

Form **990-PF****Return of Private Foundation**

OMB No 1545-0052

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 , 2018, and ending , 20

Name of foundation THE ALCON FOUNDATION INC.		A Employer identification number 20-0166600						
Number and street (or P O box number if mail is not delivered to street address) ONE HEALTH PLAZA, BLDG 200		B Telephone number (see instructions) (862) 778-1644						
City or town, state or province, country, and ZIP or foreign postal code EAST HANOVER, NJ 07936		C If exemption application is pending, check here. <input type="checkbox"/> 6						
G Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1 Foreign organizations, check here. <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation 04 <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>						
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 30,000.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>						
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)								

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	3,402,012.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B.				
	3 Interest on savings and temporary cash investments.				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	3,402,012.	0.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) ATCH 1	2,012.			2,012.
	24 Total operating and administrative expenses. Add lines 13 through 23.	2,012.			2,012.
	25 Contributions, gifts, grants paid	3,400,000.			3,400,000.
26 Total expenses and disbursements. Add lines 24 and 25	3,402,012.			3,402,012.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	0.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶ (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule)				
14	Land, buildings, and equipment basis ▶				
	Less: accumulated depreciation ▶ (attach schedule)				
15	Other assets (describe ▶ ATCH 2)			30,000.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	0.	0.	30,000.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>				
	and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	0.	0.		
31	Total liabilities and net assets/fund balances (see instructions)	0.	0.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	0.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	0.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	0.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions. If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> If gain, also enter in Part I, line 8, column (c) See instructions. If (loss), enter -0- in Part I, line 8 </div> </div>	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	3,639,181.	29,550.	123.153333
2016	5,256,244.	29,550.	177.876277
2015	5,874,309.	29,550.	198.792183
2014	4,411,762.	29,550.	149.298206
2013	5,128,872.	29,550.	173.565888

2 Total of line 1, column (d)	2	822.685887
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	164.537177
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	29,550.
5 Multiply line 4 by line 3.	5	4,862,074.
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	
7 Add lines 5 and 6.	7	4,862,074.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	3,402,012.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
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 <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2	
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
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		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		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 conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered See instructions <input type="checkbox"/> 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? If "No," attach explanation	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		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part 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		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X	
14 The books are in care of ▶ MELISSA THOMPSON Telephone no ▶ 817-551-4818 Located at ▶ 6201 SOUTH FREEWAY FORT WORTH, TX ZIP+4 ▶ 76134-2099		
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 ▶ 15 N/A		
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶ N/A		

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>		
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 2018?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	X

N/A

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year, did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.		
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	If "Yes" to 6b, file Form 8870		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 3		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. 0.

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services **0.****Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	

Total. Add lines 1 through 3 **0.**Form **990-PF** (2018)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	30,000.
d	Total (add lines 1a, b, and c)	1d	30,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	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.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,478.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	
b	Income tax for 2018 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,478.
4	Recoveries of amounts treated as qualifying distributions	4	
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, line 1	7	1,478.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,402,012.
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	3,402,012.
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	6	3,402,012.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,478.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20 <u>16</u> , 20 <u>15</u> , 20 <u>14</u>				
3 Excess distributions carryover, if any, to 2018				
a From 2013	5,128,872.			
b From 2014	4,411,762.			
c From 2015	5,872,831.			
d From 2016	5,254,766.			
e From 2017	3,637,703.			
f Total of lines 3a through e	24,305,934			
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ <u>3,402,012.</u>				
a Applied to 2017, 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 2018 distributable amount.				1,478.
e Remaining amount distributed out of corpus.	1,400,534.			
5 Excess distributions carryover applied to 2018 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	27,706,468.			
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 amount - see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019.				
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 2013 not applied on line 5 or line 7 (see instructions)	5,128,872			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	22,577,596.			
10 Analysis of line 9				
a Excess from 2014	4,411,762			
b Excess from 2015	5,872,831.			
c Excess from 2016	5,254,766.			
d Excess from 2017	3,637,703.			
e Excess from 2018	3,400,534.			

Form **990-PF** (2018)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling

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

	Tax year	Prior 3 years		(e) Total
	(a) 2018	(b) 2017	(c) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
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				
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 shown in Part X, line 6 for each year listed				
c "Support" alternative test - enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities 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 support from an exempt organization				
(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ATTACHMENT 4

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

ATCH 5

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

ATCH 5

c Any submission deadlines

ATCH 5

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

ATCH 5

Part XV **Supplementary Information** *(continued)***3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a Paid during the year				
ATCH 6				
Total ▶ 3a				3,400,000.
b Approved for future payment				
ATCH 7				
Total ▶ 3b				3,005,925.

Enter gross amounts unless otherwise indicated

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

Form 990-PF (2018)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date _____

Title Foundation

May the IRS discuss this return with the preparer shown below?
See instructions ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

DEVIN L. DUNCAN

Preparer's signature

dem Ansa

Date _____

11/13/2019

Check ☐ if self-employed

PTIN

P01249521

Firm's name ► KPMG LLP

Firm's address ► 345 PARK AVENUE
NEW YORK, NY

10154-0102

Phone no. 212-758-9700

Form 990-PF (2018)

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

Name of the organization

THE ALCON FOUNDATION INC.

Employer identification number

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 foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE ALCON FOUNDATION INC.**Employer identification number
20-0166600**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	ALCON LABORATORIES, INC. 6201 SOUTH FREEWAY FORT WORTH, TX 76134	\$ 3,402,012.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number	20-0166600
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Part II

(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
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization THE ALCON FOUNDATION INC.

Employer identification number

20-0166600

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

THE ALCON FOUNDATION INC.

2018 FORM 990-PF

20-0166600

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
BANK FEES	2,012.	2,012.
TOTALS	<u>2,012.</u>	<u>2,012.</u>

ATTACHMENT 2FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
OTHER (ARTWORK)		30,000.
TOTALS		<u>30,000.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
MELISSA THOMPSON 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	PRESIDENT, DIRECTOR 1.00	0.	0.	0.
MIKE BALL 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	CHAIRMAN (ENDED 07/2018) 1.00	0.	0.	0.
ROYCE BEDWARD 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	VP, TREASURER, DIRECTOR 1 00	0.	0.	0.
KIM ADLER 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	DIRECTOR (ENDED 12/2018) 1 00	0	0	0.
SERGIO DUPLAN 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	DIRECTOR 1 00	0	0	0.
RICK WEISBARTH 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	DIRECTOR 1.00	0	0	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 3 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
RHONDA BRYANT 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	SECRETARY (NON-VOTE) 1.00	0	0	0
EDGAR ARROCHA 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	VP, ASST TREAS (ENDED 01/2018) 1 00	0	0	0
TOM HUDNALL 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	ASSISTANT SECRETARY (NON-VOTE) 1 00	0	0	0
DAVID ENDICOTT 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	CHAIRMAN 1 00	0.	0	0.
LUXIN WANG 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	DIRECTOR 1 00	0	0.	0.
ANDY PAWSON 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	VICE PRESIDENT (NON-VOTE) 1.00	0.	0.	0

THE ALCON FOUNDATION INC

2018 FORM 990-PF

20-0166600

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 3 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
YVES TEIRLYNCK 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	VP, ASST TREASURER (NON-VOTE) 1.00	0.	0	0
KAREN KING 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099	DIRECTOR (BEGAN 12/2018) 1.00	0	0	0.
	GRAND TOTALS	<u>0.</u>	<u>0</u>	<u>0.</u>

ATTACHMENT 4FORM 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
- DAVID ENDICOTT

ATTACHMENT 4

ATTACHMENT 5FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

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

FORM IN WHICH APPLICATION SHOULD BE SUBMITTED AND INFORMATION THEY SHOULD INCLUDE:

- 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.

SUBMISSION DEADLINES:

THERE ARE NO SUBMISSION DEADLINES.

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.

ATTACHMENT 5

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

ATTACHMENT 6

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
PROJECT ORBIS INTERNATIONAL, INC	N/A	PC	Eye Care	\$ 400,000 00
UNITED WAY OF METROPOLITAN TARRANT COUNTY	N/A	PC	Civic & Community	\$ 300,000 00
MERCY SHIPS	N/A	PC	Eye Care	\$ 250,000 00
TRINITY HABITAT FOR HUMANITY	N/A	PC	Humanitarian Aid	\$ 175,000 00
SIGHTLIFE	N/A	PC	Health Care/Eye Care	\$ 150,000 00
THE FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY	N/A	SO II	Education	\$ 150,000 00
SURGICAL EYE EXPEDITIONS INTERNATIONAL	N/A	PC	Health Care/Eye Care	\$ 132,000 00
ESSILOR VISION FOUNDATION	N/A	PC	Health Care/Eye Care	\$ 110,000 00
TIDES CENTER - EYELLANCE	N/A	PC	Health Care/Eye Care	\$ 100,000 00
WEST VIRGINIA UNIVERSITY FOUNDATION, INC	N/A	PC	Humanitarian Aid	\$ 100,000 00
ORANGE COUNTY'S UNITED WAY	N/A	PC	Civic & Community	\$ 85,000 00
MASSACHUSETTS EYE AND EAR INFIRMARY	N/A	PC	Health Care/Eye Care	\$ 76,950 00
OPTOMETRY GIVING SIGHT	N/A	PC	Health Care/Eye Care	\$ 75,000 00
SERVE THE PEOPLE	N/A	PC	Health Care/Eye Care	\$ 75,000 00
EMORY UNIVERSITY	N/A	PC	Health Care/Eye Care	\$ 65,000 00
ARVO FOUNDATION	N/A	SO I	Health Care/Eye Care	\$ 50,700 00
AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY FDN	N/A	PC	Health Care/Eye Care	\$ 50,000 00
BASCOM PALMER EYE INSTITUTE OPHTHALMOLOGY RESEARCH FDN	N/A	SO III FI	Health Care/Eye Care	\$ 50,000 00
INTERNATIONAL COUNCIL OF OPHTHALMOLOGY FOUNDATION	N/A	PC	Health Care/Eye Care	\$ 50,000 00
NAT SOC TO PREVENT BLINDNESS/PREVENT BLINDNESS AMERICA	N/A	PC	Health Care/Eye Care	\$ 50,000 00
UNIVERSITY OF PIKEVILLE	N/A	PC	Health Care/Eye Care	\$ 50,000 00
INTERNATIONAL EYE FOUNDATION	N/A	PC	Eye Care	\$ 45,000 00
UNITED WAY OF BERKS COUNTY	N/A	PC	Civic & Community	\$ 45,000 00
ILLINOIS COLLEGE OF OPTOMETRY	N/A	PC	Health Care/Eye Care	\$ 35,000 00
AMERICAN OPTOMETRIC FOUNDATION	N/A	PC	Health Care/Eye Care	\$ 25,000 00
GIVE THE GIFT OF SIGHT FOUNDATION	N/A	PC	Health Care/Eye Care	\$ 25,000 00
HIMALAYAN CATARACT PROJECT	N/A	PC	Health Care/Eye Care	\$ 25,000 00
AMERICAN RED CROSS	N/A	PC	Humanitarian Aid	\$ 20,000 00
PREVENT BLINDNESS GEORGIA	N/A	PC	Health Care/Eye Care	\$ 20,000 00
TEXAS SOCIETY TO PREVENT BLINDNESS	N/A	PC	Health Care/Eye Care	\$ 20,000 00
W I COOK FOUNDATION, D B A COOK CHILDREN'S HEALTH FOUNDATION	N/A	PC	Health Care/Eye Care	\$ 20,000 00
FOUNDATION FIGHTING BLINDNESS	N/A	PC	Health Care/Eye Care	\$ 15,000 00
ACCESSOC SOUTHERN CALIFORNIA	N/A	PC	Health Care/Eye Care	\$ 10,000 00
AMON CARTER MUSEUM	N/A	PC	Arts & Culture	\$ 10,000 00
ARLINGTON LIFE SHELTER	N/A	PC	Humanitarian Aid	\$ 10,000 00
BIG BROTHERS BIG SISTERS	N/A	PC	Youth Development	\$ 10,000 00
BIG BROTHERS BIG SISTERS OF NORTH TEXAS	N/A	PC	Youth Development	\$ 10,000 00
BIG BROTHERS BIG SISTERS OF THE TRI-STATE, INC	N/A	PC	Youth Development	\$ 10,000 00
BOYS & GIRLS CLUBS OF ARLINGTON, INC	N/A	PC	Youth Development	\$ 10,000 00
CANCER CARE SERVICES	N/A	PC	Health Care/Eye Care	\$ 10,000 00
CATHOLIC CHARITIES	N/A	PC	Humanitarian Aid	\$ 10,000 00
CHILD STUDY CENTER	N/A	PC	Health Care/Eye Care	\$ 10,000 00
CHRIST'S HAVEN FOR CHILDREN	N/A	PC	Humanitarian Aid	\$ 10,000 00
DANIEL MIGUEL FOUNDATION, INC	N/A	PC	Health Care/Eye Care	\$ 10,000 00
FORT WORTH ISD EDUCATION FOUNDATION	N/A	PC	Education	\$ 10,000 00
FORT WORTH MUSEUM OF SCIENCE & HISTORY	N/A	PC	Education	\$ 10,000 00
FORT WORTH OPERA	N/A	PC	Arts & Culture	\$ 10,000 00
FORT WORTH PROMOTION AND DEVELOPMENT FUND	N/A	PC	Civic & Community	\$ 10,000 00
FOSTER CARE SUPPORT FOUNDATION, INC	N/A	PC	Humanitarian Aid	\$ 10,000 00
FRIENDS OF THE FORT WORTH NATURE CENTER & REFUGE	N/A	PC	Education	\$ 10,000 00
GILL CHILDREN'S SERVICES	N/A	PC	Humanitarian Aid	\$ 10,000 00
HABITAT FOR HUMANITY-NORTH CENTRAL GEORGIA	N/A	PC	Humanitarian Aid	\$ 10,000 00
HUNTINGTON CITY MISSION	N/A	PC	Humanitarian Aid	\$ 10,000 00
HUNTINGTON WV AREA HABITAT FOR HUMANITY	N/A	PC	Humanitarian Aid	\$ 10,000 00
ILLUMINATION FOUNDATION	N/A	PC	Health Care/Eye Care	\$ 10,000 00
INTERNATIONAL SISTER CITIES ASSOCIATION OF FORT WORTH, INC	N/A	PC	Civic & Community	\$ 10,000 00
JA OF CHISHOLM TRAIL, INC	N/A	PC	Education	\$ 10,000 00
JUNIOR ACHIEVEMENT OF GEORGIA	N/A	PC	Education	\$ 10,000 00
KEY HUMANITARIAN INITIATIVE FOR SOUTHERN HONDURAS	N/A	PC	Health Care/Eye Care	\$ 10,000 00
LATIN ARTS ASSOCIATION OF FORT WORTH, INC	N/A	PC	Arts & Culture	\$ 10,000 00
LESTONNAC FREE CLINIC	N/A	PC	Civic & Community	\$ 10,000 00
LILY'S PLACE	N/A	PC	Humanitarian Aid	\$ 10,000 00
MEALS ON WHEELS	N/A	PC	Humanitarian Aid	\$ 10,000 00
MHMR VISIONS	N/A	PC	Health Care/Eye Care	\$ 10,000 00
PRESBYTERIAN NIGHT SHELTER	N/A	PC	Humanitarian Aid	\$ 10,000 00
REAL SCHOOL GARDENS	N/A	PC	Education	\$ 10,000 00
SAFEHAVEN OF TARRANT COUNTY	N/A	PC	Humanitarian Aid	\$ 10,000 00
SENIOR CITIZEN SERVICES OF GREATER TARRANT COUNTY	N/A	PC	Humanitarian Aid	\$ 10,000 00
SIGHTSAVERS INC	N/A	PC	Health Care/Eye Care	\$ 10,000 00

SPECIAL OLYMPICS TEXAS	N/A	PC	Health Care/Eye Care	\$	10,000 00
SPECIAL OLYMPICS, INC	N/A	PC	Health Care/Eye Care	\$	10,000 00
TARRANT COUNTY ASSOCIATION FOR THE BLIND	N/A	PC	Health Care/Eye Care	\$	10,000 00
TARRANT COUNTY SAMARITAN HOUSE	N/A	PC	Humanitarian Aid	\$	10,000 00
THE LADDER ALLIANCE, INC	N/A	PC	Education	\$	10,000 00
UCSD EYEMOBILE FOR CHILDREN	N/A	PC	Health Care/Eye Care	\$	10,000 00
UNITED WAY OF THE TEXAS GULF COAST	N/A	PC	Civic & Community	\$	10,000 00
VAN CLIBURN FOUNDATION	N/A	PC	Arts & Culture	\$	10,000 00
WHAT ABOUT REMEMBERING ME CENTER INC	N/A	PC	Humanitarian Aid	\$	10,000 00
YMCA OF METROPOLITAN FORT WORTH	N/A	PC	Civic & Community	\$	10,000 00
TEXAS BALLET THEATER	N/A	PC	Arts & Culture	\$	9,350 00
UNITED WAY OF THE RIVER CITIES, INC	N/A	PC	Civic & Community	\$	8,000 00
ALLIANCE FOR CHILDREN	N/A	PC	Humanitarian Aid	\$	7,500 00
BERKS COUNTY ASSOCIATION FOR THE BLIND	N/A	PC	Youth Development	\$	7,500 00
WINGS OF HOPE	N/A	PC	Health Care/Eye Care	\$	7,400 00
UNITED WAY OF METROPOLITAN ATLANTA INC	N/A	PC	Civic & Community	\$	6,000 00
TARRANT LITERACY COALITION	N/A	PC	Education	\$	5,600 00
CABELL-WAYNE ASSOCIATION OF THE BLIND	N/A	PC	Health Care/Eye Care	\$	5,000 00
COMMUNITIES IN SCHOOLS OF GREATER TARRANT COUNTY, INC	N/A	PC	Education	\$	5,000 00
CORNERSTONE ASSISTANCE NETWORK	N/A	PC	Health Care/Eye Care	\$	5,000 00
THE MULTICULTURAL ALLIANCE (MCA)	N/A	PC	Arts & Culture	\$	5,000 00
AMERICAN HEART ASSOCIATION	N/A	PC	Health Care/Eye Care	\$	4,000 00
THE HOPE CENTER	N/A	PC	Humanitarian Aid	\$	3,500 00
BATTERED WOMEN'S FOUNDATION	N/A	PC	Humanitarian Aid	\$	3,000 00
SPECIAL OLYMPICS GEORGIA	N/A	PC	Health Care/Eye Care	\$	3,000 00
WOMEN'S CENTER OF TARRANT COUNTY	N/A	PC	Humanitarian Aid	\$	3,000 00
VISION IS PRICELESS COUNCIL, INC	N/A	PC	Health Care/Eye Care	\$	2,500 00
TOTAL				\$	3,400,000

Part XV. Line 3b - Grants and Contributions Approved for Future Payment

Recipient	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
PROJECT ORBIS INTERNATIONAL, INC	N/A	PC	Goodwill	\$425,000
UNITED WAY	N/A	PC	Goodwill	\$223,000
SIGHTLIFE	N/A	PC	Goodwill	\$200,000
HELEN KELLER INTERNATIONAL	N/A	PC	Goodwill	\$190,000
HABITAT FOR HUMANITY	N/A	PC	Goodwill	\$175,000
EYELLANCE	N/A	PC	Goodwill	\$150,000
VISIONSPRING	N/A	PC	Goodwill	\$150,000
MBRCY SHIPS	N/A	PC	Goodwill	\$150,000
FAAO	N/A	PC	Goodwill	\$150,000
SEE INTERNATIONAL	N/A	PC	Goodwill	\$120,000
INTERNATIONAL EYE FOUNDATION	N/A	PC	Goodwill	\$110,000
INTERNATIONAL COUNCIL OF OPHTHALMOLOGY	N/A	PC	Goodwill	\$100,000
ESSILOR VISION FOUNDATION	N/A	PC	Goodwill	\$80,000
MASS EYE & EAR	N/A	PC	Goodwill	\$76,950
EMORY	N/A	PC	Goodwill	\$75,000
ARVO	N/A	SO I	Goodwill	\$50,975
UNIVERSITY OF PIKEVILLE	N/A	PC	Goodwill	\$50,000
ASCRS	N/A	PC	Goodwill	\$50,000
BASCOM PALMER EYE INSTITUTE	N/A	SO III FI	Goodwill	\$50,000
SERVE THE PEOPLE	N/A	PC	Goodwill	\$45,000
CORNERSTONE ASSISTANCE NETWORK	N/A	PC	Goodwill	\$35,000
JUNIOR ACHIEVEMENT OF GEORGIA	N/A	PC	Goodwill	\$35,000
ILLINOIS COLLEGE OF OPTOMETRY	N/A	PC	Goodwill	\$35,000
PREVENT BLINDNESS GEORGIA	N/A	PC	Goodwill	\$30,000
UNTHSC FOUNDATION	N/A	PC	Goodwill	\$30,000
COOK CHILDREN'S HEALTH FOUNDATION	N/A	PC	Goodwill	\$25,000
GEORGIA LIONS LIGHTHOUSE FOUNDATION	N/A	PC	Goodwill	\$25,000
READ PORT WORTH	N/A	PC	Goodwill	\$25,000
PREVENT BLINDNESS	N/A	PC	Goodwill	\$25,000
PREVENT BLINDNESS TEXAS	N/A	PC	Goodwill	\$25,000
VISION FOR THE POOR	N/A	PC	Goodwill	\$25,000
AAO FOUNDATION	N/A	PC	Goodwill	\$25,000
HEALTHCARE FOR THE HOMELESS - HOUSTON	N/A	PC	Goodwill	\$20,000
HIMALAYAN CATARACT PROJECT	N/A	PC	Goodwill	\$15,000
AMERICAN RED CROSS	N/A	PC	Goodwill	\$10,000
TOTAL				3,005,925 00