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Form **990-PF**

EXTENDED TO NOVEMBER 16, 2020 **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.

Department of the Treasury Internal Revenue Service Do not enter: Go to www.i	rs.gov/Form990PF for instr	uctions and the latest info	rmation.	Open to Public Inspection				
For Calendar year 2019 or tax year beginning		, and ending						
Name of foundation		A Employer identification number						
NOWARTIS U.S. FOUNDATION	<u> </u>	13-6193034						
Number and street (or PO box number if mail is not delivered to street a ONE HEALTH PLAZA	,							
City or town, state or province, country, and ZIP or foreign p EAST HANOVER, NJ 07936	ostal code		C If exemption application is pe	nding, check here				
EAST HANOVER, NJ 07936 G Check all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations,	check here				
Final return	Amended return		Foreign organizations mee check here and attach con	ting the 85% test,				
X Address change H Check type of organization: X Section 501(c)(3) ex	Name change kempt private foundation	04	check here and attach con E If private foundation stat					
	Other taxable private founda	ition	under section 507(b)(1)(A), check here				
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)	ng method: Cash ther (specify)	X Accrual	F If the foundation is in a 6 under section 507(b)(1)(. —				
\$ 38,525,885. (Part I, colur	nn (d), must be on cash bas	is.)		b), check here				
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))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)				
1 Contributions, gifts, grants, etc., received	1,680,208.							
2 Check X if the foundation is not required to attach Sch. B			-					
Interest on savings and temporary cash investments	12,703.	12,703.	12,703.					
4 Dividends and interest from securities	804,995.	804,995.	804,995.					
5a Gross rents								
h Net rental income or (loss)	297,120.							
6a Net gain or (loss) from sale of assets not on line 10 6 Gross sales price for all 1,801,215.	291,120.	_						
b Gross sales price for all 1,801,215. 7 Capital gain net income (from Part IV, line 2)		297,120.						
8 Net short-term capital gain	,	<u> </u>	N/A	i				
9 Income modifications								
Gross sates less returns 10a and allowances								
b Less Cost of goods sold		· · · · · · · · · · · · · · · · · · ·						
c Gross profit or (loss)				· - !				
11 Other income	2 705 006	1 114 010	017 600					
12 Total. Add lines 1 through 11	2,795,026.	1,114,818.	817,698.	0.				
13 Compensation of officers, directors, trustees, etc	· · · · · · · · · · · · · · · · · · ·	DEC						
14 Other employee salaries and wages 15 Pension plans, employee benefits		HEC	10					
13 Tension plans, employee benefits 13 Tension plans, employee benefits		80	13					
b Accounting fees STMT 1	12,660.	NOV	(18) 2020 0.	0.				
b Accounting fees STMT 1 c Other professional fees STMT 2	105,000.	∢ 0.		0.				
		061	DEN, UT					
17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	11,148.	Up.	0'.	0.				
19 Depreciation and depletion								
20 Occupancy		<u> </u>						
	-			·*·- <u>-</u> -				
© COMM 1	116,445.	0.	0.	0.				
24 Total operating and administrative expenses. Add lines 13 through 23								
expenses. Add lines 13 through 23	245,253.	0.	0.	0.				
25 Contributions, gifts, grants paid	2,840,082.			2,840,082.				
26 Total expenses and disbursements.								
Add lines 24 and 25	3,085,335.	0.	0.	2,840,082.				
27 Subtract line 26 from line 12.	200 200	, 		·				
Excess of revenue over expenses and disbursements	-290,309.	1,114,818.	- '					
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1,114,010.	817,698.					
923501 12-17-19 LHA For Paperwork Reduction Act Notice	e. see instructions.			Form 990-PF (2019)				

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	16,344,716.
2	Enter amount from Part I, line 27a	2	-290,309.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	16,054,407.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	16,054,407.

Part IV Capital Gains	and Losses for Tax on In	vestment	Income						. "
	the kınd(s) of property sold (for exar trehouse; or common stock, 200 shs		te,	Ι Р.	low acq - Purcha - Donati	ase I	(c) Date ac (mo., day	quired , yr.)	(d) Date sold (mo., day, yr.)
1a NORTHERN TRUST	SUMMARY				P		VARIO	US	VARIOUS
b NORTHERN TRUST					P	·	VARIO	US	VARIOUS
c CAPITAL GAINS	DIVIDENDS			ļ					
<u>d</u>									
<u>e</u>		1 -		١					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gair ((e) plus (1	or (loss) minus	(g))
a 867,335.			677,01						190,325.
b 871,693.			827,08	5.					44,608.
62,187.	•	 		\dashv					62,187.
ď									
Complete only for assets showing	lg gain in column (h) and owned by t	L The foundation	on 12/31/69.	+		- 11) Gains (Col.	/h) nain	minue
Complete only for about billowin	(j) Adjusted basis		cess of col. (I)	\dashv		col	(k), but not	less tha	n -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (fr	om col. ((h))
a									190,325.
b									44,608.
C		ļ							62,187.
<u>d</u>									
<u>e</u>		l							47-
	∫ If gain, also enter	r in Part I, line	7	31					207 120
2 Capital gain net income or (net ca	ipital loss)	- in Part I, line	7	가	2				297,120.
3 Net short-term capital gain or (los		nd (6):		٦١					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	• •			-	,				44,608.
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stme	nt Inco	me		11,000
(For optional use by domestic private	e foundations subject to the section 4	1940(a) tax on	net investment in	come.)				
	·				,				-
If section 4940(d)(2) applies, leave the	his part blank.								
Was the foundation liable for the sec	tion 4942 tax on the distributable am	ount of any ye	ar in the base per	iod?					Yes X No
If "Yes," the foundation doesn't qualif	·		*						
	each column for each year; see the ir	nstructions bef	ore making any er	ntries.					745
(a) Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C) Inchari	ıtahle-u	ee accete		Distril	(d) bution ratio
Calendar year (or tax year beginnii	(19 III) / · · ·	3,923.	Net value of the			,181		oi. (b) aiv	olded by col. (c)) • 060278
2018 2017		9,804.				, 917			.061378
2016		4,579.				,841			.048946
2015		7,626.				,176			.058952
2014		3,054.				,144			.057278
	1, 2,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>						
2 Total of line 1, column (d)							2		.286832
3 Average distribution ratio for the	5-year base period - divide the total o	on line 2 by 5.	O, or by the numbe	er of y	ears				
the foundation has been in existe	nce if less than 5 years		-				3		.057366
4 Enter the net value of noncharitat	ole-use assets for 2019 from Part X,	line 5					4	3	<u>5,513,485.</u>
5 Multiply line 4 by line 3							5		<u>2,037,267.</u>
							1		44 440
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		11,148.
= Add base 5 and 0							_		2 0/0 /15
7 Add lines 5 and 6							7		2,048,415.
8 Enter qualifying distributions from	n Part XII, line 4						8		2,840,082.
	n line 7, check the box in Part VI, line	tb, and comp	olete that part usin	g a 1%	6 tax rat	te.			
See the Part VI instructions.									

Form 990-PF (2019) NOVARTIS U.S. FOUNDATION 13-Part VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-	6193034	Page 4
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%	11	,148.
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)		-
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	11	,148.
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-	11	,148.
6 Credits/Payments:		<u></u>
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 7,535.		j
b Exempt foreign organizations - tax withheld at source 6b 0.		• 1
c Tax paid with application for extension of time to file (Form 8868) 6c 3,613.	-	
d Backup withholding erroneously withheld 6d 0.		
7 Total credits and payments. Add lines 6a through 6d	11	,148.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax		
Part VII-A Statements Regarding Activities		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Y	res No
any political campaign?	1a	X_
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
distributed by the foundation in connection with the activities.	ــاـــا	
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-
(1) On the foundation. > \$ 0 . (2) On foundation managers. > \$ 0 .		
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	X
If "Yes," attach a detailed description of the activities.	· ·	·
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	-	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	I/A 4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>
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	1 1	1 1
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?		<u>X</u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. 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)	-	

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 $\bf 9$ 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

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

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of each state as required by General Instruction G? If "No," attach explanation

orm 990-PF (2019) NOVARTIS U.S. FOUNDATION			<u>13-61930</u>	34	Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ued)	v	
5a During the year, did the foundation pay or incur any amount to:			. [, Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	- -	
(2) Influence the outcome of any specific public election (see section 4955); or					1 1
any voter registration drive?		Ye	es 🗶 No 🧦	- 1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•		s X No	,	I
(4) Provide a grant to an organization other than a charitable, etc., organization				· .]	
4945(d)(4)(A)? See instructions		☐ Y€	s X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fr			1	1.1
the prevention of cruelty to children or animals?			s X No	.]	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described in		""	.]	,
section 53.4945 or in a current notice regarding disaster assistance? See instru		N/A	5b	_	
Organizations relying on a current notice regarding disaster assistance, check h		<u> </u>	,	 	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		ned	·		i
expenditure responsibility for the grant?			es No	- 1	
· · · · · · · · · · · · · · · · · · ·	1/	/A Ye	.a NU	1 -	'-
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	an aramuma an			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiunis on	П.,	. 	1	
a personal benefit contract?		Y6	es X No _		-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a per	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.				1	1
7a At any time during the tax year, was the foundation a party to a prohibited tax st		Ye	es X No		 -
b If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7b	
$f 8$ Is the foundation subject to the section 4960 tax on payment(s) of more than $\bf \$$	1,000,000 in remuneration or			٠	1
excess parachute payment(s) during the year?			s X No		
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	agers, Highly			
Paid Employees, and Contractors				-	
List all officers, directors, trustees, and foundation managers and th	• •	1		·	
(,) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) E:	xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allow	ances
SEE STATEMENT 7		0.	0.		0.
-				İ	
······					
				 	
 -					
		 		 	
2 Compensation of five highest-paid employees (other than those incl	udad on line 4\ If nems	ntor "NONE "		<u> </u>	
Compensation of five nignest-paid employees (other than those incl	(b) Title, and average	THE NUME.	(d) Contributions to	(a) E	xpense
(a) Name and address of each employee paid more than \$50,000	` hours per week `	(c) Compensation	employee benefit plans and deferred	accour	nt, other
NOVE	devoted to position		compensation	allow	vances
NONE					
				<u> </u>	
				<u> </u>	
					
				L	
· · · · · · · · · · · · · · · · · · ·					
Total number of other employees paid over \$50,000	·	•			
			Form	990-PI	<u>_</u>
			. 31111		\

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		T
	7	
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 statis number of organizations and other beneficiaries served, conferences convened, research papers prod	tical information such as the luced, etc.	Expenses
1 N/A	****	
2		
· · · · · · · · · · · · · · · · · · ·		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A	mios i and z.	- Tillouit
M/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	_	0. orm 990-PF (2019)
	F:	Jrm ララリードド (2019)

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ĮP.	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	35,753,756. 300,543.
b	Average of monthly cash balances	1b	300,543.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	36,054,299.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	36,054,299.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	540,814.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	35,513,485.
6	Minimum investment return. Enter 5% of line 5	6	1,775,674.
IP.	art:XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(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	1,775,674.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 11,148		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	11,148.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,764,526.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,764,526.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,764,526.
ĮP,	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,840,082.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
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	2,840,082.
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	5	11,148. 2,828,934.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,828,934.
	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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	Сограс	Todio prior to 2010	2010	
line 7				1,764,526.
2 Undistributed income, if any, as of the end of 2019			_	
a Enter amount for 2018 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 209,417. b From 2015 267,798.				
d From 2017 378,554.				
e From 2018 337,113.				
f Total of lines 3a through e	1,192,882.		· · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2019 from				
Part XII, line 4 ⁻ ▶ \$ 2,840,082.				ì
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior			 	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				1,764,526.
e Remaining amount distributed out of corpus	1,075,556.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		-		
a Corpus Add lines 3f 4c and 4e Subtract line 5	2,268,438.			
b Prior years' undistributed income. Subtract	<u> </u>			
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		_	•	
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line			^	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2020				0.
/ 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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	209,417.	1 1 1 2		
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	2,059,021.			
10 Analysis of line 9:				
a Excess from 2015 267,798.				
þ Excess from 2016	, [
c Excess from 2017 378,554.				
d Excess from 2018 337, 113.			,	
e Excess from 2019 1,075,556.		<u> </u>		<u></u> _i

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Total

Part XVI-A	Analysis	of Income-	Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	_		+		
b	_				
c	_		+		
d	_		\perp		
e			\perp		
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	12,703.	
4 Dividends and interest from securities			14	12,703. 804,995.	
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					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	297,120.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					•
e					
12 Subtotal. Add columns (b), (d), and (e)		0		1,114,818.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,114,818.
(See worksheet in line 13 instructions to verify calculations.	.)				

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

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).						

Form **990-PF** (2019)

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Pa	rt XVI	I Information Re Exempt Organ	-	ers to a	nd Transactions ar	nd Relationshi	ps With Noncharit	able		
_	`D.J.L.			ho follows	a with any other executation	an described in section		\top	Ves	No
1		organization directly or indi				on described in section	on 50 I(c)		163	100
	•	han section 501(c)(3) organ	•							
а		rs from the reporting founda	ation to a noncharitable	exempt org	janization of,			42/41		
	(1) Cas							1a(1)	 	X
	٠,	ner assets						1a(2)		_
D		ansactions:	k1					1	-	
		es of assets to a noncharita	, -					1b(1)	 	X
		chases of assets from a no		nization				1b(2)	\vdash	X
		ntal of facilities, equipment,						1b(3)		X
		mbursement arrangements						1b(4)	 	x
		ans or loan guarantees	umbarahin ar fundrajaja	. aaliaitatia				1b(5)	 	X
_		formance of services or me						1b(6) 1c	 	X
	•	of facilities, equipment, ma nswer to any of the above is			· · · -	wave chow the fair m	arket value of the goods of		L	
u		ces given by the reporting fo		-	• •	-	- .		5613,	
		(d) the value of the goods,			o icas than fall market valu	ic in any transaction	or snaring arrangement, si			
(a)ı	ine no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring are	angeme	
(-)-		(b) / miles in miles	(6) 100	N/A		(4)			-	
						<u> </u>				—
_	+	1.00				<u> </u>				
	- +	-								
		••-		-						
										
		-								
		·**·			···					
2a	Is the fo	oundation directly or indirec	tly affiliated with, or rela	ted to, one	or more tax-exempt organi	zations described				
		on 501(c) (other than sectio	•		. •			Yes	X	□No
ь	If "Yes,"	complete the following sch	edule.							
		(a) Name of org		1.	(b) Type of organization	. (c) Description of relations	nıp		
		N/A								
		der penalties of perjury, I declare to belief, it is true, gorrect, and com					o onu knowlodeo Ma	y the IRS		ihis
	gn 👢	beller, tris true correct, and corr	negration of prepare	ar (ounear unan	taxpayer) is based on all informa	Miori or writch preparer ha	100	ırn with th wn below		j
He	ere	Kalund	l. My me	4	11-/3 20	Office	Lee [X Yes	•	No
	S	ignature of officer or trustee			(Dātē)	(Title)			<u> </u>	
		Print/Type preparer's na	ame /V P	reparer's s	ignature	Date	Check if PTIN			
_			ر ا	1	<i>(</i>		self- employed			
	aid	GEORGE DIN		1/1/11	W. V	11/12/20		1213		
	epare	1 11 11 5 11 a 11 b 1	GER METIS	CPAS,	LLC		Firm's EIN ► 06-1	5674	65	
Us	se Onl		<u>.</u>							
			2 MOUNT AIR							
		BA	SKING RIDGI	E , No	J 07920		Phone no. (908)			
							F	orm 99	0-PF	(2019)

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

2019

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

NO	OVARTIS U.S. FOUNDATION	13-6193034
Organization type (check o	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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c) General Rule For an organizatio property) from any	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, co or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amoun I, line 1 Complete Parts I and II	or 16b, and that received from
year, total contribi	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa- lity to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Foother filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Name of organization

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Employer identification number

MOVARTIS	II.S.	FOUNDATION

13-6193034

HOVAIN	115 U.S. FOUNDATION		3-0133034
Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	cional 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	 \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash (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 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 (Complete Part II for noncash contributions)

Name of organization

Employer identification number

NOVARTIS U.S. FOUNDATION

13-6193034

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	
(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.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		_{\$}	

Name of o	rganization		Employer identification number
NOVAR	TIS U.S. FOUNDATION		13-6193034
Part III	Exclusively religious, charitable, etc., contribut		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
}		(-) 7	
		(e) Transfer of gift	
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
1			And the state of t
			· · · · · · · · · · · · · · · · · · ·
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Ose of girt	(a) Description of now girt is need
	-	-	
	10-10-11-11		
		(e) Transfer of gif	t
	Transferee's name, address, a	ind 7IP + 4	Relationship of transferor to transferee
	Transition of training deciroos, a		
			_
(a) No.		<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of gif	t
	Turmaformala mama addusas a		Deletionship of transferor to transferor
	Transferee's name, address, a	ING 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
		_	
	ļ 		
ŀ		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
Ì			

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	
ATIONAL MERIT SCHOLARSHIP CORP		NC	2017-18 ACADEMIC YEAR	
560 SHERMAN AVENUE SUITE 200			SCHOLARSHIP	
VANSTON, IL 60201				160,76
HARITIES AID FOUNDATION AMERICA				1,047,64
EW JERSEY SCIENCE				
				5,00
				
-	-			
Total from continuation sheets				1,213,4

FORM 990-PF	ACCOUNTING FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	12,660.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	12,660.	0.	0.	0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	SI	PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	105,000.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	105,000.	0.	0.	0.	
FORM 990-PF	TAX	ES	នា	PATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX	11,148.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	11,148.	0.	0.	0.	
=					
FORM 990-PF	OTHER E			FATEMENT 4	
FORM 990-PF DESCRIPTION MATCHING GIFT PROCESS FEE	OTHER E (A) EXPENSES	XPENSES (B) NET INVEST-	(C) ADJUSTED	CHARITABLE	
FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES PER BOOKS 29,623. 23,948.	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FORM 990-PF DESCRIPTION MATCHING GIFT PROCESS FEE BANK CHARGES AND CUSTODY FEES LICENSES AND FEES	OTHER E (A) EXPENSES PER BOOKS 29,623. 23,948. 874.	(B) NET INVEST- MENT INCOME 0. 0.	(C) ADJUSTED NET INCOME 0. 0.	(D) CHARITABLE PURPOSES 0.	
FORM 990-PF DESCRIPTION MATCHING GIFT PROCESS FEE BANK CHARGES AND CUSTODY FEES	OTHER E (A) EXPENSES PER BOOKS 29,623. 23,948.	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME 0.	(D) CHARITABLE PURPOSES 0	

FORM 990-PF (CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE SECURITIES	-	15,799,773.	37,474,971.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	15,799,773.	37,474,971.
FORM 990-PF O	THER LIABILITIES		STATEMENT 6
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
FEDERAL TAXES PAYABLE	-	0.	3,613.
TOTAL TO FORM 990-PF, PART II, L	INE 22	0.	3,613.

FORM 990-PF 1	PART VIII - L TRUSTEES A	IST OF OFFICERS, DIRECTORS ND FOUNDATION MANAGERS			TATEMENT 7	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
TRACY FUREY 230 PARK AVENUE NEW YORK, NY 10163		PRESIDENT/TRUS	TEE 0.	0.	0.	
DAVID HELLMUTH 230 PARK AVENUE NEW YORK, NY 10163		SECRETARY 0.00	0.	0.	0.	
KATHERINE VAZQUEZ 230 PARK AVENUE NEW YORK, NY 10163		TREASURER/TRUS	STEE 0.	0.	0.	
STEPHEN PETTY 230 PARK AVENUE NEW YORK, NY 10163		ASSISTANT TREA	ASURER 0.	0.	0.	
ASHLEY ATKINS 230 PARK AVENUE NEW YORK, NY 10163		MANAGER 0.00	0.	0.	0.	
LUCIA AURELLO 230 PARK AVENUE NEW YORK, NY 10163		MANAGER 0.00	0.	0.	0.	
HAYLEY RAZLOZNIK 230 PARK AVENUE NEW YORK, NY 10163		MANAGER 0.00	0.	0.	0.	
THOMAS KENDRIS 230 PARK AVENUE NEW YORK, NY 10163		CHAIRMAN 0.00	0.	0.	0.	
CANDIE PHIPPS 230 PARK AVENUE NEW YORK, NY 10163		TRUSTEE 0.00	0.	0.	0.	
MARYLYNN SAURO 230 PARK AVENUE NEW YORK, NY 10163		TRUSTEE 0.00	0.	0.	0.	

NOVARTIS U.S. FOUNDATION			13-6	193034
DAVID SIMPSON 230 PARK AVENUE NEW-YORK, NY 10163	ASSISTANT TREASURER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	<u> </u>	0.	0.