Part IV, line 2) .			ISI MAY-	1 2 2011	1 <u>E1</u>		<del></del>	
	8	Net short-term capital gain			121	- 117	F			
	10 a	Gross sales less returns			TIGE	٧. ا				
	h	and allowances Less Cost of goods sold	1		1 10 2 22					
	L.	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
_	12_	Total. Add lines 1 through 11		444	,193,510.	72	3,050.			
	13	Compensation of officers, directors, trustees, etc			0.					
ses	14	Other employee salaries and wages	ļ						<u></u> -	
eñ	15	Pension plans, employee benefits	<u> </u>							ļ <u>-</u>
×	16 a	Legal fees (attach schedule)			12					
e	b	Accounting fees (attach schedule)ATCH 2 .			19,575.					19,575
ڲؚ	С	Other professional fees (attach schedule).[3]			296,286.					296,286
itra	17	Interest			8,400.					<del> </del>
ī	18	Taxes (attach schedule) (see instructions)[4].			0,400.					
Ξ	19	Depreciation (attach schedule) and depletion.			12,808.					<del> </del>
A	20	Occupancy			12,000.				· · · · · · · · · · · · · · · · · · ·	
힏	2,1	Travel, conferences, and meetings								<del> </del>
a	22	Printing and publications			,189,047.		<del></del>		<del></del>	4,189,047
Ę	14 15 16 a b c 17 18 19 20 21 22 23 24	Other expenses (attach schedule) $ATCH$ , $5$ . Total operating and administrative expenses		<u>·</u>	, 200, 00, 10					
ž	44	Add lines 13 through 23	J	4	,526,116.					4,504,908
ă	25	Contributions, gifts, grants paid	-	_	,534,490.					1,149,027
J	26	Total expenses and disbursements. Add lines 24 and 25	-	_	,060,606.		0.		0.	5,653,935
_	27	Subtract line 26 from line 12:	1						<del> </del>	
	a	Excess of revenue over expenses and disbursements		16	,132,904.					
	ь	Net investment income (if negative, enter -0-)				72	3,050.			
_		Adjusted net income (if negative, enter -0-)								
	or Pap 1 000	perwork Reduction Act Notice, see instruction	8.							Form 990-PF (2016)

Dort II		Attached schedules and amounts in the Beginning of year		End o	End of year		
نا	art II	balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value		(c) Fair Market Value	
	1	Cash - non-interest-beari	ng	3,247,956.	2,854,071.	2,854,071	
			cash investments	2,173.	2,184.	2,184	
		Accounts receivable ▶					
			otful accounts >				
		Pledges receivable ▶					
			otful accounts >				
	6	Receivables due from o	officers, directors, trustees, and other				
		disqualified persons (att	ach schedule) (see instructions)				
			eceivable (attach schedule)				
			otful accounts >				
য়			e	15,791,231.	13,427,824.	13,427,824	
ssets			eferred charges	2,500.	19,000.	19,000	
ğ		-	e government obligations (attach schedule).				
			stock (attach schedule) ATCH 6	1,948,989.	4,582,225.	6,223,012	
			bonds (attach schedule) ATCH 7	20,919,199.	37,009,000.	36,026,732	
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	<b>•</b>				
		• ,	loans				
			ch schedule)				
	14	Land, buildings, and	tion				
		(attach schedule) Other assets (describe		·		<del></del>	
			completed by all filers - see the			<del></del>	
			age 1, item I)	41,912,048.	57,894,304.	58,552,823	
_			ccrued expenses	432,168.	281,520.	<del></del>	
Ś							
Liabilities			rs, trustees, and other disqualified persons.	-			
٩			tes payable (attach schedule)				
Ë		* -	. ► )				
	23	Total liabilities (add line	s 17 through 22)	432,168.	281,520.		
ces			ow SFAS 117, check here .   X 4 through 26 and lines 30 and 31.				
ĭ	24	Unrestricted		41,479,880.	57,612,784.		
훘	25	Temporarily restricted .					
B	26	Permanently restricted .					
r Fun			not follow SFAS 117, plete lines 27 through 31.				
S	27	Capital stock, trust princ	apal, or current funds				
še	28	Paid-in or capital surplus, or	land, bldg, and equipment fund,				
\S	29	_	lated income, endowment, or other funds				
et/	30		balances (see instructions)	41,479,880.	57,612,784.		
ž	31	Total liabilities and	net assets/fund balances (see	41 010 040	55 004 004		
			<del></del>	41,912,048.	57,894,304.		
			nges in Net Assets or Fund Bala	<del></del>	<del> </del>		
1			alances at beginning of year - Part		- 1	41 470 000	
_			d on prior year's return)			41,479,880	
			line 27a		1 _ 1	16,132,904	
						57,612,784	
						57,012,784	
		reases not included in		, p. p	5	57,612,784	
6	Cota	rnet assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b)	), line 30   <b>6</b>	J/, U12, /04	

Page 3

	Gains and Losses for a) List and describe the kind(s) 2-story brick warehouse, or cor	of property sold (	e g , real estate,	(b) How acquired P - Purchase D - Donattor		(d) Date sold (mo , day, yr )
1 a				D - Darrado		
b						
С						
d					ļ	
е	<del></del>	<del></del>	<del></del>		<u> </u>	
(e) Gross sales pr	ce (f) Depreciation (or allows		(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>					<del></del>	
b					<del></del>	
<u>c</u>						
_d						
Complete only for	r aggette phousing gain up galum	a /h) and surged	hy the foundation on 12/21/60		<del></del>	
Complete only to	<del></del>		by the foundation on 12/31/69		Gains (Col (h) ga (k), but not less to	
(i) F M V as of 12/	31/69 (J) Adjusted as of 12/3		(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>					<del></del>	
b						
C						
d						
<u>e</u>				<del></del>		
Capital gain ne	income or (net capital loss)		ain, also enter in Part I, line 7	}   2		
	•	<b>(</b> 11 (10	oss), enter -0- in Part I, line 7	1-		
	capital gain or (loss) as defi		tructions) If (loss), enter -0- in			
	·			} 3		
			duced Tax on Net Investmen		. <del></del>	
	able for the section 4942 ta on does not qualify under se		outable amount of any year in the	e base perio	od?	Yes X N
			ar, see the instructions before m	akıng any e	ntries	
(a)		illi loi each ye	(c)	aking any ci	(d)	
Base period year Calendar year (or tax year be		distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2015	9" " " " " " " " " " " " " " " " " " "	,343,728.			(=) ==================================	·
2014		,095,582.				
2013	7,	,104,593.				
2012		,490,541.				
2011	6,	,297,938.				
				TT		
Total of line 1,	column (d)			. 2		0.
			de the total on line 2 by 5, or by			
number of year	s the foundation has been in	n existence if le	ss than 5 years	. 3		
Enter the net v	lue of noncharitable-use as	sets for 2016 f	rom Part X, line 5	. 4		
				1		
Multiply line 4	oy line 3			. 5		
						7 001
Enter 1% of ne	investment income (1% of I	Part I, line 27b)		. 6		7,231.
				\ _ \		7 221
' Add lines 5 and	6			. 7	<del> </del>	7,231.
				8	E	653,935.

	24 101			
	990-PF (2016) BOEHRINGER INGELHEIM CARES FOUNDATION, INC. 31-181 <b>TVI</b> Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in			age 4
		su uc	tions	
78	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter 03/28/2002 (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7.2	231.
	hère X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
٠	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		7,2	231.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		7,2	231.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 8,400.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		8,4	100.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,1	69.
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ 1,169. Refunded ▶ 11		-	
	t VII-A Statements Regarding Activities		<del> 1</del>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	40	Yes	No_
	participate or intervene in any political campaign?	1a		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	16		х
	Instructions for the definition)?			
	published or distributed by the foundation in connection with the activities  Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \$\\$	l		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
·	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5		
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		x	
-	conflict with the state law remain in the governing instrument?	7	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	'		
٥a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► CT,			
ь.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation	86		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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9	Х	L_
				ı

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Х

10

Par	rt 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		Yes	No
	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 ► HTTP://US.BOEHRINGER-INGELHEIM.COM/			
14	The books are in care of ▶ MICHELLE POTPAN Telephone no ▶ 203-791	-673	31	
	Located at ▶ 900 RIDGEBURY ROAD RIDGEFIELD, CT ZIP+4 ▶ 06877			T
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			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	<u></u>		
Par	t 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)	ļ	] ]	j
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	}		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		[	1
	(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)?			l
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	İ		-
	foundation agreed to make a grant to or to employ the official for a period after	ĺ		
	termination of government service, if terminating within 90 days)	<b>\</b>		}
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4 15		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ļ	ĺ	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		
	were not corrected before the first day of the tax year beginning in 2016?	- <del>''</del> -		<del>"</del>
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))  At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			i
а	6e, Part XIII) for tax year(s) beginning before 2016?			i
	If "Yes," list the years			!
ь	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			į
	all years listed, answer "No" and attach statement - see instructions )	2b		~X´
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	l		1
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 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			ļ i
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		_	ا . ا
	foundation had excess business holdings in 2016)	3b	L	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		X
	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 2016?	4b		<u> </u>

hours per week devoted to position plans and deferred compensation NONE

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other allowances

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Total. Add lines 1 through 3

01111	100-11 (2010)		- rage o
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn fol	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpòses		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances		
c	Fair market value of all other assets (see instructions).		
d	Total (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)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	<del></del>
4	Subtract line 2 from line 1d	┝┷┪	
4		4	
_	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
5 6		<del> </del>	0.
	Minimum investment return. Enter 5% of line 5		
rai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	idation	5
	and certain foreign organizations check here ▶ X and do not complete this part )	1	
1	Minimum investment return from Part X, line 6		
2 a	Tax on investment income for 2016 from Part VI, line 5	1	
b	Income tax for 2016 (This does not include the tax from Part VI) 2b	]	
С	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	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	[I	<del></del>
' a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,653,935.
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		
_		3a	
	Suitability test (prior IRS approval required)	H	
b) A	Cash distribution test (attach the required schedule)	3b	5,653,935.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,033,933.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	7 221
^	Enter 1% of Part I, line 27b (see instructions)	5	7,231. 5,646,704.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co	aiculat	ing whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

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Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
•	line 7				
,	Undistributed income, if any, as of the end of 2016				
	• • • • • • • • • • • • • • • • • • • •				
d L	Enter amount for 2015 only	<del></del>		<u> </u>	· <u> </u>
					<del></del>
	Excess distributions carryover, if any, to 2016				
	From 2011				
	From 2012				
	From 2013			,	
	From 2014				
	From 2015				
	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
	line 4 ▶ \$				
a	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2016 distributable amount				
6	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016.		<u></u>		
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	H			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		<del></del>		
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b	<del></del>			
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see				
	instructions				ļ. ————————————————————————————————————
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2017				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		1	1	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.	0.			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9.				
а	Excess from 2012		,		]
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
_е	Excess from 2016	<u> </u>		<u> </u>	5 000 PE (22.42)

Form	990-PF (2016)	BOEHRINGER	INGELHEIM CAR	ES FOUNDATION,	INC. 31-1	1810072 Page <b>10</b>
Pa	rt XIV Private Ope	erating Foundations (	see instructions and	d Part VII-A, questio	n 9)	
1 a	•	received a ruling or detegris effective for 2016, ente			ng .▶ 03/28/2002	
b	Check box to indicate v	whether the foundation is	a private operating fo	undation described in	section X 4942(j)(	(3) or 4942(J)(5)
2 2	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
4 a	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part	E 652 025	4 351 001	4 101 740	7 100 361	21 217 025
ď	XII, line 4 for each year listed .  Amounts included in line 2c not	5,653,935.	4,351,981.	4,101,748.	7,109,361.	21,217,025.
	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line	5,653,935.	4,351,981.	4,101,748.	7,109,361.	21,217,025.
3	2d from line 2c	3,033,333.	4,331,301.	4/101//401	7,7103,301.	21/21//020
	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets	58,552,823.	42,072,716.	33,996,990.	30,640,335.	165,262,864.
	(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,		1			
	line 6 for each year listed	ļ				
С	"Support" alternative test - enter  (1) Total support other than					
	gross investment income (interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)), or royalties)					
	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				<del></del>	
Pa	· · · · · · · · · · · · · · · · · · ·	ntary Information (Co	mplete this part o	nly if the foundati	on had \$5.000 or	more in assets at
		uring the year - see in		,	· · · · · · · · · · · · · · · · · · ·	
		g Foundation Managers:				
а		the foundation who ha tax year (but only if they				ed by the foundation
	NONE					<del> </del>
b	-	the foundation who ov ship or other entity) of w		-		large portion of the
	NONE					
2	Information Regarding	g Contribution, Grant, G	ift, Loan, Scholarship	, etc., Programs:	<del></del>	
	unsolicited requests for	he foundation only ma or funds If the foundati plete items 2a, b, c, and c	on makes gifts, gran			
а	The name, address, a	nd telephone number or		e person to whom app	ications should be add	ressed
b	ATCH 9 The form in which appl	lications should be subm	nitted and information	and materials they s	hould include	
	ATCH 10			•		
	Any submission deadle	nes <sup>.</sup>	<del> </del>			
	·					
	ANNIIATTV Z	ODTI 10T				

ANNUALLY, APRIL 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

Page 11

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for h	-uture Payment				
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	Contibution				
3 Grants and Contributions Paid Durin Recipient Name and address (home or business) a Paid during the year SEE ATTACHMENT 11	any foundation manager or substantial contributor	status of recipient	contribution	423,534,490.			
Total			▶ 3a	423,534,490.			
b Approved for future payment	<del></del>						
Total			<b>▶</b> 3h				

Page 12

Part XVI-	A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
	. service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_		<del></del>				(CCC INICIACIONS)
				<del>                                     </del>		
			<del></del>	<del>                                     </del>	<del></del>	<del></del>
		<del></del>		<del> </del>		<del> </del>
				<del> </del>	<del></del>	<del> </del>
f		}		<u> </u>		
g Fees a	and contracts from government agencies					,
	ship dues and assessments					
	n savings and temporary cash investments •					
	s and interest from securities			14	723,050.	
	al income or (loss) from real estate.					
	financed property					
	ebt-financed property					
	income or (loss) from personal property		<u> </u>	<u> </u>	<u></u>	
7 Other inv	restment income					
8 Gain or (lo	oss) from sales of assets other than inventory					
9 Net incor	me or (loss) from special events		ļ <u>.</u>	ļ		<u> </u>
	ofit or (loss) from sales of inventory			<del> </del>		<del></del>
11 Other rev	venue a			<u> </u>		
b				<u> </u>		
c			<del> </del>	ļ	<del></del>	
d			ļ	<del> </del>		
e				<del> </del>	722 050	<del>                                     </del>
	Add columns (b), (d), and (e)			<u> </u>	723,050.	7.00
	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calc			• • • • •	13	723,030.
			seemplichment of E	rompt Bur	nococ	
Part XVI-						
Line No. ▼	Explain below how each activit accomplishment of the foundation					
4	DIVIDENDS AND INTERES	ST ARE E	EXCLUDED FROM UN	RELATED	BUSINESS	
	INCOME PURSUANT TO II					<del> </del>
	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
			<del> </del>			<del> </del>
						<del></del>
		<del></del>	<del></del>	<del></del>		
					<del> </del>	<del></del>
						. <del> </del>
	_ <del></del>	· <del>- · - · -</del> ·				<del></del>
					<del></del>	

Par	XVII	Information Re Exempt Organ		ansfers To	and Transac	tions a	nd Relation	ships With Non	chari	table	e
	ın sect	e organization direction 501(c) of the Corations?	-		-	_				Yes	No
		ers from the reportin	-							}	
		sh								<u> </u>	X
		er assets ransactions							1a(2)		
		es of assets to a no									X
		chases of assets fro								ļ	X
		ntal of facilities, equi								<del> </del>	X
		mbursement arrange ans or loan guarantee									X
		formance of service									X
		of facilities, equipm									X
d	If the a	answer to any of the of the goods, other on any transaction or	e above is "Ye assets, or serv sharing arran	es," complete ices given by gement, show	the following to the reporting for the reporting for the relations (d)	schedule oundation the value	Column (b)  If the found of the good	should always show dation received less s, other assets, or s	v the than ervice	fair m s rec	arket eived
(a) Li	ne no	(b) Amount involved	(c) Name of	nonchantable ex	empt organization			sfers, transactions, and sha	inng arra	ingeme	nts
		N/A				N/A					
						<del> </del>		<del> </del>			
						+					
						<del> </del>	·	·			
	$\neg \neg$					<del> </del>					
						ļ					
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						- <del> </del>					
			<del> </del>								
	-+		<del> </del>			<del> </del>					
	-+					+					
						<del> </del>					
	describ	foundation directly oped in section 501(c)	of the Code (d							es X	No
	ii res	" complete the follow (a) Name of organization		(b)	Type of organization			(c) Description of relation	ship		
				· · · · · · · · · · · · · · · · · · ·							
			<del></del>	<del></del>							
		<del></del>	<del></del>								
	correc	penalties of perjury, I declar, and complete Declaration of						to the best of my knowled	ge and	belief, it	is true,
Sign	M	ICHELLE POTPA	N	1 05/	10/2017	TRE	ASURER	May the IR			
Here	' ر د	nature of officer or trustee		Date		Title		with the p	reparer ns)? X	- T	No
	in	hinkliee-	A Potro					<u> </u>			
Date	— <del>—"}_</del> 1	Print/Type preparer's nai		Prepagers	signature	710	/ Date	1 Cueck [] " 1	PTIN		
Paid		GLENN J NANAV		THE	yunx	7 M	4 05/10/		P002		36
-	arer			ANAVATY	DAVENPORT,	LLP		Firm's EIN ▶ 06-1	4027	49	
Use	Only	(	3 SOUTH MA		SUITE 140	^	6470	Phone no 203/4	26-0	500	
		INE	WTOWN, C	<u> </u>			0470	1	m 99		(2016)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

# **Schedule of Contributors**

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

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Name of the organization		Employer identification number					
BOEHRINGER INGELHEIN	31-1810072						
Organization type (check one	)						
Filers of:	Section:						
Form 990 or 990-EZ 501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation					
	501(c)(3) taxable private foundation						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribor property) from any one contributor. Complete Parts I and II. See instruct						
Special Rules							
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contribution f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line s of the greater of ( <b>1)</b>					
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious, conal purposes, or for the prevention of cruelty to children or animals. Complete	haritable, scientific,					
contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, contributions exclusively for religious, charitable, etc., purposes, by more than \$1,000. If this box is checked, enter here the total contribution in exclusively religious, charitable, etc., purpose. Don't complete any of the set to this organization because it received nonexclusively religious, charitable more during the year	ut no such is that were received parts unless the e, etc , contributions					
<del>-</del>	isn't covered by the General Rule and/or the Special Rules doesn't file Sch						

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

**Employer identification number** 

Part I	Contributors (See instructions). Use duplicate copies of I	Part I if additional space is ne	eeded
(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	\$ 421,095,460.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BOEHRINGER INGELHEIM USA CORPORATION  900 RIDGEBURY ROAD  RIDGEFIELD, CT 06877	\$ 22,375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Part II	Noncash Property (See instructions). Use duplicate copies	s of Part II if additional space is nee	ded 
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PRESCRIPTION PHARMACEUTICAL PRODUCTS		
1	FIXED ASSETS		
	DONATED FACILITY	\$\$.	Various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(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
		\$	<del></del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<del></del>			
		\$	

Name of organization BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Employer identification number

	duplicate copies of Part III if addit	lional space is needed	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(h) Duynon of gift	(a) Has of wife	(d) Description of hour diff is hold
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, a	-	Relationship of transferor to transferee
No.	Transferee's name, address, a	-	Relationship of transferor to transferee  (d) Description of how gift is held
om		nd ZIP + 4	
om		nd ZIP + 4	

SECURITIES
FROM
INTEREST
AND
DIVIDENDS
I ⊢-
PART
990PF.
FORM

NET INVESTMENT INCOME	723,050.	723,050.
REVENUE AND EXPENSES PER BOOKS	723,050.	723,050.
		TOTAL
NESCRIPTION	INVESTMENT INCOME	

C	J
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2016 FORM 990-PF

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

FORM 990PF, PART I - ACCOUNTING FEES

REVENUE	EXPENSES	
NE VENOE	AND	
GINGMAG	REVENUE	

DESCRIPTION	EXPENSES PER BOOKS	INVE
ACCOUNTING AND AUDIT EXPENSE	19,575.	
TOTALS	19,575.	

CHARITABLE	19,575.	19,575.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
ro	75.	75.

31-1810072

- OTHER PROFESSIONAL FEES PART I FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

296,286.

CHARITABLE PURPOSES

296,286.

296,286.

TOTALS

OTHER PROFESSIONAL FEES

DESCRIPTION

296,286.

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

TAXES PAID

DESCRIPTION

8,400.

TOTALS

8,400.

31-1810072

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ATTACHMENT

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION
MEMBERSHIP DUES
MISCELLANEOUS
PATIENT ASSIST. PROGRAM FEES
ADJUSTMENT FOR DISCONT. INV.

1,970.

19,000

PER BOOKS

AND EXPENSES

REVENUE

3,104,980. 1,060,597. 2,500.

TOTALS

19,000. 1,970. 3,104,980. 1,060,597. 2,500.

CHARITABLE PURPOSES 4,189,047.

FORM 990PF, PART II - CORPORATE STODESCRIPTION  SCHWAB S & P 500 INDEX FUND
STOCK  BEGINNING BOOK VALUE  BOOK VALUE  1,948,989.  4,582,225.  6,223,012.
BEGINNING ENDING BOOK VALUE 1,948,989. 4,582,2
Oll

RONDS	י ר
CORPORATE	
1	
<u>'</u> ⊢⊢	
⊢	

ENDING <u>FMV</u>	16,395,325. 16,196,699. 3,434,708.	36,026,732.
ENDING BOOK VALUE	17,122,882. 16,243,804. 3,642,314.	37,009,000.
BEGINNING BOOK VALUE	9,679,439. 9,064,225. 2,175,535.	20,919,199.
DESCRIPTION	PIMCO TOTAL RETURN FUND VANGUARD SHORT TERM BOND PIMCO REAL RETURN FUND	TOTALS

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAUL FONTEYNE 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	CHAIRMAN/DIRECTOR .50	.0	.0	.0
LILLY ACKLEY 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	PRESIDENT (UNTIL 7/2016) 5.00	Ö	Ö	.0
FRANK A. POMER, ESQ. 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	VICE PRESIDENT 1.00	ō	·o	·o
MICHELLE POTPAN 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	TREASURER 5.00	.0	.0	.0
EVERETT L. HOEKSTRA 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	DIRECTOR .50	0	·o	·
ADAM PRICE 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	SECRETARY 4.00	o	.0	.0

ATTACHMENT 8

ATTACHMENT 8 (CONT'D)	EXPENSE ACCT AND OTHER ALLOWANCES	Ö	•0
ATTACHI	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		0
	COMPENSATION	ö	0.
FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT (SINCE 7/2016) 5.00	GRAND TOTALS
FORM 990PF, PART VIII - LI	NAME AND ADDRESS	KATE O'CONNOR 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	

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

ANN WAINRIGHT 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877

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

GRANT APPLICATION TO BE COMPLETED ONLINE AT: HTTP://BICARES.ENVISIONPHARMA.COM/VT\_BI\_CD

2016 Bl Cares Foundation, Inc

Cash Contributions		:	;	:	į	•	-
Source Name	Amount Furbose of Contribution	nemana	Street	Sireetz	CIR	State	d <sub>17</sub>
Western CT Health Network Foundation	35,000 00 Support for Programs		24 Hospital Avenue		Danbury	ct	06810
Network for Good	5,000 00 Contribution Cards		P O Box 65688		Washington	2	20035
CT Foundation for Dental Outreach	10,000 00 Support for Programs		835 West Queen Street		Southington	CT	06489
MAP International	60,000 00 Support for Programs		2200 Glynco Parkway		Brunswick	δ	31521-5000
DSABC	5,000 00 School based mentoring program		63 Beaver Brook Road		Danbury	5	06810
AmenCeres International	75,000 00 Support for Programs		88 Hamilton Avenue		Stamford	5	06902
Regional Hospice & Home Care Western CT	25,000 00 Special Patient Fund		405 Main Street		Danbury	5	06810
mSET (Social Enterprise Trust)	15,000 00 reSET Impact Accelerator		20 Waterside Dave		Farmington	다	06032
Direct Retief International	50,000 00 Support for Programs		27 S La Patera Lane		Santa Barbara	క	93117
AmenCares Free Clinics	220,000 00 Support for Clinic Services		88 Hamilton Avenue		Stamford	당	06902
Connecticut Pre-Engineering Program	75,000 00 Support for CPEP Ventures		211 South Main Street		Middletown	5	06457
CT Amencan Veterans Service Foundation	5,000 00 Support for Veterans		Amvets Dept of CT	P O Box 537	Hartford	5	06141-0537
Junior Achievement of Western CT, Inc	15,000 00 Support and Expand Programs		835 Main Street		Bndgeport	ದ	06604
Ridgefield Playhouse	5,000 00 Support for Underserved		80 East Ridge Road		Ridgefield	c	06877
Healthy Eyes Alliance (HEA)	10,500 00 Healthy Families Project		101 Whitney Avenue		New Haven	ct	06510
Scotty Fund	2,500 00 Support for Programs		P O Box 1080		Bethel	сţ	06801
Westchester Science and Engineering Fair	12,000 00 Support Student Science Research		4 Benjamin Green Lane		Mahopac	ž	10541
Matta House of Cares, Inc	50,000 00 Healthcare Services		19 Woodland Street		Hartford	cł	06105
Connecticut invention Convention	30,000 00 Support Program Expansion		P O Box 230311		Hartfor	ದ	06123-0311
Hillside Food Outreach	2,500 00 Expansion- Diabetes Clients		39 Old Ridgebury Road		Danbury	ct	06810
Trinity College	10,218 00 Dream Camp/Robtics		300 Summit Street		Hartford	ct	06106
Community Solutions International, Inc	50,000 00 Program Expansion		125 Maiden Lane, Suite 16C		New York	ž	10038
Fairfield University	20,000 00 Support Base Camp Program		1073 North Benson Road		Fairfield	cı	06824
Ann's Place, The Home of I Can	25,000 00 Health Equity Initiative		80 Mill Plain Road		Danbury	c	06810
Norma F Prinem Breast Care Center	45,000 00 Support for Programs/Services		111 Beach Road		Fairfield	겁	06824
Greater New Haven Chamber of Commerce	5,000 00 Expansion of Mentor Program		900 Chapel St 10th Floor		New Haven	сı	06510
United Way of Western Connecticut	15,000 00 Support for Volunteer Center		85 West Street		Danbury	ದ	06810
Connecticut Community Care, Inc.	9,750 00 Support for Seniors Website		43 Enterpnse Dnve		Bnstol	ದ	06010
Angel Flight of New England	5,000 00 Support Outreach program		492 Sutton Street		North Andover	MA	01845
Foundation for Hospital Art	713 79 Order #100000653		4238 Highborne Drive NE		Manetta	Ą	30066
Direct Relief International	7,500 00 Louisiana Flood relief		27 S La Patera Lane		Santa Barbara	CA	93117
AmenCares	5,000 00 Support for Hurncane Matthew		88 Hamilton Avenue		Stamford	占	06902
AmenCares Free Clinics	73,845 00 Health Coach		88 Hamilton Avenue		Stamford	c	06902
Malta House of Cares, Inc	149,500 00 Support for Health Coaches		19 Woodland Street		Hartford	ct	06105
Amencan Cancer Society, Inc	20,000 00 Support for Patient Navigation Program	am	38 Richards Avenue		Norwalk	겁	06854
	1,149,026 79						

Inventory Contributions							
Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zlp
Express Scripts, Inc. SDS	176,274,406 70 Phamac	176,274,406 70 Pharmaceutical Products donated for Patient Assistance Program 21162 Network Place	21162 Network Place		Chicago	7	60673-1211
MAP International	79,668,403 93 Pharmac	79,668,403 93 Pharmaceutical Products donated	4700 Glynco Parkway		Brunswick	δ	31525

CA 93117 CT 06902	State ZIP	MA 01003-9364	
Santa Barbara CA Stamford CT	City	Amherst	
	Street2		
27 S. La Patera Lane 88 Hamilton Avenue	Street1	240 Thatcher Road	
61,503,221 91 Pharmaceutical Products donated 104,895,784 51 Pharmaceutical Products donated 422,341,817 06	Fixed Asset Donation Description	iss Spectrometer	
61,503,221 91 Ph 104,895,784 51 Ph 422,341,817 06	Amount	43,645.00 Mass Spectrometer 43,645.00	423 534 488 85
Direct Relief International AmenCares Warehouse	Fixed Asset Donations Source Name	University of Massachusetts	

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#### 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 Carcs 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 Carcs 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), OlG 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 Bochringer 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 Bl 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 Bl 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 Bl product.

For more information about BI Corporate Social Responsibility visit: <a href="http://us.boehringer-ingelheim.com/our\_responsibilty.html">http://us.boehringer-ingelheim.com/our\_responsibilty.html</a>

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

#### I. APPLICABILITY:

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