Form 990-PF

EXTENDED TO NOVEMBER 15, 20 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.

For calendar year 2018 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
NOVARTIS U.S. FOUNDATION			13-6193034	
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
230 PARK AVENUE, 21ST FLOO	R		908-766-98	00
City or town, state or province, country, and ZIP or foreign NEW YORK, NY 10169	postal code		C If exemption application is po	ending* check here
G Check all that apply: Initial return	Instal return of a f	ormer public charity	D 1. Foreign organizations	chack bara
Final return	X Amended return	ormer public charmy	1. Poreign organizations	s, check here
Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
	exempt private foundation			
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E If private foundation sta under section 507(b)(1)	
	ting method: Cash	X Accrual	1	
·	Other (specify)	(22) / 100/00/	F If the foundation is in a under section 507(b)(1)	. —
\$ 33,166,177. (Part I, colu		s.)	diladi 30011011 307(b)(1)	(b), chock hore
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,629,138.			
2 Check I if the foundation is not required to attach Sch 8				
3 Interest on savings and temporary cash investments	8,600.	8,600.	8,600.	
4 Dividends and interest from securities	748,053.	748,053.	748,053.	
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	-12,152.			
b Gross sales price for all 625,471.				IN TEN
625,471. Gross sales price for all 625,471. 7 Capital gain net income (from Part IV, line 2)		0.		18/
8 Net short-term capital gain			N/A	19/00
9 Income modifications				000
Gross sales less returns 10a and allowances				000
b Less Cost of goods sold				UEA
c Gross profit or (loss)			ļ	
11 Other income		75.5.5.		, ,
12 Total. Add lines 1 through 11	2,373,639.	756,653.	756,653.	
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages			 	
15 Pension plans, employee benefits			 	<u> </u>
% 16a Legal fees	0.500		 	
b Accounting fees STMT 1	9,500.	0.	0.	0.
C Other professional fees				
c Other professional fees 17 Interest 18 Taxes STMT 2	7,567.	0.	0.	Ö.
18 Taxes STMT 2	1,567.	 	 	· ·
19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	-	·	 	
21 Travel, conferences, and meetings		·- <u></u> -		
22 Printing and publications		-	 	
23 Other expenses STMT 3	145,298.	0.	0.	0.
24 Total operating and administrative				
expenses. Add lines 13 through 23	162,365.	٥.	0.	0.
25 Contributions, gifts, grants paid	2,099,955.			2,024,955.
26 Total expenses and disbursements.	=, 55,555			
Add lines 24 and 25	2,262,320.	0.	0.	2,024,955.
27 Subtract line 26 from line 12;			1	
Excess of revenue over expenses and disbursements	111,319.			
b Net investment income (if negative, enter -0-)		756,653.		
c Adjusted net income (if negative, enter -0-)	•		756,653.	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2018) NOVART	IS U.S. FOUNDATION				13-	6193034	Page 3
Partily Capital Gains and I	Losses for Tax on Investment	Income	1434				
	id(s) of property sold (for example, real esta	nte,	(b) How acqu P - Purchas	se (te sold lay, yr.)
	se; or common stock, 200 shs. MLC Co.)		D - Donatio	n _			
1a NORTHERN TRUST SUI	MARY		<u>P</u>	— 	ARIOU	S VARI	<u> </u>
<u>b</u>							
<u> </u>			<u> </u>				
<u>d</u>			-	-+			
	(f) Depreciation allowed (g) Co	st or other basis	<u> </u>		(h) Gain o	r (loss)	
(e) Gross sales price	, , ,	expense of sale			((e) plus (f) r		
a 625,471.		637,62	3.		· · · · · · · · · · · · · · · · · · ·	-12	,152.
b							
C							
d							
e							
Complete only for assets showing gain	in column (h) and owned by the foundation	on 12/31/69.				n) gain minus	
(i) FMV as of 12/31/69		xcess of col. (I)			k), but not le Losses (from	ss than -0-) or n col. (h))	
(1) FWV as 01 12/31/69 as of 12/31/69 over col. (j), if any						150	
<u>a</u>						-12	<u>,152.</u>
<u>b</u>			-+				
<u> </u>				-			
<u>d</u>						<u>-</u>	
<u>e</u>			$\frac{1}{2}$				
2 Capital gain net income or (net capital lo	ss) { If gain, also enter in Part I, line If (loss), enter -0- in Part I, line	7	} 2			-12	,152.
, , ,	•	, ,	/ - 	-			
3 Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column							
If (loss), enter -0- in Part I, line 8			ا (a			-12	,152.
[PartiV■ Qualification Under	Section 4940(e) for Reduced	Tax on Net	nvestmen	t Incon	ne		
(For optional use by domestic private found	ations subject to the section 4940(a) tax on	net investment ind	come.)				
If section 4940(d)(2) applies, leave this part	blank						
in Section 4540(u)(2) applies, leave this part	Digir.						
Was the foundation liable for the section 49		•	ods			Yes	X No
If "Yes," the foundation doesn't qualify unde			<u></u>		<u>.</u>		
1 Enter the appropriate amount in each co	olumn for each year; see the instructions bef	rore making any en		_		(4)	
Base period years	(b) Adjusted qualifying distributions	Net value of no	(c) ncharitable-use	accete	,1	(d) Distribution ratio	/-\\\
Calendar year (or tax year beginning in)	1,969,804.		32,092		(001	(b) divided by col.	(c)) 61378
<u>2017</u> 2016	1,424,579.		29,104		 		$\frac{01376}{48946}$
2015	1,687,626.		28,627				58952
2014	1,563,054.			144.			57278
2013	1,121,587.		22,162				50608
2 Total of line 1, column (d)					2	. 2	77162
3 Average distribution ratio for the 5-year	base period - divide the total on line 2 by 5.0	0, or by the numbe	er of years				
the foundation has been in existence if le	ss than 5 years				3	.0!	<u>55432</u>
4 Enter the net value of noncharitable-use	assets for 2018 from Part X, line 5				4	33,908	<u>,181.</u>
						4 0=0	
5 Multiply line 4 by line 3					5	1,879	<u>,598.</u>
					1 1	-	F 6 F
6 Enter 1% of net investment income (1%	of Part I, line 27b)				6		<u>,567.</u>
- Addhau S 4 C					_	1 007	165
7 Add lines 5 and 6					7	1,887	,100.
8 Enter qualifying distributions from Part >	(II line 4				8	2,024	955
	·	alata that	n n 40/ ±				,,,,,,
If line 8 is equal to or greater than line 7, See the Part VI instructions	, check the box in Part VI, line 1b, and comp	nete that part using	y a 1% tax rate	•			

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struct	ions)
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: (attach copy of letter if necessary-see instructions)		_	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	7	, 56	57.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			- 1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3 Add lines 1 and 2	7	, 56	7.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-	7	, 56	
6 Credits/Payments:		. ,	
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 15,102.			
b Exempt foreign organizations - tax withheld at source 6b 0.			J
c Tax paid with application for extension of time to file (Form 8868) 6c 0.			- }
7			-
	15	,10	12
		, 10	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<u> </u>
9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed		_ F 3	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>'</u>	, 53	_
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 7,535 • Refunded ▶ 11 Part VII-A Statements Regarding Activities			0.
		/es	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	 	65	
any political campaign?	1a		<u>X</u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	16	\dashv	┻,
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			- 1
distributed by the foundation in connection with the activities.	-	-	
c Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ıl	1	
(1) On the foundation. ► \$ O. (2) On foundation managers. ► \$ O.	1 1	1	ŀ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. > \$0.	-	-	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u></u>	X
If "Yes," attach a detailed description of the activities.	·	!	1
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		<u>X</u> _
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? N/A	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			- 1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ļ
By language in the governing instrument, or		ı	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	-	_	
remain in the governing instrument?	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	X	
	i I		.
8a Enter the states to which the foundation reports or with which it is registered. See instructions.		- [٠. (
NY			. [
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
year 2018 or the tax year beginning in 2018? 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
	m 990-	PF (2	2018)

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X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

	PF (2018) NOVARTIS U.S. FOUNDATION			<u>13-61930</u>	34	<u>_</u>	Page 6
Part V	II-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)			
5a Durii	ng the year, did the foundation pay or incur any amount to:					Yes	No
٠(1)	Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		es X No	•		
(2)	Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	ĺ			, · [
	any voter registration drive?		Y	es X No			
	Provide a grant to an individual for travel, study, or other similar purposes'	?		es X No			
٠,	Provide a grant to an organization other than a charitable, etc., organization			 J			. <u>l</u>
	4945(d)(4)(A)? See instructions		□ v	es X No			.
	Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo					. :
	the prevention of cruelty to children or animals?	or concational purposes, or r		es X No			
		dar the eventions described i		ES (21) NU			. J
	y answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	· ·	ii negulalions	N/A	5b		
	on 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	20		
-	nizations relying on a current notice regarding disaster assistance, check h						{
	e answer is "Yes" to question 5a(4), does the foundation claim exemption fr		- / -	l			. 1
•	nditure responsibility for the grant?	N	[/A Y	es	-		
	es," attach the statement required by Regulations section 53.4945-5(d).						.]
6a Didit	he foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				i	. 1
a per	sonal benefit contract?		Y	es 🗓 No 📗			
b Did t	he foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Ļ	6b		X
If "Ye	es" to 6b, file Form 8870.					.	- 1
7a At ar	ly time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗶 No 👢			l
b If "Ye	es," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
8 Is the	e foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					- 1
exce	ss parachute payment(s) during the year?		Y	es 🗓 No			İ
Part V		es, Foundation Mar				•	
	Paid Employees, and Contractors	•					
1 List a	ll officers, directors, trustees, and foundation managers and th	eir compensation.					
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred		e) Expo	ense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	a	ccount, allowar	other
		to position	Citter -0-7	compensation	+	unoma	
							
SEE	STATEMENT 5		0.	0.			0.
SEE -	STATEMENT 3		— ·		+-		<u> </u>
<u> </u>					+		
			i	ł			
					↓_		
2 Comp	ensation of five highest-paid employees (other than those incl	uded on line 1). If none, o	enter "NONE."				
,	a) Name and address of each ampleuse paid mare than \$50,000	(b) Title, and average	(a) Composition	(d) Contributions to employee benefit plans	1	e) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	l a	allowar	
	NONE				1		
·					+-		
				ļ			
		<u> </u>	 	 	+		—
					1		
			 		+		
					+		
			<u> </u>	L			
Total nun	nber of other employees paid over \$50,000						0
				Forn	1990)-PF (2018)

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Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If nor	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<u> </u>
		
		
		
		
Total number of others receiving over \$50,000 for professional services	_	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releving the foundations and other beneficiaries served, conferences convened, research pa	vant statistical information such as the	Expenses
N/A	pers produced, etc.	
21/21		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
N/A		
· · · · · · · · · · · · · · · · · · ·		
All other program-related investments. See instructions.		
9		
otal. Add lines 1 through 3	>	0.
	Fo	rm 990-PF (2018)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a A	verage monthly fair market value of securities	1a	34,150,695.
b A	verage of monthly cash balances	1b	34,150,695. 273,854.
c F	air market value of all other assets	1c	
d T	otal (add lines 1a, b, and c)	1d	34,424,549.
e R	eduction claimed for blockage or other factors reported on lines 1a and		
1	c (attach detailed explanation)	ll	
2 A	cquisition indebtedness applicable to line 1 assets	2	0.
3 S	ubtract line 2 from line 1d	3	34,424,549.
4 C	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	516,368.
5 N	et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33,908,181.
6 N	linimum investment return. Enter 5% of line 5	6	1,695,409.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔲 and do not complete this part.)		<u> </u>
1 M	Inimum investment return from Part X, line 6	1	1,695,409.
2a T	ax on investment income for 2018 from Part VI, line 5	1 1	
b Ir	ncome tax for 2018. (This does not include the tax from Part VI.)		
c A	dd lines 2a and 2b	2c	<u>7,567.</u>
3 D	istributable amount before adjustments. Subtract line 2c from line 1	3	1,687,842.
4 R	ecoveries of amounts treated as qualifying distributions	4	0.
5 A	dd lines 3 and 4	5	1,687,842.
6 D	eduction from distributable amount (see instructions)	6	0.
<u>7 D</u>	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,687,842.
Par	t XII Qualifying Distributions (see instructions)		
1 A	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	xpenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,024,955.
b P	rogram-related investments - total from Part IX-B	1b	0.
2 A	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	·
3 A	mounts set aside for specific charitable projects that satisfy the:		
a S	uitability test (prior IRS approval required)	3a	
b C	ash distribution test (attach the required schedule)	3b	
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,024,955.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
ır	come. Enter 1% of Part I, line 27b	5	7,567.
6 A	djusted qualifying distributions. Subtract line 5 from line 4	6	2,017,388.
N	ote: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies for	the section

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Part XIII	Undistributed Income (s	ee instructions)			
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2017	2017	2018
1 Distributab	le amount for 2018 from Part XI,				1,687,842.
2 Undistributed	i income, if any, as of the end of 2018				
a Enter amou	ınt for 2017 only			0.	
b Total for pr	nor years:				
,	,		0.		
	tributions carryover, if any, to 2018:				
a From 2013					
b From 2014					
c From 2015					
d From 2016	000 554		i		
e From 2017		879,018.			
	es 3a through e distributions for 2018 from	0/9,010.	<u> </u>		
	ne 4 > \$ 2,024,955.				
	2017, but not more than line 2a			0.	
• • •	undistributed income of prior				
- • •	tion required - see instructions)		0.		
	distributions out of corpus				
	quired - see instructions)	0.			
•	2018 distributable amount				1,687,842.
e Remaining	amount distributed out of corpus	337,113.			
	butions carryover applied to 2018	0.			0.
must be show	appears in column (d), the same amount vn in column (a))				
indicated b	et total of each column as				
	lines 3f, 4c, and 4e Subtract line 5	1,216,131.			
	undistributed income. Subtract		 		· · · · · · · · · · · · · · · · · · ·
line 4b fror		ļ	0.		
	mount of prior years'				
	ed income for which a notice of	i			
	has been issued, or on which 4942(a) tax has been previously				
assessed	1512(a) tax has been previously		0.		
d Subtract lin	ne 6c from line 6b. Taxable				
amount - s	ee instructions		_0.		<u> </u>
e Undistribut	ed income for 2017. Subtract line			_	
4a from lin	e 2a. Taxable amount - see ınstr.			0.	
	ed income for 2018. Subtract				
	d 5 from line 1. This amount must				0
be distribut	ľ				0.
	eated as distributions out of				
•	atisfy requirements imposed by				
	O(b)(1)(F) or 4942(g)(3) (Election	0.			
	uired - see instructions) ributions carryover from 2013				
	on line 5 or line 7	23,249.			
	tributions carryover to 2019.	23/2131	· · · · · · · · · · · · · · · · · · ·		
	nes 7 and 8 from line 6a	1,192,882.			
10 Analysis of				· - · · · · · · · · · · · · · · · · · · ·	
a Excess from	1 000 44-				
b Excess from	0.60 000				
c Excess from				İ	
d Excess from	m 2017 378,554.			1	
e Excess from	n 2018 337,113.				

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Part-XIV	-oundations (see in	structions and Part VII	-A, question 9)	<u> </u>	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective f	or 2018, enter the date of t	the ruling	▶ [
b Check box to indicate whether the four	nd <u>ation is a private operati</u> i	ng foundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u>}</u>
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Totai
investment return from Part X for		1			
each year listed		1			
b 85% of line 2a		"-			
c Qualifying distributions from Part XII,				<u></u>	-
line 4 for each year listed		ĺ			ľ
d Amounts included in line 2c not			 	 - 	
used directly for active conduct of					
exempt activities			 		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				· · · · · · · · · · · · · · · · · · ·	
alternative test relied upon	1		i		
a "Assets" alternative test - enter.					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)]		
b "Endowment" alternative test - enter	 -	-			·
2/3 of minimum investment return				1	
shown in Part X, line 6 for each year listed					
			 	 	
c "Support" alternative test - enter:					ļ
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on		ļ			
securities loans (section		J]		J
512(a)(5)), or royalties)				-	
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from			1		
an exempt organization		İ			
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:			- - -	
a List any managers of the foundation w	ho have contributed more	than 2% of the total contr	butions received by the	foundation before the clos	e of any tax ,
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation w	ho own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a pa	irtnership or
other entity) of which the foundation h	as a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here ► X If the foundation		•	-	ot accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a in marrie, addition, and totopholic hull	or oman address of th	a baraan ta muam abbua		··	
b The form in which applications should	be submitted and informat	tion and materials they sh	ionlq iuclnqe.		
c Any submission deadlines;	·····		-		
e Any submission deguilles,					
d Any restrictions or limitations on award	ds, such as by geographica	ıl areas, charitable fields,	kınds of ınstitutions, or o	other factors:	

Part XV Supplementary Information	(continued)			
3 · Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
AMERICAN RED CROSS 431 18TH STREET NW		NC	GENERAL PURPOSE	
WASHINGTON, DC 20006				80,000
minimum, po zooo	····································		†	
DIRECT RELIEF		NC	GENERAL PURPOSE	
6100 WALLACE BECKNELL ROAD				
SANTA BARBARA, CA 93117	<u> </u>		 	25,000
MATCHING GIFTS	,	I I	MATCHING GIFT PROGRAMS	
			ARE TO EDUCATIONAL TAX	
			EX 501C3 ORG., PUBLIC	
			RADIO & TV SCHOOL	
	_		PROGRAMS	1,614,776
			2017 10 1217 177	
NATIONAL MERIT SCHOLARSHIP CORP		NC	2017-18 ACADEMIC YEAR SCHOLARSHIP	
1560 SHERMAN AVENUE SUITE 200 EVANSTON, IL 60201			SCHOLARSHIP	170,179
DVANDION, 11 OUDUI			<u> </u>	
FRIENDS OF THE NEW CITIES FOUNDATION		NC	GENERAL PURPOSE	
1209 N ORANGE STREET				
WILMINGTON, DE 19801				60,000
	TINUATION SHEE	T(\$)	<u>▶ 3a</u>	2,024,955
Approved for future payment			1	
			1	
DIRECT RELIEF		NC	GENERAL PURPOSE	
6100 WALLACE BECKNELL ROAD				
SANTA BARBARA, CA 93117			+	75,000
]		
Total			▶ 3b	75,000 n 990-PF (2018

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the	Year (Continuation)					
Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or						
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount		
MERICARES 8 HAMILTON AVE		NC ,	GENERAL PURPOSE			
TAMFORD, CT 06902				75,00		
-						
			,			
	ļ <u></u>		-			
`						
	4					
-			 			
·····						
				- <u>-</u>		
Total from continuation sheets		<u> </u>		75,00		

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7 anount	
a	_		- - -		
b	-	 -	+		
c					
	1 1	·			
e	- 				
g Fees and contracts from government agencies	- 				
2 Membership dues and assessments		 -	+		
3 Interest on savings and temporary cash					
investments	1 1		14	8,600.	
4 Dividends and interest from securities			14	748,053.	
5 Net rental income or (loss) from real estate:		, _ , _ ,			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	l _ l _		_		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-12,152.	
9 Net income or (loss) from special events		<u></u>			
O Gross profit or (loss) from sales of inventory					-
1 Other revenue:					
8	_				
b	_				
c	_				
d	_		+		
e	_			744 501	
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0	<u>. </u>	744,501.	744,501.
3 Total. Add line 12, columns (b), (d), and (e)				13	744,501.
See worksheet in line 13 instructions to verify calculations.	<u> </u>				

rait valid relationship of wettaities to the wedombilishing in evenibit rathe	XVI-B Relationship of Activities to the Accomplishment of Exempt	ot Purpose:
---	--	-------------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
		_
823621 12-11-	Form 990-PF (2	018)

Form 990-PF (RTIS U.S.				13-619.		<u>Pa</u>	ige 13
Part XVII			sfers to a	nd Transactions a	nd Relationsh	ips With Noncharit	table		
- · · · · · · · · · · · · · · · · · · ·	Exempt Organ		- C No - C - U -				т —	Yes	No
				ng with any other organizations?		ion 501(c)	-	165	140
·	an section 50 I(C)(3) organs s from the reporting found:	•		g to political organizations?				(
		ation to a noncharita	inie exembi ori	janization of.			10/11	-	$\tilde{\mathbf{X}}$
(1) Cast (2) Othe							1a(1) 1a(2)		X
• •	nsactions.						18(2)		
	s of assets to a noncharita	ible exempt proapiza	tion				16(1)		Х
	chases of assets from a no						1b(2)		X
	tal of facilities, equipment,	•	or garnzanon				1b(3)		X
٠.	nbursement arrangements						1b(4)		Х
	ns or loan guarantees						1b(5)		Х
	ormance of services or me	embership or fundrai	sing solicitatio	ns			16(6)		Х
c Sharing	of facilities, equipment, ma	ailing lists, other assi	ets, or paid em	ployees			1c		Х
d If the ans	swer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	lways show the fair i	market value of the goods, o	ther ass	ets,	
or service	es given by the reporting f	oundation. If the fou	ndation receive	ed less than fair market valu	ue in any transaction	or sharing arrangement, sh	now in		
column (d) the value of the goods,	other assets, or serv	received						
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angemen	ts
			<u> N/A</u>		<u> </u>				
		ļ							
					-				
- -		<u> </u>		_		_			
									
		 							
		 							
-				- · · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·					
_	···	-							
		 							
					<u> </u>				
		 							
2a Is the for	indation directly or indirec	tly affiliated with or	related to one	or more tax-exempt organ	izations described				
	n 501(c) (other than sectio			or more tax exempt organ	Lations absorbed	Г	Yes	ſχ	No
	complete the following sch	, ,, ,,				_	_ ``		,
	(a) Name of org			(b) Type of organization		(c) Description of relations	nip		
	N/A								
	<u> </u>			· <u>-</u>					
					<u> </u>				
اممطه				accompanying schedules and si taxpayer) is based on all informa		an anulunaudadan May	the IRS	iscuss th	ns.
Sign Here	K W		^	10/-1-		sho	rn with th wn below		
 	Meny	ie L. VOY	juy	10/2/20	Weasu	ver 1	✓ Yes	· L	J No∫
Sig	nature of officer or trustee		10.00	Date/	Title	Charle Date Date			
	Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check if PTIN			
Paid	GRODGE DES	'A.D.	Wille	lo -	60,00,00	self- employed	1012	E0.	
Preparer	GEORGE DIN		CDAG	TIC	09/29/20	Firm's EIN ▶ 06-16	L213		
Use Only	Firm's name ► PRA	GER METIS	CPAS,	, TTC		FIRM'S EIN PUO-16	00/4	0 3	
300 Jiny	Firm's address ▶ 22	2 MOITHIT A	TRV PO	<u> </u>		 			
		SKING RID				Phone no (908)-	-766	_921) ()

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

2018

Employer identification number Name of the organization NOVARTIS U.S. FOUNDATION 13-6193034 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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 X 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

NOVARTIS U.S. FOUNDATION

13-6193034

HOVE	IID U.B. TOUNDATION		010004
Pärt I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NOVARTIS CORPORATION 1 HEALTH PLAZA EAST HANOVER, NJ 07936	\$1,410,796.	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 Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Omnicash 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

Employer identification number

NOVARTIS U.S. FOUNDATION

13-6193034

Noncash Property (see instructions) Use duplicate copies of Part	Time additional space is fleeded	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	-
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_	
	\$	<u></u> -
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions)

Name of o	rganization		Employer identification number					
NOVAR	TIS U.S. FOUNDATION		13-6193034					
Partill		a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
ì	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
		 						

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	9,500.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	9,500.	0.	0.	0.	
FORM 990-PF	TAX	ES	S	PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX	7,567.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	7,567.	0.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	S	ratement 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MATCHING GIFT PROCESS FEE BANK CHARGES AND CUSTODY	52,990.	0.	0.	0.	
FEES	15,931.	0.	0.	0.	
LICENSES AND FEES	20,537.		0.	0.	
ADMINISTRATIVE FEES	55,000.		0.	0.	
DOMESTIC TRANSACTION FEES	840.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	145,298.	0.	0.	0.	

FORM 990-PF CORPORATE STOCK	CORPORATE STOCK	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE SECURITIES	16,436,675.	32,266,604.
TOTAL TO FORM 990-PF, PART II, LINE 10B	16,436,675.	32,266,604.

FORM 990-PF		LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 5
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TRACY FUREY 230 PARK AVENUE NEW YORK, NY 10163	3	PRESIDENT/TRUS	TEE 0.	0.	0.
DAVID HELLMUTH 230 PARK AVENUE NEW YORK, NY 10163	3	SECRETARY 0.00	o.	0.	0.
KATHERINE VAZQUEZ 230 PARK AVENUE NEW YORK, NY 10163	3	TREASURER/TRUS	TTEE 0.	0.	0.
STEPHEN PETTY 230 PARK AVENUE NEW YORK, NY 10163	3	ASSISTANT TREA	ASURER 0.	0.	0.
ASHLEY ATKINS 230 PARK AVENUE NEW YORK, NY 10163	3	MANAGER 0.00	0.	0.	0.
LUCIA AURELLO 230 PARK AVENUE NEW YORK, NY 10163	3	MANAGER 0.00	0.	0.	0.
HAYLEY RAZLOZNIK 230 PARK AVENUE NEW YORK, NY 1016	3	MANAGER 0.00	0.	0.	0.
TOM KENDRIS 230 PARK AVENUE NEW YORK, NY 1016	3	CHAIRMAN 0.00	0.	0.	0.
CANDIE PHIPPS 230 PARK AVENUE NEW YORK, NY 1016	3	TRUSTEE 0.00	0.	0.	0.
MARYLYNN SAURO 230 PARK AVENUE NEW YORK, NY 1016	3	TRUSTEE 0.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. 0.