Department of the Treasury

**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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

_		A <sup>S</sup>	gowronnesorr for mistr				peri to i dolle ilispection
		lendar year 2017 or tax year beginning of foundation		, 2017,	and ending	A Employer identi	fication number
						, ,	
THE ALCON FOUNDATION INC.  Number and street (or P O box number if mail is not delivered to street address)  Room/suite					20-016660	per (see instructions)	
N	umb	er and street (or PO box number if mail is not delivered	to street address) Room/suite		B relephone numi	ber (see instructions)	
		HEALTH PLAZA, BLDG 200 town, state or province, country, and ZIP or foreign po	etal codo	:		(862) 7	78-1644
			stal code			C If exemption applic	
_1	EAS	T HANOVER, NJ 07936				_	
G	Che	ck all that apply Initial return	Initial return	turn	ublic charity	D 1 Foreign organiza 2 Foreign organiza 85% test, check	ations meeting the
_	<u> </u>	Address change	Name chang		4571	computation .	▶ □
H <sub>-</sub>	_	eck type of organization $\begin{bmatrix} X \end{bmatrix}$ Section 501 Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		<sub>100</sub> 04		on status was terminated b)(1)(A), check here
1		market value of all assets at J Acco					s in a 60-month termination
		[]	ther (specify)			l l	b)(1)(B), check here
			column (d) must be on ca	ışh basıs )		-  '	
_		Analysis of Revenue and Expenses (The	<del></del>			•	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inve incom		(c) Adjusted net income	for charitable purposes (cash basis only)
$\top$	1	Contributions, gifts, grants, etc., received (attach schedule)	3,639,181.				
	2	attach Sch B					<del> </del>
	3 4	Interest on savings and temporary cash investments.  Dividends and interest from securities				•	
	•	Gross rents					1
22		Net rental income or (loss)					,
FEER EVENUE		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					1
χ <u>ω</u> Σ	7	assets on line 6a			0.		
Ř	, B	Net short-term capital gain					
#	9	Income modifications		- · ·			'
	10 a	Gross sales less returns and allowances			,	•	
SCAINIT		Less Cost of goods sold .					, , ,
		Gross profit or (loss) (attach schedule)					<u> </u>
2	11 12	Other income (attach schedule)	3,639,181.		0.		<u> </u>
<b>六</b> +		Total. Add lines 1 through 11	0.		-		
Ses	13 14 15	Other emproyee sateries and wages ()				· · · · · · · · · · · · · · · · · · ·	
٣.	16 a	Pension plans, employed benefits					
e E	b	Accounting fees (attach schedule)	15,473.				15,473
Administrative	C 17	Degal rees (attach streedile)  Accounting rees (attach schedule)  Other and rees (attach schedule). [1] Interest	15,4/3.				15,4/3
str	18	Taxes (attach saffedule) (see instructions)				<del></del>	
اچّا.	19	Depreciation (attach schedule) and depletion.					1
튱	20	Occupancy					
	21	Travel, conferences, and meetings					
<b>=</b> 1	22	Printing and publications					
	23	Other expenses (attach schedule) ATCH .2 .	2,308.				2,308
aţi	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	17,781.				17,781
ŏ	25	Contributions, gifts, grants paid	3,621,400.				3,621,400
_	26	Total expenses and disbursements Add lines 24 and 25	3,639,181.				3,639,181
:	27	Subtract line 26 from line 12		!			
		Excess of revenue over expenses and disbursements	0.				1
		Net investment income (if negative, enter -0-)		<u> </u>	0.		
	С	Adjusted net income (if negative, enter -0-)	<u></u>			<u> </u>	<u></u>

JSA For Paperwork Reduction Act Notice, see instructions.  $^{7E1410\ 1\ 000}$  0455EF 2231 11/7/2018 4:03:18 PM V 17-7.2F

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Part II	Balanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year	
rart II	Dalance Sneets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-beari	ing				
•	•	cash investments				
		Cash investments				
		btful accounts ▶		<del></del>	**************************************	
					i	
4	Pledges receivable ►					
	Less allowance for doub	btful accounts ▶		···		
5	Grants receivable					
6	Receivables due from	officers, directors, trustees, and other				
İ	disqualified persons (att	tach schedule) (see instructions)				
7	Other notes and loans r	eceivable (attach schedule)		·		
	Less allowance for doub	btful accounts ▶			`	
		e				
Ψì		eferred charges				
¥ 10a	• •	e government obligations (attach schedule).	·			
_ I		stock (attach schedule)				
1						
11°	Investments - land, buildings	e bonds (attach schedule)			, 1	
1	and equipment basis Less accumulated deprecia	·				
	(attach schedule)					
12	Investments - mortgage	loans				
13	Investments - other (atta	ach schedule)	•			
	Land, buildings, and equipment basis	<u> </u>		<del></del>		
1	equipment basis Less accumulated deprecia (attach schedule)	ation >				
15	Other assets (describe	ATCH 3	0.	0.	30,000	
		completed by all filers - see the				
		age 1, item I)		<b>( X</b> 0 .	30,000	
<del></del>		accrued expenses			•	
ı	• •	•			. 1	
	· ·					
ěl –						
<b>20</b>		ors, trustees, and other disqualified persons				
[21		otes payable (attach schedule)				
<b>-</b>   22	Other liabilities (describe	·			`	
			_	_		
23	Total liabilities (add line	es 17 through 22)	0.	0.		
	Foundations that follow	w SFAS 117, check here			-	
Net Assets of Fund Balances  10	and complete lines 24 t	through 26, and lines 30 and 31.				
E 24	Unrestricted				`	
75 25						
26						
2 - "		ot follow SFAS 117, check here ▶ X			· •	
김	and complete lines 27 t				. [	
اة اما	•					
2/		cipal, or current funds				
0 28 0 28	, , ,	r land, bldg, and equipment fund			,	
ທ 29 ≰		ulated income, endowment, or other funds	0.	0.		
30		i balances (see instructions)	0.		,	
ž 31	Total liabilities and	net assets/fund balances (see		_	"	
			0.	0.		
		nges in Net Assets or Fund Bala		·		
1 Tota	I net assets or fund b	palances at beginning of year - Part	II, column (a), line 30 (i	must agree with		
end-	of-year figure reporte	ed on prior year's return)		1	0	
	er amount from Part I,		0			
		ded in line 2 (itemize) ▶				
					0	
	reases not included in			5		
		alances at end of year (line 4 minus	line 5) - Part II column /		0	
<u>0 1018</u>	ıı ver assers ol ining D	alances at end of year time 4 minus	imie oj - raitii, columiii (i	o <sub>/</sub> , mic oo 0	Form 990-PF (2017)	

Part IV Capit	al Gains a	nd Losses for Tax on Inve	estment Income			
		tbe the kind(s) of property sold (for ex warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<u>1a                                     </u>						
b				, .		
<u> </u>		·				
d					···	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale					(h) Gain or (lo ((e) plus (f) min	
a						
b						
С					·	
d					·	·
e						
Complete only f	or assets sho	wing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	
(ı) FMV as of 12	/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a					<del></del>	
b				<del> </del>	-	
<u> </u>	-  -					
d						
е	<u> </u>	, If an	our also enter in Bort Line 7			
· -		(net capital loss) {	ain, also enter in Part I, line 7 bss), enter -0- in Part I, line 7	2		
		or (loss) as defined in sections				
~ .			structions If (loss), enter -0- in			
				3		
			duced Tax on Net Investment li e section 4940(a) tax on net investi			
	lable for the		outable amount of any year in the b	ase perio	d?	Yes X No
1 Enter the app	ropriate amo	unt in each column for each yea	ar, see the instructions before maki	ng any er	ntries	
(a)  Base period year  Calendar year (or tax year		(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by	
2016		5,256,244.	29,550.			7.876277
2015		5,874,309.	29,550.		19	8.792183
2014		4,411,762.	29,550.			9.298206
2013		5,128,872.	29,550.			3.565888
2012		6,398,990.	29,550.		21	6.547885
2 Total of line 1	, column (d)			2	91	6.080439
			e the total on line 2 by 5 0, or by			
			ıf less than 5 years	3	18	3.216088
4 Enter the net	value of none	charitable-use assets for 2017 f	rom Part X, line 5	4		29,550.
5 Multiply line 4	by line 3			5	5,	414,035.
6 Enter 1% of n	et investmer	it income (1% of Part I, line 27b)		6		
7 Add lines 5 ar	nd 6			7	5,	414,035.
8 Enter qualifyir	ng distribution	ns from Part XII, line 4		that par		639,181.
Part VI instruc		att. than the ri offer the box	s.r. of mis to, and somplete	<b>P</b> • 1		

		4
יחביי	ρ	4

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here			1	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.	
	here and enter 1% of Part I, line 27b			ı	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Deat I, line 12, col (b)		<b>-</b>	- <b>-</b>	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			0.	
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			0.	
6	Credits/Payments			1	
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			ì	
b	Exempt foreign organizations - tax withheld at source			,	
С	Tax paid with application for extension of time to file (Form 8868).			į	
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11				
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		Х	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	Instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			١.	
	published or distributed by the foundation in connection with the activities		-	,	
c	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ (2) On foundation managers ► \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			'	
	on foundation managers > \$		-		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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			v-¦	
	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			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
	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			ن	
	conflict with the state law remain in the governing instrument?	6	<del>v</del>		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions TX,			:	
b	if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			_ ;	
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	Х		
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"				
	complete Part XIV	9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		X	
		00	N-PF		

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
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		Х
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		Х
13		13	Х	
	Website address N/A			
14	The books are in care of ▶ MELISSA THOMPSON Telephone no ▶ 817-551	481	3	
	Located at ▶6201 SOUTH FREEWAY FORT WORTH, TX ZIP+4 ▶ 76134-24	99		
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	N/A		
16	At any time during calendar year 2017, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶ N/A	1		
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
12	During the year, did the foundation (either directly or indirectly)			
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	]		
	(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?X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ŀ
	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)			
Ь	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
				1
_	Organizations relying on a current notice regarding disaster assistance, check here			
С		1c		<u></u>
	were not corrected before the first day of the tax year beginning in 2017?			i
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))			ĺ
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is <b>not</b> 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			
		2b	$\overline{}$	
	all years listed, answer "No" and attach statement - see instructions)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	Polytic Control of the control of th			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	· · · · · · · · · · · · · · · · · · ·			
b	of f "Yes," did it have excess business holdings in 2017 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	2 h	NI / 2	
	foundation had excess business holdings in 2017)	3b	N/A	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<del>- 1</del>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	45		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	O DE	

Par	t VII-B 、	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the	e year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	Yes X No			:
		nce the outcome of any specific public ele						i
	direct	ly or indirectly, any voter registration drive?			Yes X No			
		de a grant to an individual for travel, study, or o				١,		i
		de a grant to an organization other than a						
		on 4945(d)(4)(A)? See instructions	_		T			i
		de for any purpose other than religious, ch						ł
		ses, or for the prevention of cruelty to children						į
b		swer is "Yes" to 5a(1)-(5), did any of the						
_		ns section 53 4945 or in a current notice regar				5b		
	-	ions relying on a current notice regarding disas	-					1
С	•	swer is "Yes" to question 5a(4), does the						i
·		t maintained expenditure responsibility for the		•				
		attach the statement required by Regulations se						1
62	-	foundation, during the year, receive any fun	* *	actly to nay premium	ne			1
6a		oundation, during the year, receive any fundational benefit contract?			Yes X No			1
b		undation, during the year, pay premiums, dire				6b		X
D		o 6b, file Form 8870	ctry or maneotry, on a	personal benefit contra		0.5		1
7-		ne during the tax year, was the foundation a page	arty to a prohibited tax	chalter transaction?	Yes X No	Ì		i
7a b		lid the foundation receive any proceeds or have				7b		:
		Information About Officers, Director					لــــــا	
		and Contractors				,,		
_1_	List all of	ficers, directors, trustees, foundation n	nanagers and their (b) Title, and average	(c) Compensation See	instructions. (d) Contributions to			
		(a) Name and address	hours per week	` (If not paid,	employee benefit plans	(e) Expense other all	se accou lowance	ınt, s
			devoted to position	`enter'-0-)	and deferred compensation			
ATC	H 4			0.				0.
						,		
2	Compens	ation of five highest-paid employees	(other than thos	e included on line	1 - see instruction	ns) If n	one (	enter
	"NONE."	ation of five highest-paid employees	(other than thos	c moraded on mic	, i - Jeu mandene	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J., ,	
			(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	se accou	ınt
(a)	Name and a	ddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all		
	· · · · · ·				compensation			
	NONE				İ			
	NONE							
-								
		<del></del>						
Total	number o	f other employees paid over \$50,000	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<u> ▶               </u>	Form <b>99</b>	DE	0.
						rom yy	v-77	(2017)

THE ALCON FOUNDATION INC.

Par	<ul> <li>Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)</li> </ul>	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes		
а	Average monthly fair market value of securities.	1a	
	Average of monthly cash balances	1b	
	Fair market value of all other assets (see instructions).	1c	30,000.
	Total (add lines 1a, b, and c)	1d	30,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and		<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	30,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
•	instructions)	4	450.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	29,550.
6	Minimum investment return. Enter 5% of line 5	6	1,478.
	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
	and certain foreign organizations, check here ▶ and do not complete this part )	14410114	
1	Minimum investment return from Part X, line 6	1	1,478.
2 a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI).	1	
	Add lines 2a and 2b , , , , ,	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,478.
4	Recoveries of amounts treated as qualifying distributions	<u> </u>	
5	Add lines 3 and 4	5	1,478.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
,		7	1,478.
	line 1	<del></del>	27270.
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	3,639,181.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required) , , , , , , , , , , , , , , , , , , ,	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,639,181.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		3,639,181.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co		er 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 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				1,478.
	Undistributed income, if any, as of the end of 2017			• •	
	Enter amount for 2016 only.				
	Total for pnor years 20 15 ,20 14 ,20 13				
	Excess distributions carryover, if any, to 2017				
	From 2012 6,397,512.				
	4 411 762				
	F 072 021				
	F 254 766				
	110/11/2010 11:11:	27,065,743.	:		
	Total of lines 3a through e	0.70007.20.			
4	line 4 > \$ 3,639,181.				
a	Applied to 2016, but not more than line 2a				
	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 2017 distributable amount				1,478.
e	Remaining amount distributed out of corpus	3,637,703.			
5	Excess distributions carryover applied to 2017				
	(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:	30,703,446.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	30,703,440.			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
·	income for which a notice of deficiency has				'
	been issued, or on which the section 4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b Taxable				
·	amount - see instructions				
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount - see instructions	<u> </u>			
f	Undistributed income for 2017 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2018				
7	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)				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	6,397,512.			
۵	Excess distributions carryover to 2018.				
3	Subtract lines 7 and 8 from line 6a	24,305,934.			
10	Analysis of line 9				
	Excess from 2013 5,128,872.				
b	Excess from 2014 4,411,762.				
c	Excess from 2015 5,872,831.			`	
	Excess from 2016 5, 254, 766.				
е	Excess from 2017 3,637,703.		· · · · · · · · · · · · · · · · · · ·		

Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABL
1 a	If the foundation has	•		· ·	- !	
	foundation, and the ruling	-	=			<del></del>
þ	Check box to indicate v		is a private operating		section 4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	T	(e) Total
	justed net income from Part I or the minimum investment	(a) 2017	(b) 2016	(c) 2015	(d) 2014	<del> </del>
	return from Part X for each					
	year listed		<del></del>			<del>                                     </del>
b	85% of line 2a					4
С	Qualifying distributions from Part XII, line 4 for each year listed	′				
đ	Amounts included in line 2c not					
	used directly for active conduct					,
e	of exempt activities			/		
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon			X		
а	"Assets" alternative test - enter		_			
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					
٠	"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)			•		
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					<u> </u>
Pa		ntary Information (Curing the year - see		only if the foundar	tion had \$5,000 o	or more in assets a
1	Information Regarding	<del></del>			<del>-</del>	
	List any managers of			e than 2% of the tota	al contributions recei	ived by the foundation
_	before the close of any					-
	ATCH 5					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corp	oration (or an equal	ly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	ınterest	
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ if t					
	unsolicited requests for			ints, etc., to individua	ls or organizations u	nder other conditions
	complete items 2a, b, on The name, address, a			o norcen to whom and	disations should be ad	draggad
а		na telephone number	or email address or tr	ie person to whom app	dications should be ad	aressea
h	ATCH 6 The form in which app	lications should be sul	mitted and information	on and materials they	should include	
	The form in willon app	noutions should be sul	James and morniane	and materiale trey	55414 HI01446	
	ATCH 7					
	Any submission deadli	nes	<u>.</u>			
_	,					
	THERE ARE NO	SUBMISSION DEA	ADLINES.			
d	Any restrictions or li			aphical areas, charita	able fields, kinds of	institutions, or other
	factors				•	
	ATCH 8					

THE ALCON FOUNDATION INC.

Page **11** 

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient Show any relationship to any foundation manager or substantial contributior Show and address (home or business)  Recipient Show any relationship to any foundation manager or substantial contributior Show and address (home or business)  Amount Amount								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	CONTIDUTION					
a Paid during the year								
ATCH 9								
		,						
		1						
•								
				/				
		ſ						
,								
		•						
Tatal		<u> </u>	N 20	3,621,400.				
h Approved for future payment	<u> </u>	<del>: : : : : :</del>		3,021,400.				
b Approved for future payment								
ATCH 10								
		1						
. =	<u> </u>	L	<u> </u>					
Total	<u> </u>			2,480,150.				
JSA				Form 990-PF (2017)				

JSA 7E1491 1 000

Page **12** 

Part XVI	A Analysis of Income-Prod	ucing Act	ivities			•
	amounts unless otherwise indicated		ated business income	Excluded by	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)
a N/						(See instructions)
e						
	and contrade from coverment conserve					
_	and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash investments -					
	ds and interest from securities					· · · · · · · · · · · · · · · · · · ·
	al income or (loss) from real estate		<del></del>		-	
	-financed property		***			
	I income or (loss) from personal property					
	· ·					
	vestment income					
•	· '					· · · · · · · · · · · · · · · · · · ·
	me or (loss) from special events rofit or (loss) from sales of inventory					
-	venue a					
_						
е ——						
12 Subtotal	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)				13	
	neet in line 13 instructions to verify calci	ulations)				
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activit	y for whicl	h income is reported ii	n column (e	e) of Part XVI-A contribe	uted importantly to the
▼	accomplishment of the foundation	n's exemp	t purposes (other than t	y providing	funds for such purpose	s) (See instructions)
	N/A					<del></del>
						<del> </del>
			· · · · · · · · · · · · · · · · · ·			
			<del></del>		<u></u>	
						· · · · · · · · · · · · · · · · · · ·
					·	
					·····	
		_			···	<del></del>
			<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del></del>
		-				
<del></del>						
	<del>',,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			<del></del>	<del></del>	<del></del>

JSA 7E1492 1 000

Form **990-PF** (2017)

PAGE 14

Form 99	10-PF			N FOUNDATION				20-0166			ge 13
Part :	ΧVII	Information R Exempt Organ		ansfers to and	Transaction	ons an	d Relationships	With Nonc	harii	able	
1 D	Did th	ne organization directiction 501(c) (other	ly or indirectly than section	engage in any of t 501(c)(3) organi	he following zations) or	with a	iny other organization tion 527, relating	n described to political		Yes	No
		izations?	_ #d_&!	b_astable a		·~atian a	.f				
		fers from the reportin	-						1a(1)		х
		ther assets							1a(2)		Х
•	•	transactions									
		ales of assets to a no							1b(1)		X
		urchases of assets fro							1b(2)		X
		ental of facilities, equi									X
		eimbursement arrange									X
		oans or loan guarantee erformance of service									Х
		errormance or service ng of facilities, equipr									Х
d If	the	answer to any of th	e above is "Ye	s." complete the	following sc	hedule.	Column (b) should	always show	the	fair m	arke
v	alue	of the goods, other	assets, or servi	ices given by the i	reporting for	undation	n. If the foundation	received less	than	fair m	arke
V	alue	in any transaction or	sharing arrang	gement, show in c	olumn (d) th	ne value	of the goods, othe	r assets, or s	ervice	s rec	aived
(a) Line	no.	(b) Amount involved	(c) Name of	noncharitable exempt or	ganization		escription of transfers, tran	sactions, and shar	ing ana	ngeme	nts
		N/A				N/A					
							<del></del>				
	_										
				. –							
		A									
			ļ								
d	lescr	foundation directly (bed in section 501(c)	(other than se							es X	] No
<u>b If</u>	"Ye	s," complete the follow		(b) Type of	organization	<del>-</del>	(c) Desc	ription of relations	hin		
		(a) Name of organization		(b) Type of	Ciganization		(5) 5000	inputati or retailer	, p		
		<del></del>									
				<del></del>			Na vi - dan dan mana				
	Und		ere that I have exam	med this return, including	accompanying so	hedules ar preparer ha	nd statements and to the bus any knowledge,	est of my knowledg	e and l	oelief it	is true
Sign	1	W. Samples Decimalion of		·				May the IRS	discus	s this	return
Here		- July	WW.	11-15-18			sident, Alcon Foundation	with the pro		- г	below?
	1 5	nnature of officer or inistee		Date		Title		See instruction	ıs. i ∧	IYesi	i No

Felicia R. Tucker

Form **990-PF** (2017)

P00505155

PTIN

212-758-9700

self-employed

Firm's EIN ▶13-5565207

**Paid** 

Preparer

**Use Only** 

NEW YORK, NY

Print/Type preparer's name

Firm's name

FELICIA R. TUCKER

► KPMG LLP

Firm's address ▶ 345 PARK AVENUE

Date 11-14-2018

10154-0102

# Schedule B

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

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization		Employer identification number			
THE ALCON FOUNDATION	INC.				
		20-0166600			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation			
527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion			
	501(c)(3) taxable private foundation				
	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See			
General Rule					
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions of the property of the second secon				
Special Rules					
regulations under sec 13, 16a, or 16b, and	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line s of the greater of (1)			
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that release year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or for the prevention of cruelty to children or animals. Comple	naritable, scientific,			
contributor, during the contributions totaled i during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of the to this organization because it received nonexclusively religious, charitable are during the year.	ut no such s that were received parts unless the e, etc., contributions			
990-EZ, or 990-PF), but it must	n't covered by the General Rule and/or the Special Rules doesn't file Scholanswer "No" on Part IV, line 2, of its Form 990, or check the box on line libertify that it doesn't meet the filing requirements of Schedule B (Form 990)	H of its Form 990-EZ or on its			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE ALCON FOUNDATION INC.

Employer identification number 20-0166600

Part 1	.Contributors (see instructions) Use duplicate copie	es of Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALCON LABORATORIES, INC. 6201 SOUTH FREEWAY FORT WORTH, TX 76134	\$ \$	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
	,	<b>\$</b>	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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE ALCON FOUNDATION INC.

Employer identification number

		20-0	166600
Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>		\$	

	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4			
Name of o	rganization THE ALCON FOUNDATION IN	NC.		Employer identification number			
- ·		4 11 41 4		20-0166600			
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of the second sec	the year from any o ons completing Part e year (Enter this info	ne contributor. One contributor. Only in the local of the contributor once Something in the contributor once Somethin in the contributor once Somethin in the contributor once Somethin in the contributor.	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No.				(d) December of how wife in held			
from Part I	(b) Purpose of gift	(c) Use o	or giπ	(d) Description of how gift is held			
		(a) Transfe	r of out				
	(e) Transfer of gıft						
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee			
			****				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	(ह) । विवासिकार ज पुनि						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(n) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift 	(d) Description of how gift is held			
				• • • • • • • • • • • • • • • • • • • •			
		(e) Transfe	r of gift				
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee			
				- · · ·			
		<del></del>					
		<del></del>					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
		(e) Transfe	r of gift				
`	Transferrate name address and	.d 7ID ± 4	Balatin	nghin of transferor to transferor			
	Transferee's name, address, an	U 217 7 4	Relation	nship of transferor to transferee			
				······································			
	•						

PART I - OTHER PROFESSIONAL FEES FORM 990PF, REVENUE

AND EXPENSES PER BOOKS

CHARITABLE PURPOSES

15,473.

15,473.

CONSULTING & PROFESSIONAL FEES

DESCRIPTION

15,473.

15,473.

TOTALS

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PAGE 20

PART I - OTHER EXPENSES FORM 990PF, REVENUE

2,308. CHARITABLE PURPOSES

2,308.

DESCRIPTION BANK FEES

AND EXPENSES PER BOOKS

2,308.

TOTALS

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	F	1	(

	•		
ALIACHIENI S		ENDING	FMV
ATTACHME		ENDING	BOOK VALUE
	FORM 990PF, PART II - OTHER ASSETS		DESCRIPTION

TOTALS

.

30,000.

30,000.

OTHER (ARTWORK)

)

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ATTACHMENT 4

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

	0		0	0	0	
EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0	5	0
CONTRIBUTIONS TO EMPLOÝEE BENEFIT PLANS	,	· · · · · · · · · · · · · · · · · · ·	.0	. 0	· o	· o
COMPENSATION	. 0	.0	Ö	. 0	.0	Ö
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT, DIRECTOR 1.00	CHAIRMAN 1.00	VP, TREASURER, DIRECTOR 1.00	DIRECTOR (BEGAN 5/2017) 1.00	DIRECTOR 1.00	DIRECTOR 1.00
NAME AND ADDRESS	MELISSA THOMPSON 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	MIKE BALL 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	ROYCE BEDWARD 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	KIM ADLER 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	SERGIO DUPLAN 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	RICK WEISBARTH 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099

ATTACHMENT 4 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CRAIG OSTEN ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR 1.00	· 0 -		·
RHONDA BRYANT 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	SECRETARY, NON-VOTING OFFICER		.0	. 0
EDGAR ARROCHA 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	VP, ASST TREAS (NON-VOTE) 1.00	·	.0	Ö
TOM HUDNALL 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	ASSISTANT SECRETARY (NON-VOTE)		.0	.0
BETTINA MAUNZ ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	DIRECTOR (ENDED 4/2017) 1.00	· o	. ′	· o
ROBERT WARNER 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	DIRECTOR (ENDED 07/2017) 1.00	•	.0	( 0

2017 FORM 990-PF

20-0166600

THE ALCON FOUNDATION INC.

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

ATTACHMENT 4 (CONT'D) 0 EXPENSE ACCT ALLOWANCES AND OTHER CONTRIBUTIONS 0 BENEFIT PLANS TO EMPLOYEE . 0 COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION DIRECTOR (ENDED 10/2017) 1.00 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099 NAME AND ADDRESS HUNTER CHERWEK

GRAND TOTALS

# FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

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

- MICHAEL BALL
- BETTINA MAUNZ

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

MELISSA THOMPSON, PRESIDENT, DIRECTOR 6201 SOUTH FREEWAY FORTH WORTH, TX 76134-2099 . 817-551-4818

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

/

- GRANT REQUESTS SHOULD BE SUBMITTED IN WRITING AND INCLUDE CURRENT IRS DOCUMENTATION CERTIFYING THAT THE APPLICANT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
- INFORMATION ABOUT THE APPLICANT AND A BRIEF DESCRIPTION OF THE SPECIFIC PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED.
- NAMES AND AFFILIATIONS OF THE OFFICERS, TRUSTEES AND/OR BOARD OF DIRECTORS OF THE APPLICANT.
- LIST OF THE APPLICANT'S CURRENT CORPORATE AND FOUNDATION SUPPORTERS.
- MOST RECENT AUDITED FINANCIAL STATEMENTS OF THE APPLICANT.

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

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

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

	If recipient			
'	is an individual.			
	show any			
	relationship			
}	to any foundation			
	manager or	Foundation	Purpose of	
	substantial	Status of	Grant or	
Recipient Name	contributor	recipient	Contribution	Amount
ORBIS INTERNATIONAL	N/A	PC	GOODWILL	\$ 400,000
United Way of Tarrant County	N/A	PC	GOODWILL	\$ 350,000
Mercy Ships	N/A	PC	GOODWILL	\$ 250,000
VisionSpring, Inc	N/A N/A	PC PC	GOODWILL GOODWILL	\$ 200,000 \$ 150,000
EYElliance Surgical Eye Expeditions International, Inc	N/A	PC	GOODWILL	\$ 120,000
Helen Keller International	N/A	PC	GOODWILL	\$ 115,000
Essilor Vision Foundation	N/A	PC	GOODWILL	\$ 100,000
International Council of Ophthalmology Foundation	N/A	PC	GOODWILL	\$ 100,000
Foundation of the American Academy of Ophthalmology	N/A	PC	GOODWILL	\$ 100,000
International Eye Foundation	N/A	PC	GOODWILL	\$ 85,000
American Glaucoma Society Foundation	N/A	PC	GOODWILL	\$ 80,000
Glaucoma Research Foundation	N/A	PC	GOODWILL	\$ 80,000
Emory University	N/A	PC	GOODWILL	\$ 75,000
Massachusetts Eye and Ear Infirmary	N/A	PC PC	GOODWILL	\$ 73,700 \$ 60,000
SightLife Fort Worth Area Wahitat for Mumanity Inc	N/A N/A	PC	GOODWILL	\$ 50,000
Fort Worth Area Habitat for Humanity, Inc Optometry Giving Sight	N/A	PC	GOODWILL	\$ 50,000
West Virginia University Foundation, Inc	N/A	PC	GOODWILL	\$ 50,000
Bascom Palmer Eye Institute Ophthalmology Research Foundation	N/A	PC	GOODWILL	\$ 50,000
ASCRS Foundation	N/A	PC	GOODWILL	\$ 50,000
Foundation of the American Academy of Ophthalmology	N/A	PC	GOODWILL	\$ 50,000
American Red Cross	N/A	PC	GOODWILL	\$ 50,000
United Way of Berks County	N/A	PC	GOODWILL	\$ 45,000
Fort Worth Chamber Development Foundation	N/A	PC	GOODWILL	\$ 37,500
Orange County United Way	N/A	PC	GOODWILL	\$ 35,000
Illinois College of Optometry	N/A	PC PC	GOODWILL	\$ 30,000 \$ 25,000
American Optometric Foundation	N/A N/A	PC	GOODWILL	\$ 25,000 \$ 25,000
Himalayan Cataract Project OneSight	N/A	PC	GOODWILL	\$ 25,000
COMMUNITY FOUNDATION OF NORTH TEXAS	N/A	PC	GOODWILL	\$ 25,000
Eye Care for Kids California Chapter, Inc	N/A	PC	GOODWILL	\$ 25,000
Optometry Giving Sight	N/A	PC	GOODWILL	\$ 25,000
Vision for the Poor	N/A	PC	GOODWILL	\$ 25,000
American Academy of Optometry Foundation	N/A	PC	GOODWILL	\$ 25,000
Children's Hospital Medical Center	N/A	PC	GOODWILL	\$ 25,000
ARVO Foundation	N/A	PC	GOODWILL	\$ 21,000
Georgia Society to Prevent Blindness, Inc	N/A	PC	GOODWILL	\$ 20,000
Foundation Fighting Blindness, Inc	N/A N/A	PC PC	GOODWILL GOODWILL	\$ 15,000 \$ 15,000
ARVO Foundation ARVO Foundation	N/A	PC	GOODWILL	\$ 13,500
Illumination Foundation	N/A	PC	GOODWILL	\$ 10,000
AccessOC, Southern California ("AccessOC")	N/A	PC	GOODWILL	\$ 10,000
Presbyterian Night Shelter	N/A	PC	GOODWILL	\$ 10,000
Fort Worth Symphony Orchestra	N/A	PC	GOODWILL	\$ 10,000
Huntington City Mission	N/A	PC	GOODWILL	\$ 10,000
Cabell Huntington Hospital Foundation	N/A	PC	GOODWILL	\$ 10,000
Boys & Girls Club of Greater Fort Worth, Inc	N/A	PC	GOODWILL	\$ 10,000
What About Remembering Me?	N/A	PC	GOODWILL	\$ 10,000
ORBIS INTERNATIONAL	N/A	PC	GOODWILL	\$ 10,000 \$ 10,000
Catholic Charities Diocese of Fort Worth, Inc	N/A	PC PC	GOODWILL GOODWILL	\$ 10,000 \$ 10,000
BIG BROTHERS BIG SISTERS LONE STAR Special Olympics, Inc	N/A N/A	PC	GOODWILL	\$ 10,000
Van Cliburn Foundation, Inc	N/A	PC	GOODWILL	\$ 10,000
Tarrant Literacy Coalition	N/A	PC	GOODWILL	\$ 10,000
Amon Carter Museum of Western Art	N/A	PC	GOODWILL	\$ 10,000
Tarrant County Association for the Blind	N/A	PC	GOODWILL	\$ 10,000
National Society to Prevent Blindness (dba Prevent Blindness)	N/A	PC	GOODWILL	\$ 10,000
SafeHaven of Tarrant County	N/A	PC	GOODWILL	\$ 10,000
halanna Ista Chalkan	N/A	PC	GOODWILL	\$ 10,000
Arlington Life Shelter	<del></del>			
Fort Worth Museum of Science and History	N/A	PC	GOODWILL	\$ 10,000
	<del></del>	PC PC PC	GOODWILL GOODWILL	\$ 10,000 \$ 10,000 \$ 10,000

Tarrant County Samaritan House	N/A	PC	GOODWILL	ş	10,000
Fort Worth Symphony Orchestra Association, Inc	N/A	PC	GOODWILL	\$	10,000
Boys & Girls Club of Greater Fort Worth, Inc	N/A	PC	GOODWILL	\$	10,000
Botanical Research Institute of Texas (BRIT)	N/A	PC	GOODWILL	\$	10,000
Boys & Girls Clubs of Garden Grove	N/A	PC	GOODWILL	\$	10,000
Special Olympics, Inc	N/A	PC	GOODWILL	\$	10,000
Tarrant Area Food Bank	N/A	PC	GOODWILL	\$	10,000
Catholic Charities Diocese of Fort Worth, Inc	N/A	PC	GOODWILL	\$	10,000
Fort Worth Opera Association, Inc	N/A	PC	GOODWILL	\$	10,000
Tarrant Literacy Coalition	N/A	PÇ	GOODWILL	\$	10,000
Mansfield ISD Education Foundation	N/A	PC	GOODWILL	\$	10,000
United Way of Greater Houston	N/A	PC	GOODWILL	\$	10,000
Wright Foundation	N/A	PC	GOODWILL	\$	9,500
United Way of the River Cities, Inc	N/A	PC	GOODWILL	\$	8,000
Junior Achievement of the Chisholm Trail, Inc	N/A	PC	GOODWILL	\$	7,500
UNITED WAY OF GREATER ATLANTA INC	N/A	PC	GOODWILL	\$	6,000
Battered Women's Foundation	N/A	PC	GOODWILL	\$	5,500
Berks County Chamber Foundation	N/A	PC	GOODWILL	\$	5,000
Gill Children's Services, Inc	N/A	PC	GOODWILL	\$	5,000
Berks Arts Council	N/A	PC	GOODWILL	\$	5,000
Cancer Care Services	N/A	PC	GOODWILL	\$	5,000
Cabell-Wayne Association of the Blind, Inc	N/A	PC	GOODWILL	\$	5,000
Orange County Museum of Art	N/A	PC	GOODWILL	\$	5,000
Big Brothers Big Sisters of the Tri-State, Inc	N/A	РC	GOODWILL	\$	5,000
Lily's Place	N/A	PC	GOODWILL	\$	5,000
Berks County Association for the Blind	N/A	PC	GOODWILL	\$	5,000
Latin Arts Association of Fort Worth	N/A	PC	GOODWILL	\$	5,000
Casa Mañana, Inc	N/A	PC	GOODWILL	\$	5,000
Gill Children's Services, Inc	N/A	PC _	GOODWILL	\$	5,000
Impossible Possibilities	N/A	PC	GOODWILL	\$	5,000
Berks Arts Council	N/A	PC	GOODWILL	\$	5,000
Fort Worth HOPE Center	N/A	PC	GOODWILL	\$	3,500
Remote Area Medical, Inc	N/A	PC	GOODWILL	\$	3,500
American Heart Association	N/A	PC	GOODWILL	\$	3,500
The Women's Center of Tarrant County, Inc	N/A	PC	GOODWILL	\$	3,000
Alliance For Children Inc	N/A	PC	GOODWILL	\$	3,000
Special Olympics Georgia, Inc	N/A	PC	GOODWILL	\$	3,000
BIG BROTHERS BIG SISTERS LONE STAR	N/A	PC	GOODWILL	\$	3,000
The Women's Center of Tarrant County, Inc	N/A	PC	GOODWILL	\$	3,000
CENTER FOR TRANSFORMING LIVES	N/A	PC	GOODWILL	\$	2,933
National Merit Scholarship Program	N/A	PC	GOODWILL	\$	767
		TOTAL		\$ 3,621,400	

# Part XV. Line 3a - Grants and Contributions Paud During the Year

ATTACHMENT 10

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Recipient Name	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of Grant or Contribution	Amount
Orbis	N/A	PC	GOODWILL	\$ 400,000
Mercy Ships	N/A	PC	GOODWILL	\$ 250,000
HABITAT FOR HUMANITY	N/A	PC	GOODWILL	\$ 175,000
SIGHTLIFE	N/A	PC	GOODWILL	\$ 150,000
FAAO	N/A	PC	GOODWILL	\$ 150,000
SEE INTERNATIONAL	N/A	PC	GOODWILL	\$ 122,000
ESSILOR VISION FOUNDATION	N/A	PC	GOODWILL	\$ 110,000
EYELLIANCE	N/A	PC	GOODWILL	\$ 100,000
WEST VIRGINIA UNIVERSITY	N/A	PC	GOODWILL	\$ 100,000
ICOF	N/A	PC	GOODWILL	\$ 100,000
MASSACHUSETTS EYE AND EAR INFIRMARY	N/A	PC	GOODWILL	\$ 76,950
SERVE THE PEOPLE	N/A	PC	GOODWILL	\$ 75,000
EMORY	N/A	PC	GOODWILL	\$ 65,000
ARVO	N/A	PC	GOODWILL	\$ 50,700
OPTOMETRY GIVING SIGHT	N/A	PC	GOODWILL	\$ 50,000
PREVENT BLINDNESS	N/A	PC	GOODWILL	\$ 50,000
UNIVERSITY OF PIKEVILLE	N/A	PC	GOODWILL	\$ 50,000
ASCRS	N/A	PC	GOODWILL	\$ 50,000
BASCOM PALMER	N/A	PC	GOODWILL	\$ 50,000
IEF	N/A	PC	GOODWILL	\$ 45,000
ILLINOIS COLLEGE OF OPTOMETRY	N/A	PC	GOODWILL	\$ 35,000
нср	N/A	PC	GOODWILL	\$ 25,000
ONESIGHT	N/A	PC	GOODWILL	\$ 25,000
OPTOMETRY GIVING SIGHT - WSD	N/A	PC	GOODWILL	\$ 25,000
AAO FOUNDATION	N/A	PC	GOODWILL	\$ 25,000
COOK CHILDREN'S HEALTH FOUNDATION	N/A	PC	GOODWILL	\$ 20,000
PREVENT BLINDNESS GEORGIA	N/A	PC	GOODWILL	\$ 20,000
PREVENT BLINDNESS TEXAS	N/A	PC	GOODWILL	\$ 20,000
FOUNDATION FIGHTING BLINDNESS	N/A	PC	GOODWILL	\$ 15,000
ACCESSOC	N/A	PC	GOODWILL	\$ 10,000
AMERICAN RED CROSS	N/A	PC	GOODWILL	\$ 10,000
ILLUMINATION FOUNDATION	N/A	PC	GOODWILL	\$ 10,000
BOTANICAL RESEARCH INSTITUTE OF TEXAS	N/A	PC	GOODWILL	\$ 10,000
BATTERED WOMEN'S FOUNDATION	N/A	PC	GOODWILL	\$ 5,500
CASA MANANA	N/A	PC	GOODWILL	\$ 5,000
		тот	ral	\$ 2,480,150