

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 inform

OMB No 1545-0052

	einai i	Revenue Service Solo WWW.iis	Jown offinssorr for instr	uctions and the	latest intori	mation	pen to rabiic inspection
		lendar year 2017 or tax year beginning		, 2017, a	and ending		, 20
		of foundation				A Employer identi	fication number
		HRINGER INGELHEIM CARES FOUND.				31-181007	2
١	lumbe	er and street (or P O box number if mail is not delivered	to street address)	F	Room/suite	B Telephone numi	ber (see instructions)
_		RIDGEBURY ROAD				(203) 7	91-6731
(	City or	town, state or province, country, and ZIP or foreign po-	stal code				'
	RIDO	GEFIELD, CT 06877				C if exemption applic pending, check her	
		eck all that apply: Initial return	Initial return	of a former pu	blio obositi		, —
G	Cite	Final return		•	one charity	The contract of the contract o	
		Address change	Amended rei				ations meeting the here and attach
H	Che	ck type of organization X Section 501	(c)(3) exempt private f	oundation	()4		on status was terminated
$\perp$	s	section 4947(a)(1) nonexempt charitable trust	Other taxable pr	ivate foundation	on ,		b)(1)(A) check here .
١	Fair	market value of all assets at JAcco	ounting method C	ash X Accre	ual		s in a 60-month termination
	end	of year (from Part II, col (c), line	ther (specify)				b)(1)(B), check here .
	16)	▶ \$ 78,282,964. (Part I,	column (d) must be on ca	ish basis )		T	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per books	(b) Net inves income		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 2	Contributions, gifts, grants, etc received (attach schedule).  Check If the foundation is not required to	543,596,605.				
	3	attach Sch B					
	3 4	Dividends and interest from securities	975,965.	975	,965.		ATCH 1
	-						<del>                                     </del>
		Gross rents					<del> </del>
ne	6a	Net rental income or (loss)					
Revenue	"	assets on line 6a	ļ				<del> </del>
ş	7	Capital gain net income (from Part IV, line 2) .			0.	<del></del>	
Ľ	8	Net short-term capital gain					
	9	Income modifications					_
	Iva	and allowances					<del></del>
		Less Cost of goods sold .					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					<del></del>
_	12	Total Add lines 1 through 11		975	,965.		<del> </del>
'n	13	Compensation of officers, directors, trustees, etc $$					
Ses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
X	16 a	Legal fees (attach schedule)		7	DEAL	W/PR	
EL CO	ь	Accounting fees (attach schedule)ATCH 2 .	19,650.		RECE	IVEU	19,650
ž	16 a b c 17 18 19 20 21 22	Other professional fees (attach schedule) . [3]	223,330.			ျှ	223,330
trai	17	Interest		2	4400 4	7 2018	
ist	18	Taxes (attach schedule) (see instructions)[4].	9,760		MAY I	7 2018	
Ę	19	Depreciation (attach schedule) and depletion.					
Þ	20	Occupancy	13,904.		<b>IGNE</b>	NIIT	
d b	21	Travel, conferences, and meetings				<u> </u>	
a	22	Printing and publications					
ğ	23	Other expenses (attach schedule) ATCH .5.	3,485,482.				3,485,482
캺	23 24 25	Total operating and administrative expenses					
ėr		Add lines 13 through 23	3,752,126.		[		3,728,462
Ö	25	Contributions, gifts, grants paid	523,366,957.				1,097,692
_	26	Total expenses and disbursements Add lines 24 and 25	527,119,083.		0	0	4,826,154
-	27	Subtract line 26 from line 12	<del> </del>	·		<del></del>	<del>                                     </del>
	a		17,453,487.	1			
		Net investment income (if negative, enter -0-)		975	, 965.		
	l	Adjusted net income (if negative, enter -0-).			-		
_		11. 1096110, 0110	<u> </u>				

JSA For Paperwork Reduction Act Notice, see instructions 7E1410 1 000

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5

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . .

a b c d e (e) Gross sales price			àcquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(mo , day, yr )
c d e (e) Gross sales price			ļ		
d e (e) Gross sales price					
e (e) Gross sales price					
(e) Gross sales price	<del> </del>		ļ		
· · ·					
a l	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
A			<u> </u>		
b					
C					
d					
<u>e</u>	<u> </u>	1			
Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	
(i) 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 to Losses (from co	
a					
b					
С					<u> </u>
d					
e					
Capital gain net income	or (not capital loce)	jain, also enter in Part I, line 7	2		
Not short-term capital c	ا اترا aaın or (loss) as defined in sections	loss), enter -0- in Part I, line 7	-		
	Part I, line 8, column (c) See in				
_					
		educed Tax on Net Investment I	3		<del></del>
		butable amount of any year in the b	ase perio	d?	Yes X
	n't qualify under section 4940(e)	ear, see the instructions before mak	100 004 00	atrios	
(a)			Ting arry er	(d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
alendar year (or tax year beginning in) 2016	5,646,704.			(col (b) divided by	COI (C))
2015	4,343,728.		<del> </del>		
2014	4,095,582.	<del>                                     </del>	<del> </del>		
2013	7,104,593	<del>                                     </del>	<del>                                     </del>		
2012	6,490,541.				
	1				
			2		
Total of line 1 column (	(d)				0.
	(d)	de the total on line 2 by 5.0 or by			0
Average distribution rat	tio for the 5-year base period - divid	-	3		0
Average distribution rat	tio for the 5-year base period - divid	de the total on line 2 by 5 0, or by if less than 5 years	3		0
Average distribution rat the number of years the	tio for the 5-year base period - divide foundation has been in existence	-			0
Average distribution rat the number of years the Enter the net value of n	tio for the 5-year base period - divide foundation has been in existence noncharitable-use assets for 2017	e if less than 5 years	4		0
Average distribution rat the number of years the Enter the net value of n Multiply line 4 by line 3	tio for the 5-year base period - divide foundation has been in existence noncharitable-use assets for 2017	from Part X, line 5	5		
Average distribution rat the number of years the Enter the net value of n Multiply line 4 by line 3 Enter 1% of net investm	tio for the 5-year base period - divide foundation has been in existence noncharitable-use assets for 2017	from Part X, line 5	5 6		9,760. 9,760.

names and addresses . . . . . . . . . . . .

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,"

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

	——————————————————————————————————————		_	
	2			
orm !	90-PF(2017) BOEHRINGER INGELHEIM CARES FOUNDATION, INC. 31-181	0072	Р	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	5)
1a	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)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		9,7	60
	here  X and enter 1% of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		9,7	60.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		9,7	760
	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 7,600.			
	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			
	Total credits and payments Add lines 6a through 6d		7,6	00.
	Enter any penalty for underpayment of estimated tax. Check here			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		2,1	160.
	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
1	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
Par	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
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1ь		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			1
С	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			
	(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			Ì
	on foundation managers   \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		Х
-	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	-	ļ	
-	By language in the governing instrument, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>		j	1
	conflict with the state law remain in the governing instrument?	6	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	7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			1
va	CT,	1		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			[

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Х

8b

Х

Х

Pai	art VII-A Statements Regarding Activities (continued)				
			Y	'es	No
11	1 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	ļ	Х
12	2 Did the foundation make a distribution to a donor advised fund over w			T	
	person had advisory privileges? If "Yes," attach statement. See instructions	•	12	j	Х
13		i -		x	
	Website address ► HTTP://US.BOEHRINGER-INGELHEIM.CON		·•		
14	4 The books are in care of MICHELLE POTPAN	Telephone no ▶ 203-791-6	731		
14	Located at \$900 RIDGEBURY ROAD RIDGEFIELD, CT	ZIP+4 ▶ 06877			
4.5				_	П
15					ш
4.0	and enter the amount of tax-exempt interest received or accrued during the year			/es	No
16	, , , , , , ,			<del>-</del>	X
	over a bank, securities, or other financial account in a foreign country?	· · · · · · · · · · · · · · · · · · ·	16		
	See the instructions for exceptions and filing requirements for FinCEN Fo	orm 114 if "Yes," enter the name of		- 1	
0-	the foreign country	Acu De Berwined			
Pal	art VII-B Statements Regarding Activities for Which Form 4720 N			/es	N.
	File Form 4720 if any item is checked in the "Yes" column, unless an ex	ception applies.	<del></del>	es	No
1a	1a During the year, did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		- {	l	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or a				
	disqualified person?		1	1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person		}		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		ļ	
	(5) Transfer any income or assets to a disqualified person (or make any of e				
	the benefit or use of a disqualified person)?	Yes X No	1	1	!
	(6) Agree to pay money or property to a government official? (Exception C	Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official fo	r a period after			!
	termination of government service, if terminating within 90 days)	Yes X No	ļ		l
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under	the exceptions described in Regulations	j		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instruc	ctions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	▶ ∟			
c	c Did the foundation engage in a prior year in any of the acts described	in 1a, other than excepted acts, that		!	
	were not corrected before the first day of the tax year beginning in 2017?		1c		X
2	2 Taxes on failure to distribute income (section 4942) (does not apply fo	r years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a	a At the end of tax year 2017, did the foundation have any undistributed inco	me (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?	1 1 ( ••1 )			
	If "Yes," list the years			1	
t	b Are there any years listed in 2a for which the foundation is not applying	ng the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed incor	me? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )		2b		Х
	c If the provisions of section 4942(a)(2) are being applied to any of the years	,			
	<b>&gt;</b>				
3 a	3a Did the foundation hold more than a 2% direct or indirect interest in any b	usiness enterprise	i		
	at any time during the year?				
ŀ	b If "Yes," did it have excess business holdings in 2017 as a result of (				
•	disqualified persons after May 26, 1969, (2) the lapse of the 5-year per			1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired b		1		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	foundation had excess business holdings in 2017),	· · · · · · · · · · · · · · · · · · ·	3b		1
Α.	4a Did the foundation invest during the year any amount in a manner that v		4a		х
	b Did the foundation make any investment in a prior year (but after Decem	,	-+		1
	charitable purpose that had not been removed from jeopardy before the first		4b		x
	The state of the s	<u> </u>			

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)							
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No				
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	Yes X No							
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,										
	directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No										
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	555.61. 15.15(c)(17,7),17 God 11.52 doi:10.11.										
	(5) Provide for any purpose other than religious, cl	•	• •								
purposes, or for the prevention of cruelty to children or animals? Yes X No											
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions											
	-	_			5b	├──	X				
	Organizations relying on a current notice regarding disa			-							
c	If the answer is "Yes" to question 5a(4), does the		·		1	1	ĺ				
	because it maintained expenditure responsibility for the	•		. Yes X No							
	If "Yes," attach the statement required by Regulations s				(		1				
6a	Did the foundation, during the year, receive any ful					j	j				
	on a personal benefit contract?					1	v				
ь	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict?	6b	<del> </del>	X				
	If "Yes" to 6b, file Form 8870					ļ					
7 a	At any time during the tax year, was the foundation a p					}	<b>}</b>				
b					7 b	<u> </u>	X				
Par	t VIII Information About Officers, Directo and Contractors	rs, Trustees, Fou	indation Managers	s, Highly Paid Emp	loyees,						
1	List all officers, directors, trustees, foundation i	managers and their	compensation. See	instructions.							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid.	(d) Contributions to employee benefit plans	(e) Expen						
		devoted to position	(If not paid, enter -0-)	and deferred compensation	other al	lowance					
1 mar			•				0				
ATCI	1 9	ļ	0.	0.			0.				
				ļ							
		ļ									
				<u> </u>							
	<u></u>			L.,							
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see instructio	ons) If r	ione,	enter				
——(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen						
	<del></del>			- Companion							
	NONE		i	}							
					<del></del>						
				1							
		<del> </del>		<del> </del>							
				[							
			<del> </del>	<del>                                     </del>	_						
				<u> </u>							
		<del> </del>		<del>                                     </del>							
				1							
	and a father and a land a father and a land a father and a land a father a	L	<u> </u>	L							
otal	number of other employees paid over \$50,000	<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Form 99	n_PF	(2017)				
					rum 33		(2017)				

Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(b) Type of service

NONE

Part IX-A

and Contractors (continued)

(a) Name and address of each person paid more than \$50,000

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

**Summary of Direct Charitable Activities** 

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Page 7
(c) Compensation
Expenses
Amount

3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	<del> </del>
3 NONE	
Total. Add lines 1 through 3	
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# Part XII Qualifying Distributions (see instructions)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,826,154
þ	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		
а	Suitability test (prior IRS approval required)	3a	
þ	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	4,826,154.
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	9,760.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,816,394.
	· · · · · · · · · · · · · · · · · · ·		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2017) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) Years prior to 2016 2016 2017 Corpus 1 Distributable amount for 2017 from Part XI, 0. 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only..... b Total for prior years 20\_15\_,20\_14\_,20\_13 3 Excess distributions carryover, if any, to 2017 a From 2012 . . . . . b From 2013 . . . . . . c From 2014 . . . . . . d From 2015 . . . . . . e From 2016 . . . . . . f Total of lines 3a through e . . . . . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, 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 2017 distributable amount.... e Remaining amount distributed out of corpus. . . 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b. . . . . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . d Subtract line 6c from line 6b Taxable f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be 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) . . . 9 Excess distributions carryover to 2018. 0 Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9

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a Excess from 2013 . . . b Excess from 2014 . . . c Excess from 2015 . . . d Excess from 2016 . . . e Excess from 2017 . . .

Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)					
1 a	If the foundation has									
	foundation, and the ruling is effective for 2017, enter the date of the ruling									
b	Check box to indicate v		is a private operating		section X 4942(j)	(3) or 4942(j)(5)				
2 a	Enter the lesser of the ad-	Tax year	<del></del>	Prior 3 years		(e) Total				
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	/				
	I or the minimum investment return from Part X for each									
	year listed		"							
b	85% of line 2a									
С	Qualifying distributions from Part	4,826,154.	5,653,935.	4,351,981.	4,101,748.	18,933,818.				
d	XII, line 4 for each year listed .  Amounts included in line 2c not	4,020,134.	3,033,733.	4,331,301.	4,101,740.					
_	used directly for active conduct		`							
	of exampt activities	<del> </del>			<del></del>	<del></del>				
U	Qualifying distributions made directly for active conduct of									
	exempt activities. Subtract line	4,826,154.	5,653,935.	4,351,981.	4,101,748.	18,933,818.				
3	2d from line 2c		/							
	alternative test relied upon	]		"/						
a	"Assets" alternative test - enter  (1) Value of all assets	78,282,964.	58,552,823.	42,072,716.	33,996,990.	212,905,493.				
	(2) Value of assets qualifying									
	under section 4942(j)(3)(B)(i)				1					
b	"Endowment" alternative test-									
	enter 2/3 of minimum invest-			1	` ,					
	ment return shown in Part X, line 6 for each year listed									
¢	"Support" alternative test - enter									
	(1) Total support other than gross investment income		,		1					
	(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	ĺ			[	,"				
	(J)(3)(B)(III)									
	(3) Largest amount of sup- port from an exempt									
	organization,	<del></del>				<del>`</del>				
D-	(4) Gross investment income.  Int XV Supplement	ntany Information (6	Complete this part	only if the founda	tion had \$5,000 or	more in assets at				
u e		uring the year - see		only if the founda	don nad \$0,000 or	more in assets at				
1	Information Regardin									
а	List any managers of			e than 2% of the tota	al contributions receiv	ed by the foundation				
	before the close of any	y tax year (but only if th	ney have contributed r	more than \$5,000) (S	ee section 507(d)(2))					
	NONE									
b	List any managers of					large portion of the				
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greater	interest					
	NONE Information Regardin	- Cambrida Canad	Cift Lass Cabalant	in etc. Dressens						
2	Č	•		-						
	Check here ► if t unsolicited requests f				itable organizations a					
	complete items 2a, b,			ants, etc., to individue	iis or organizations ur	ider other conditions,				
	The name, address, a			he person to whom an	olications should be add	Iressed				
Ī	ATCH 10		o, o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ротост то того тер						
t	The form in which app	lications should be su	bmitted and information	on and materials they	should include					
	AMOUL 11									
	ATCH 11  Any submission deadle	ines								
	ATCH 12									
	I Any restrictions or I	imitations on awards	such as by geogr	aphical areas charits	able fields, kinds of	institutions, or other				
	factors	Quono on awards	, Juan as by googi	ap.mos. aroso, onanti	22.0 Heldo, Killos 01					
	ATCH 13									

BOEHRINGER INGELHEIM CARES FOUNDATION, INC. Form 990-PF (2017) Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE ATTACHMENT 14 523,366,957. 523,366,957. ▶ 3a **b** Approved for future payment

Total

Page 12

orm	990-F	٦	(2017)	
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Part XV	-A Analysis of Income-Prod	ucing Acti	vities			<del></del>
Enter gross	amounts unless otherwise indicated	(a)	eted business income (b)	(c)	/ section 512, 513, or 514 (d)	(e) Related or exempt function income
	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
		_	<del></del>	-		
. —					<u> </u>	
_						
f						
g Fees	and contracts from government agencies					<del></del>
2 Member	rship dues and assessments					
	on savings and temporary cash investments -	ļ		14	975,965.	
	ds and interest from securities		<del> </del>		373,303.	<del></del>
_	tal income or (loss) from real estate					
	t-financed property	-				<del></del>
	al income or (loss) from personal property					
	nvestment income					
8 Gain or (	(loss) from sales of assets other than inventory			ļ	_,	
9 Net inco	ome or (loss) from special events · · ·			<del></del>	1	
	profit or (loss) from sales of inventory					
_	evenue a		<u> </u>	<del> </del>		
		<u> </u>		<del></del>		
е						
2 Subtota	I Add columns (b), (d), and (e)				975,965.	
3 Total A	dd line 12, columns (b), (d), and (e)				13	975,965
	heet in line 13 instructions to verify calc					
Part XVI	-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	· · · · · · · · · · · · · · · · · · ·
Line No	Explain below how each activit	-	·	-		
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	es) (See instructions )
4	DIVIDENDS AND INTERES	T ARE EX	CLUDED FROM UNF	ELATED B	JSINESS	
	INCOME PURSUANT TO IR	C SECTIO	NS 512(B)(1) AN	ID 512(B)	(5).	
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			<del></del>			
		*******			<del>_</del>	

BOEHRINGER INGELHEIM CARES FOUNDATION, INC. 31-1810072 Page **13** Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Or	ganizations				•				
in or a Tr	sec ganız ansfe	organization dil tion 501(c) (ot ations? ers from the repo	her than sect	ion 501(c)(3) n to a noncharit	organizations) able exempt org	or in section	n 527, relating	g to political		Yes	No X
(2	) Oth	h er assets ransactions									<u>x</u>
(2	) Pur	es of assets to a chases of assets ital of facilities, e	s from a nonch	aritable exempt	organization				1b(2)		X
(4 (5	) Rei i) Loa	mbursement arrans or loan guara formance of services	angements ntees	. <i></i> .					1b(4) 1b(5)		X X
c St d If	haring the a	of facilities, equinswer to any of the goods, other	upment, mailin f the above is	g lists, other ass "Yes," complet	sets, or paid emp e the following	oloyees schedule C	olumn (b) shou		the f		
va	alue ii	n any transaction	n or sharing ar	rangement, sho	w in column (c	I) the value of	of the goods, oth	ner assets, or s	ervices	rece	eived
(a) Line	по	(b) Amount involved	d (c) Nam	e of noncharitable e	xempt organization		ription of transfers, tr	ansactions, and sha	nng arrai	ngeme	nts
		N/A				N/A					
de	escrib	foundation direction 50	1(c) (other than	n section 501(c)					Ye	s X	No
<u> </u>	res	" complete the f			Type of organization	n	(c) De	escription of relation	ship		
		penalties of perjury I						best of my knowled	ge and b	elief it	is true,
Sign Here	Sign	ICHELLE POT lature of officer or true		Date	/04/2018	Title	SURER	May the IR with the pr	eparer s		
Paid Prepa	rer	Print/Type prepared Henn J. 1 Firm's name	Vanavaty, NANAVATY,	CPA Prepare	DAVENPORT,	LLP	Dat 9 18 Firm	Checkif self-employed n's EIN    06 - 1	PTIN P002 4027		16
Use C	nly	Firm's address	123 SOUTH NEWTOWN,	MAIN ST.,	SUITE/140	064	170 Pho	ne no 203/4	26-85		(2017)

### Schedule B

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

## **Schedule of Contributors**

OMB No 1545-0047

2017

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service Name of the organization Employer identification number BOEHRINGER INGELHEIM CARES FOUNDATION, INC. 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 foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

Employer identification number 31-1810072

	·		
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOEHRINGER INGELHEIM PHARMACEUTICALS INC  900 RIDGEBURY ROAD  RIDGEFIELD, CT 06877	528,825,775.	Person Payroli 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	-	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)

Name of organization BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Employer identification number

	31-18100/2			
Part il	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
_1	PRESCRIPTION PHARMACEUTICAL PRODUCTS DONATED FACILITY	\$\$.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

Name of o	rganization BOEHRINGER INGELHEIM CA	RES FOUNDATION, INC.	Employer identificati 31 - 1810072			
Part III	Exclusively religious, charitable, etc., contributions to organizations described in so (10) that total more than \$1,000 for the year from any one contributor. Complete the following line entry. For organizations completing Part III, enter the total of exclusive			(7), (8), or hrough (e) and		
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	year (Enter this information				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held		
		(e) Transfer of gift				
	Transferee's name, address, and	•	Relationship of transferor to transf	eree		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
				···		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an		Relationship of transferor to trans	feree		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	•	Relationship of transferor to trans	feree		

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SECURITIES	
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AND	
- DIVIDENDS AND	
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PART I	
990PF,	
FORM	

	NET	INVESTMENT	INCOME	975,965
REVENUE	AND	EXPENSES	PER BOOKS	975,965.
			DESCRIPTION	INVESTMENT INCOME

975,965.

975,965.

TOTAL

ATTACHMENT 1

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,	CHARITABLE PURPOSES	19,650.	19,650.
ADJUSTED	INCOME		
NET	INCOME		
REVENUE AND	EXPENSES PER BOOKS	19,650.	19,650.
	DESCRIPTION	ACCOUNTING AND AUDIT EXPENSE	TOTALS

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

31-1810072

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE AND

EXPENSES PER BOOKS

223,330.

223,330.

CHARITABLE PURPOSES

TOTALS

OTHER PROFESSIONAL FEES

DESCRIPTION

223,330.

223,330.

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

TAXES PAID

9,760.

TOTALS

9,760.

31-1810072

ATTACHMENT 5

REVENUE AND

- OTHER EXPENSES

FORM 990PF, PART I

21,500. EXPENSES PER BOOKS

1,801. 3,401,840. 60,341.

MISCELLANEOUS
PATIENT ASSIST. PROGRAM FEES
ADJUSTMENT FOR DISCONT. INV.

DESCRIPTION MEMBERSHIP DUES

3,485,482.

TOTALS

CHARITABLE

PURPOSES 21,500.

1,801. 3,401,840. 60,341.

3,485,482.

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

v
ATTACHMENT

STOCK	
CORPORATE	
- II	
PART	
990PF,	
FORM	

$\frac{\text{ENDING}}{\overline{\text{FMV}}}$	8,586,847.	8,586,847.
ENDING BOOK VALUE	5,692,858.	5,692,858.
BOOK VALUE	4,582,225.	4,582,225.
DESCRIPTION	SCHWAB S & P 500 INDEX FUND	TOTALS

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ENDING <u>FMV</u>	19,454,658. 18,650,104. 4,057,127. 42,161,889.
ENDING BOOK VALUE	19,858,790. 18,787,478. 4,215,950. 42,862,218.
BOOK VALUE	17,122,882. 16,243,804. 3,642,314. 37,009,000.
DESCRIPTION	PIMCO TOTAL RETURN FUND VANGUARD SHORT TERM BOND PIMCO REAL RETURN FUND TOTALS

2017 FORM 990-PF BOEHRINGER INGELHEIM CARES FOUNDATION, INC

31-1810072

ATTACHMENT 8

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

INCOME TAXES PAYABLE

2,160

TOTALS

2,160

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			
KATE O'CONNOR 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	PRESIDENT (UNTIL 5/2017) 5.00			
KAREN IANELLA 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	PRESIDENT (SINCE 5/2017) 5.00			
FRANK A. POMER, ESQ. 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	VICE PRESIDENT 1.00			
MICHELLE POTPAN 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	TREASURER 5.00			
ADAM PRICE 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	SECRETARY 4 00			

BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

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

ATTACHMENT 9 (CONT'D)

TITLE AND AVERAGE HOURS PER NAME AND ADDRESS

WEEK DEVOTED TO POSITION

.50

RIDGEFIELD, CT 06877

900 RIDGEBURY ROAD

CHRISTIAN ORTH

DIRECTOR

RIDGEFIELD, CT 06877

900 RIDGEBURY ROAD

JAMIE EDEN

DIRECTOR

COMPENSATION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT

ALLOWANCES AND OTHER

GRAND TOTALS

ATTACHMENT 9

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

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

990PF, PART XV - SUBMISSION DEADLINES

ANN WAINRIGHT ANNUALLY, APRIL 1ST

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

ANN WAINRIGHT SEE ATTACHED POLICIES FOR FINANCIAL CONTRIBUTIONS FROM BI CARES