

Form 990-PF

Return of Private Foundation

OMB No 1545-0047

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.

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning 2019, and ending 20

Name of foundation BOEHRINGER INGELHEIM CARES FOUNDATION, INC.
Employer identification number 31-1810072

Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions)
900 RIDGEBURY ROAD (203) 791-6731

City or town, state or province, country, and ZIP or foreign postal code RIDGFIELD, CT 06877

G Check all that apply Initial return Final return Address change Initial return of a former public charity Amended return Name change

H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) Accounting method Cash Accrual Other (specify)
\$ 105,610,310 (Part I, column (d), must be on cash basis)

C If exemption application is pending check here
D 1 Foreign organizations check here
2 Foreign organizations meeting the 85% test check here and attach computation
E If private foundation status was terminated under section 507(b)(1)(A), check here
F If the foundation is in a 60-month termination under section 507(b)(1)(B) check here

3/4

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))

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Contributions, Interest on savings, Dividends, Gross rents, Net gain or loss from sale of assets, Capital gain net income, etc.

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Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Compensation of officers, Other employee salaries, Pension plans, Legal fees, Accounting fees, Other professional fees, Interest, Taxes, Depreciation, Occupancy, Travel, conferences, and meetings, Printing and publications, Other expenses, Total operating and administrative expenses, Contributions, gifts, grants paid, Total expenses and disbursements, Subtract line 26 from line 12, Excess of revenue over expenses and disbursements, Net investment income, Adjusted net income.

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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 . . . . .	7,313,978.	2,003,177.	2,003,177.	
	2	Savings and temporary cash investments . . . . .	2,374.	10,077.	10,077.	
	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. . . . .	21,209,056.	48,334,279.	48,334,279.	
	9	Prepaid expenses and deferred charges . . . . .	25,000.	25,000.	25,000.	
	10a	Investments - U S and state government obligations (attach schedule) . . . . .				
	b	Investments - corporate stock (attach schedule) ATCH 5 . . . . .	13,694,001.	13,017,140.	17,116,320.	
	c	Investments - corporate bonds (attach schedule) ATCH 6 . . . . .	35,662,904.	38,062,774.	38,121,457.	
	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 ▶ _____ )					
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	77,907,313.	101,452,447.	105,610,310.		
Liabilities	17	Accounts payable and accrued expenses . . . . .	781,327.	467,920.		
	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) . . . . .	781,327.	467,920.			
Net Assets or Fund Balances		Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30				
	24	Net assets without donor restrictions . . . . .	77,125,986.	100,984,527.		
	25	Net assets with donor restrictions . . . . .				
		Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30				
	26	Capital stock, trust principal, or current funds . . . . .				
	27	Paid-in or capital surplus, or land bldg. and equipment fund. . . . .				
	28	Retained earnings, accumulated income, endowment, or other funds . . . . .				
29	Total net assets or fund balances (see instructions) . . . . .	77,125,986.	100,984,527.			
30	Total liabilities and net assets/fund balances (see instructions) . . . . .	77,907,313.	101,452,447.			

**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 29 (must agree with end-of-year figure reported on prior year's return), . . . . .	1	77,125,986.
2	Enter amount from Part I, line 27a . . . . .	2	23,858,541.
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	100,984,527.
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 29 . . . . .	6	100,984,527.

**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 SEE PART IV SCHEDULE						
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) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }				2	1,343,257.	
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 . . . . .				3	32,824.	

**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))
2018	6,427,619.		
2017	4,816,394.		
2016	5,646,704.		
2015	4,343,728.		
2014	4,095,582.		
2 Total of line 1, column (d) . . . . .			2 0.
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
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 . . . . .			4
5 Multiply line 4 by line 3. . . . .			5
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .			6 27,859.
7 Add lines 5 and 6. . . . .			7 27,859.
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 15,005,023.

3

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

Table with 11 rows for excise tax calculations. Line 1: 27,859. Line 2: 27,859. Line 3: 27,859. Line 4: 0. Line 5: 27,859. Line 6a: 13,200. Line 7: 13,200. Line 9: 14,659.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns: Question, Yes, No. Row 1a: No (X). Row 1b: No (X). Row 1c: No (X). Row 2: No (X). Row 3: No (X). Row 4a: No (X). Row 4b: No (X). Row 5: No (X). Row 6: Yes (X). Row 7: Yes (X). Row 8a: Yes (X). Row 9: Yes (X). Row 10: No (X).

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Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions . . . . . 11 Yes No 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. . . . . 12 Yes No X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address HTTP://US.BOEHRINGER-INGELHEIM.COM/ 13 X
14 The books are in care of MICHELLE POTPAN Telephone no 203-791-6731 Located at 900 RIDGEBURY ROAD RIDGEFIELD, CT ZIP+4 06877
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here . . . . . 15 and enter the amount of tax-exempt interest received or accrued during the year . . . . .
16 At any time during calendar year 2019, 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? . . . . . 16 Yes No X

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.

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? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No X
(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)? Yes No X
(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). Yes No X
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 . . . . .
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 2019? . . . . . 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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes No X
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? Yes No X
b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019) . . . . . 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 2019? 4b X

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

5a During the year, did the foundation pay or incur any amount to			Yes	No
(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.		5b		X
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? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		6b		X
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?		7b		
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 7		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.

**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 . . . . . ▶

**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 . . . . . ▶

**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	
d	Total (add lines 1a, b, and c) . . . . .	1d	0.
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	
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions). . . . .	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5 . . . . .	6	0.

**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	
2a	Tax on investment income for 2019 from Part VI, line 5 . . . . .	2a	
b	Income tax for 2019 (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	
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4 . . . . .	5	
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	

**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	15,005,023.
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	15,005,023.
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	27,859.
6	Adjusted qualifying distributions. Subtract line 5 from line 4 . . . . .	6	14,977,164.

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, line 7 . . . . .				0.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only, . . . . .				
b Total for prior years 20 17, 20 16, 20 15 . . . . .				
3 Excess distributions carryover, if any, to 2019				
a From 2014 . . . . .				
b From 2015 . . . . .				
c From 2016 . . . . .				
d From 2017 . . . . .				
e From 2018 . . . . .				
f Total of lines 3a through e . . . . .	0.			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ _____				
a Applied to 2018, 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 2019 distributable amount . . . . .				
e Remaining amount distributed out of corpus . . . . .				
5 Excess distributions carryover applied to 2019 (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 . . . . .				
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 2018 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020. . . . .				
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 2014 not applied on line 5 or line 7 (see instructions) . . . . .				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	0.			
10 Analysis of line 9				
a Excess from 2015 . . . . .				
b Excess from 2016 . . . . .				
c Excess from 2017 . . . . .				
d Excess from 2018 . . . . .				
e Excess from 2019 . . . . .				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, 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				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a 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 . . . . .	15,005,023.	6,440,637.	4,826,154.	5,653,935.	31,925,749.
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 . . . . .	15,005,023.	6,440,637.	4,826,154.	5,653,935.	31,925,749.
3 Complete 3a b, or c for the alternative test relied upon . . . . .					
a "Assets" alternative test - enter					
(1) Value of all assets. . . . .	105,610,310.	78,532,494.	78,282,964.	58,552,823.	320,978,591.
(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) )

NONE

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

NONE

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 8

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

ATCH 8

c Any submission deadlines

ATCH 8

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

ATCH 8

**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
<p><b>a</b> <i>Paid during the year</i> SEE ATTACHMENT 10</p>				<p>517,966,338.</p>
<p><b>Total</b> . . . . . ▶ <b>3a</b></p>				<p>517,966,338.</p>
<p><b>b</b> <i>Approved for future payment</i></p>				
<p><b>Total</b> . . . . . ▶ <b>3b</b></p>				





**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
BOEHRINGER INGELHEIM CARES FOUNDATION, INC.

Employer identification number  
31-1810072

**Organization type (check one)**

**Filers of:**

**Section.**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received 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 **BOEHRINGER INGELHEIM CARES FOUNDATION, INC.**

Employer identification number  
31-1810072

**Part I** Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOEHRINGER INGELHEIM PHARMACEUTICALS INC 900 RIDGEBURY ROAD RIDGEBURY, CT 06877	\$ 552,118,225.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	BOEHRINGER INGELHEIM USA CORPORATION 900 RIDGEBURY ROAD RIDGEBURY, CT 06877	\$ 500,000.	Person <input 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)

Name of organization **BOEHRINGER INGELHEIM CARES FOUNDATION, INC.**

Employer identification number  
31-1810072

**Part II** Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
1	PRESCRIPTION PHARMACEUTICAL PRODUCTS DONATED FACILITY <hr/> <hr/>	\$ 552,111,468.	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	

Name of organization **BOEHRINGER INGELHEIM CARES FOUNDATION, INC.**

Employer identification number  
31-1810072

**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	
_____		_____	
_____		_____	
_____		_____	

**FORM 990-PF - PART IV  
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
1,000,000.		SCHWAB S&P 500 INDEX FD 584,635.				03/23/2010 415,365.	12/06/2019	
500,000.		VANGUARD TOTAL WORLD STK INDEX INSTL CL 472,064.				08/23/2018 27,936.	12/06/2019	
2,989,410.		VANGUARD SHORT TERM BOND INDEX FUND INVE 2,965,067.				24,343.	06/05/2019	
1,000,000.		SCHWAB S&P 500 INDEX FD 662,703.				03/23/2010 337,297.	06/04/2019	
4,391,364.		VANGUARD SHORT TERM BOND INDEX FUND INVE 4,355,606.				35,758.	06/05/2019	
7,270,613.		VANGUARD SHORT TERM BOND INDEX FUND INVE 7,211,410.				59,203.	06/05/2019	
7,380,774.		VANGUARD SHORT TERM BOND INDEX FUND INVE 7,320,673.				60,101.	06/05/2019	
1,000,000.		SCHWAB S&P 500 INDEX FD 625,227.				03/23/2010 374,773.	10/04/2019	
1,000,000.		VANGUARD SHORT TERM BD INDEX INSTL 991,519.				06/06/2019 8,481.	08/22/2019	
TOTAL GAIN (LOSS) .....						<u>1,343,257.</u>		

ATTACHMENT 1

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING AND AUDIT EXPENSE	20,500.			20,500.
TOTALS	<u>20,500.</u>			<u>20,500.</u>

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
OTHER PROFESSIONAL FEES	231,422.	231,422.
TOTALS	<u>231,422.</u>	<u>231,422.</u>

ATTACHMENT 3

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
TAXES PAID	16,218.
TOTALS	<u>16,218.</u>

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
MEMBERSHIP DUES	27,500.	27,500.
MISCELLANEOUS	5,289.	5,289.
PATIENT ASSIST. PROGRAM FEES	4,777,400.	4,777,400.
ADJUSTMENT FOR DISCONT. INV.	8,468,686.	8,468,686.
SUBSCRIPTION	25,447.	25,447.
TOTALS	<u>13,304,322.</u>	<u>13,304,322.</u>

ATTACHMENT 5

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SCHWAB S & P 500 INDEX FUND	5,906,206.	4,892,749.	8,324,152.
VANGUARD TOTAL WORLD	7,787,795.	8,124,391.	8,792,168.
TOTALS	<u>13,694,001.</u>	<u>13,017,140.</u>	<u>17,116,320.</u>

ATTACHMENT 6FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PIMCO TOTAL RETURN FUND	9,275,375.	10,396,750.	10,346,147.
VANGUARD SHORT TERM BOND	20,658,906.	21,318,277.	21,438,206.
PIMCO REAL RETURN FUND	5,728,623.	6,347,747.	6,337,104.
TOTALS	<u>35,662,904.</u>	<u>38,062,774.</u>	<u>38,121,457.</u>

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER  
 WEEK DEVOTED TO POSITION

COMPENSATION

CONTRIBUTIONS  
 TO EMPLOYEE  
 BENEFIT PLANS

EXPENSE ACCT  
 AND OTHER  
 ALLOWANCES

DR. WOLFGANG BAIKER  
 900 RIDGEBURY ROAD  
 RIDGEFIELD, CT 06877

CHAIRMAN OF THE BOARD  
 .50

0. 0. 0.

KAREN IANELLA  
 900 RIDGEBURY ROAD  
 RIDGEFIELD, CT 06877

PRESIDENT  
 5.00

0. 0. 0.

FRANK A. POMER, ESQ.  
 900 RIDGEBURY ROAD  
 RIDGEFIELD, CT 06877

VICE PRESIDENT  
 1.00

0. 0. 0.

MICHELLE POTPAN  
 900 RIDGEBURY ROAD  
 RIDGEFIELD, CT 06877

TREASURER  
 5.00

0. 0. 0.

ADAM PRICE, ESQ.  
 900 RIDGEBURY ROAD  
 RIDGEFIELD, CT 06877

SECRETARY  
 4.00

0. 0. 0.

CHRISTIAN ORTH  
 900 RIDGEBURY ROAD  
 RIDGEFIELD, CT 06877

DIRECTOR  
 .50

0. 0. 0.

<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>
JAMIE EDEN 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	DIRECTOR .50	0.	0.	0.
EVERETT HOEKSTRA 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	DIRECTOR .50	0.	0.	0.
<u>GRAND TOTALS</u>		<u>0.</u>	<u>0.</u>	<u>0.</u>

ATTACHMENT 8

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

ANN WAINRIGHT  
900 RIDGEBURY ROAD  
RIDGEFIELD, CT 06877

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

GRANT APPLICATION TO BE COMPLETED ONLINE AT:  
[HTTP://BICARES.ENVISIONPHARMA.COM/VT\\_BI\\_CD](http://BICARES.ENVISIONPHARMA.COM/VT_BI_CD)

SUBMISSION DEADLINES:  
ANNUALLY, APRIL 1ST

RESTRICTIONS OR LIMITATIONS ON AWARDS:  
SEE ATTACHED POLICIES FOR FINANCIAL CONTRIBUTIONS FROM BI CARES

**Cash Contributions**

Source Name	Amount	Purpose of Contribution	Address	City	State	Zip Code
YourCause	1,190.00	Inv # 108544	6505 W Park Blvd	Plano	TX	75093
Regional Hospice & Palliative Care	25,000.00	Support for Programs	30 Milestone Road	Danbury	CT	06810
Malta House of Care, Inc	75,000.00	Support for Health Coach Program	19 Woodland Street	Hartford	CT	06105
New Haven Farms, Inc	20,000.00	Support for Community Health Ambassador Training Program	P O Box 8953	New Haven Farms	CT	06532
Ann's Place, The Home of I Can	35,000.00	Support for Health Equity Initiative	80 Saw Mill Road	Danbury	CT	06810
Connecticut Invention Convention	30,000.00	Support Expansion of Programs	P O Box 230311	Hartford	CT	06123-0311
MAP International	55,000.00	Support for Programs	2200 Glynco Parkway	Brunswick	GA	31521-5000
Scotty Fund	2,000.00	Support for Programs	P O Box 1080	Bethel	CT	06801
Direct Relief International	50,000.00	Support for Programs	6100 Wallace Becknell Road	Santa Barbara	CA	93117
Angel Flight of New England	5,000.00	Support for Outreach Program	492 Sulton Street	North Andover	MA	01845
CT American Veterans Service Foundation	5,000.00	Support for Programs	Amvets Dept of CT	Hartford	CT	06141-0537
CT Foundation for Dental Outreach	10,000.00	Support for Programs	835 West Queen Street	Southington	CT	06489
Junior Achievement of Western CT, Inc	18,000.00	Support for STEM	835 Main Street	Bridgeport	CT	06604
AmeriCares Free Clinics	220,000.00	Support for Danbury Clinic	88 Hamilton Avenue	Stamford	CT	06902
New Haven Science Fair	5,000.00	Support for Mentor Program	GNHCC 900 Chapel St	New Haven	CT	06510
Norma F Pfnem Breast Care Center	45,000.00	Support for Programs	111 Beach Road	Fairfield	CT	06824
Fairfield University	15,000.00	Support for BASE Camp Program	1073 North Benson Road	Fairfield	CT	06824
AmeriCares Free Clinics	111,853.00	Support for Health Coach	88 Hamilton Avenue	Stamford	CT	06902
AmeriCares	85,000.00	Support for Programs	88 Hamilton Avenue	Stamford	CT	06902
VNA of Ridgefield	3,000.00	Support for Community Health Fair	27 Governor Street	Ridgefield	CT	06877
Malta House of Care, Inc	50,000.00	Support for Programs	19 Woodland Street	Hartford	CT	06105
Connecticut Science Center, Inc	30,000.00	Support for Genomics Program	250 Columbus Blvd	Hartford	CT	06103
DSABC	8,000.00	Support for Mentoring Program	63 Beaver Brook Road	Danbury	CT	06810
Connecticut Institute for Communities Inc	15,000.00	Support for Programs	120 Main Street	Danbury	CT	06810
Hillside Food Outreach	5,000.00	Support for Healthy Plates Program	39 Old Ridgebury Road	Danbury	CT	06810
Westchester Science and Engineering Fair	13,000.00	Support for Science and Engineering Fair	4 Benjamin Green Lane	Mahopac	NY	10541
United Way of Western Connecticut	15,000.00	Support for Programs	301 Main Street, Suite 2-5	Danbury	CT	06810
Danbury & New Milford Hospital Foundation	40,000.00	Support for Community Care Team	24 Hospital Avenue	Danbury	CT	06810
National Inventors Hall of Fame, Inc	10,000.00	Support for Camp Invention Programs	3701 Highland Park NW	North Canton	OH	44647

**2019 Boehringer Ingelheim Cares Foundation, Inc.**

**Attachment 10**

Community Solutions, Inc	30,000 00 Support for Programs	60 Broad Street	New York	NY	10004
Family & Children's Aid	3,000 00 Support for Programs	75 West Street	Danbury	CT	06810
American Chemical Society	5,000 00 Support Project SEED	1155 16th Street, NW	Washington	DC	20036
American Cancer Society 2	20,000 00 Support for Patient Navigation Program	2 Commerce Drive Suite 110	Bedford	NH	038110
Ridgefield Playhouse	5,000 00 Support for Science Production	80 East Ridge Road	Ridgefield	CT	06877
YourCause	1,542 04 Inv # 109628	6505 W Park Blvd	Plano	TX	75093
Warrior Canine Connection	50,000 00 Support Therapeutic Dog Training Program for Veterans	14934 Schaeffer Road	Boyd's	MD	20841
YourCause	380 00 Inv #111488	6505 W Park Blvd	Plano	TX	75093
Danbury Animal Welfare Society, Inc	6,000 00 Support for Clinic	147 Grassy Plain Street	Bethel	CT	06801-2806
Guiding Eyes for the Blind	10,000 00 Support for Programs	611 Granite Springs Road	Yorktown Heights	NY	10598
Chastain Horse Park	70,000 00 Support for Rider Scholarship Program	4371 Powers Ferry Road	Allanta	GA	30327
Little Britches Therapeutic Riding, Inc	2,000 00 Support for Riders	P O Box 120	Woodbury	CT	06798
Atlanta Humane Society	160,000 00 Support for Programs	1565 Mansell Road	Alpharetta	GA	30009
Cancer Care, Inc	25,000 00 Caring for Pets	275 Seventh Avenue	New York	NY	10001
GreaterGood org	40,000 00 Support Rescue Rebuild	6262 N Swan Road, Ste 162	Tucson	AZ	85718
AmeriCares	5,000 00 Support for Programs	88 Hamilton Avenue	Stamford	CT	06902
YourCause	13,814 20 Inv #112833	6505 W Park Blvd	Plano	TX	75093
	<u>1,448,779 24</u>				

**Inventory Contributions**

Source Name	Amount	Purpose of Contribution	Street1	Street2	City	State	Zip
Express Scripts, Inc SDS	97,075,179.67	Pharmaceutical Products donated for Patent Assistance Program	21162 Network Place		Chicago	IL	60673-1211
PharmaCord	244,687,015.45	Pharmaceutical Products donated for Patent Assistance Program	6100 Dutchmans Lane Suite 1200		Louisville	KY	40205
MAP International	53,977,971.57	Pharmaceutical Products donated	4700 Glynco Parkway		Brunswick	GA	31525
Direct Relief International	52,771,879.36	Pharmaceutical Products donated	27 S La Patera Lane		Santa Barbara	CA	93117
AmeriCares Warehouse	76,474,198.31	Pharmaceutical Products donated	88 Hamilton Avenue		Stamford	CT	06902
	<u>524,986,244.36</u>						
<b>Adjustment for Discontinued Inv</b>	-8,468,685.00						
	<u>-8,468,685.00</u>						
	<u>516,517,559.36</u>	<b>Total Grants</b>					