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Form 990-PF

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
THE ALCON FOUNDATION INC

Number and street (or P.O. box number if mail is not delivered to street address)
6201 SOUTH FREEWAY TB3-4

City or town, state or province, country, and ZIP or foreign postal code
FORT WORTH, TX 76134

Room/suite

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ 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) ▶\$ 30,000

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis.)

A Employer identification number
20-0166600

B Telephone number (see instructions)
(817) 551-8565

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

☐

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)	5,672,900			
	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	5,672,900	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	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)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0	0	0	0
	25 Contributions, gifts, grants paid	5,672,900			5,672,900
	26 Total expenses and disbursements. Add lines 24 and 25	5,672,900	0	0	5,672,900
	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-)			0	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

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) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)	 0	 0	 30,000
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	0	0	30,000
	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 FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	0	0	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28	Retained earnings, accumulated income, endowment, or other funds	0	0	
	29	Total net assets or fund balances (see instructions)	0	0	
	30	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 29 (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	0
4	Add lines 1, 2, and 3	4	0
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	0

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., 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.)
1a			

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

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	
	3	
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		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved			2
3 Reserved.			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved ,			8

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	Reserved.	1	0
c	All other domestic foundations enter 1.39% 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	0
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	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
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	0
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 2021 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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="text"/> \$ <u>0</u> (2) On foundation managers. <input type="text"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> 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? <i>If "No," attach explanation.</i>	8b	Yes
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>MELISSA THOMPSON</u> Telephone no. ▶ <u>(817) 551-8565</u>			

Located at ▶ 6201 SOUTH FREEWAY TA4-13 FORT WORTH TXZIP+4 ▶ 76134

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2020, 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
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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):		Yes	No
	(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		No
	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 2020?	1c		No
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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
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 2020 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 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2020?	4b		No

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	
	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 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	6b	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	7b	
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 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, 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
See Additional Data Table				
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

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	
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	0
2	
All other program-related investments. See instructions.	
3 	0
Total. Add lines 1 through 3 ►	0

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	0
b	Average of monthly cash balances.	1b	0
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	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
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 2020 from Part VI, line 5.	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,478
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,478
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	1,478

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	5,672,900
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:		
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	5,672,900
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	5,672,900

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,478
2 Undistributed income, if any, as of the end of the 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 2018, 2017, 2016		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	5,872,831			
b From 2016.	5,254,766			
c From 2017.	3,637,703			
d From 2018.	3,400,534			
e From 2019.	3,645,497			
f Total of lines 3a through e.	21,811,331			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>5,672,900</u>				
a Applied to 2019, 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 2020 distributable amount.				1,478
e Remaining amount distributed out of corpus	5,671,422			
5 Excess distributions carryover applied to 2020. (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	27,482,753			
b Prior years' undistributed income. Subtract 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
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).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	5,872,831			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	21,609,922			
10 Analysis of line 9:				
a Excess from 2016.	5,254,766			
b Excess from 2017.	3,637,703			
c Excess from 2018.	3,400,534			
d Excess from 2019.	3,645,497			
e Excess from 2020.	5,671,422			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
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).) See Additional Data Table

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.

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 e-mail address of the person to whom applications should be addressed:

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

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

THE ALCON FOUNDATION ACCEPTS CHARITABLE MONETARY DONATION APPLICATIONS FROM 501(C)(3) CHARITIES WITH: HIGH-QUALITY PROGRAMS AND SERVICES, WELL-DEFINED GOALS, A COMMITMENT TO MAXIMIZING AVAILABLE RESOURCES, A REPUTATION FOR MEETING OBJECTIVES, AND THE ABILITY TO REPORT RESULTS. APPLICANTS SHOULD REVIEW ELIGIBILITY USING THE FOUNDATION'S ONLINE ELIGIBILITY QUESTIONNAIRE ([HTTPS://WWW.ALCON.COM/ABOUT-US/CORPORATE-SOCIAL-RESPONSIBILITY](https://www.alcon.com/about-us/corporate-social-responsibility)). WELL-ALIGNED APPLICATIONS CAN THEN BE SUBMITTED UPON SUCCESSFUL COMPLETION OF THE ONLINE ELIGIBILITY QUESTIONNAIRE.

c Any submission deadlines:

REQUESTS FOR MORE THAN \$10,000 ARE ACCEPTED ONLINE BETWEEN FEBRUARY 1 AND JULY 31 EACH YEAR.

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

CONTINUED FROM ABOVE. REQUESTS FOR \$10,000 OR LESS ARE ACCEPTED ONLINE AT ANY TIME THROUGHOUT THE YEAR. THE ALCON FOUNDATION, INC. SUPPORTS ORGS IN THE FIELDS OF HEALTH CARE, LEADERSHIP PROGRAMS, RESEARCH, EDUCATION AND COMMUNITY RESPONSIBILITY. THE FOUNDATION DOES NOT MAKE DONATIONS TO: NON-501 (C)(3) ORGANIZATIONS, INDIVIDUALS OR FAMILIES; FRATERNAL, LABOR, POLITICAL OR VETERANS ORGS; ORGANIZATIONS THAT DISCRIMINATE ON THE BASIS OF CREED, GENDER, GENDER IDENTITY, NATIONAL ORIGIN, RACE, RELIGION OR SEXUAL ORIENTATION; K-12 SCHOOLS OR SCHOOL-AFFILIATED GROUPS; ATHLETIC LEAGUES OR TEAMS; PROGRAMS PROVIDING ADAPTIVE SERVICES AND/OR TECHNOLOGIES EXCLUSIVELY FOR THE BLIND OR PEOPLE WITH LOW VISION; RELIGIOUS-BASED PROGRAMS FOR THE PURPOSE OF FURTHERING RELIGIOUS DOCTRINE; FUNDRAISING EVENTS AND ACTIVITIES, E.G., WALKS/RUNS, GALAS, DINNERS, GOLF TOURNAMENTS, ETC.; PROFESSIONAL/INDUSTRY MEETINGS AND/OR CONFERENCES.

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	5,672,900
b <i>Approved for future payment</i> See Additional Data Table				
Total			3b	2,105,000

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
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					
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		0	0
13 Total. Add line 12, columns (b), (d), and (e).					0

(See worksheet in line 13 instructions to verify calculations.)

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
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.		
	*****	2021-11-09	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EVAN W SEEKAMP		2021-11-09		P01907071
	Firm's name ▶ KPMG LLP				Firm's EIN ▶ 13-5565207
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 101540102				Phone no. (212) 758-9700

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DAVID ENDICOTT	CHAIRMAN, DIRECTOR 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
MELISSA THOMPSON	PRESIDENT, DIRECTOR 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
KAREN KING	VICE PRESIDENT, DIRECTOR 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
ROYCE BEDWARD	VP, TREASURER, DIRECTOR 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
SERGIO DUPLAN	DIRECTOR 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
RICK WEISBARTH	DIRECTOR 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
RHONDA BRYANT	SECRETARY (NON- VOTE) 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
TOM HUDNALL	ASSISTANT SECRETARY (NON-VOTE) 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				
ANDY PAWSON	VICE PRESIDENT (NON- VOTE) 1.00	0	0	0
6201 SOUTH FREEWAY TB3-4 FORT WORTH, TX 76134				

Form 990PF Part XV Line 1a - 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).

DAVID ENDICOTT
ROYCE BEDWARD
SERGIO DUPLAN
TOM HUDNALL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
ORBIS INTERNATIONAL 520 8TH AVENUE NEW YORK, NY 10018	N/A	PC	EYE CARE	860,500
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	N/A	PC	EYE CARE	400,000
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	N/A	PC	EYE CARE	300,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FOUNDATION OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY 655 BEACH STREET SAN FRANCISCO, CA 941091342	N/A	SO II	EYE CARE	275,000
FORT WORTH MUSEUM OF SCIENCE & HISTORY 1600 GENDY STREET FORT WORTH, TX 76107	N/A	PC	COMMUNITY	260,000
FOUNDATION FOR EDUCATION AND RESEARCH IN VISION 4901 CALHOUN RD HOUSTON, TX 772042020	N/A	PC	EYE CARE	250,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
SIGHTLIFE1200 SIXTH AVENUE SEATTLE, WA 98101	N/A	PC	EYE CARE	200,000
TRINITY HABITAT FOR HUMANITY 9333 N NORMANDALE ST FORT WORTH, TX 76116	N/A	PC	COMMUNITY	175,000
EDUCATION FOUNDATION FOR FORT WORTH SCHOOLS 4455 CAMP BOWIE BLVD PMB 114 FORT WORTH, TX 761073864	N/A	PC	EYE CARE	125,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
EYELLIANCE110 E 25TH STREET NEW YORK, NY 10010	N/A	PC	EYE CARE	250,000
INTERNATIONAL EYE FOUNDATION 10801 CONNECTICUT AVENUE KENSINGTON, MD 208952134	N/A	PC	EYE CARE	124,000
SEE INTERNATIONAL (SEE) 175 CREMONA DRIVE GOLETA, CA 93117	N/A	PC	EYE CARE	120,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE WORLD FOOD PROGRAM 1725 I ST NW STE 510 WASHINGTON, DC 200062425	N/A	PC	COMMUNITY	119,498
INTERNATIONAL COUNCIL OF OPHTHALMOLOGY FOUNDATION 2261 MARKET STREET 445 SAN FRANCISCO, CA 94114	N/A	PC	EYE CARE	100,000
ORANGE COUNTY'S UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	N/A	PC	COMMUNITY	100,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
VISIONSPRINGPO BOX 756 NEW YORK, NY 10108	N/A	PC	EYE CARE	100,000
MASSACHUSETTS EYE AND EAR INFIRMARY 20 STANIFORD STREET BOSTON, MA 021142508	N/A	PC	EYE CARE	76,950
DANIEL MIGAEL FOUNDATION INC 2704 SE LOOP 820 FORT WORTH, TX 76140	N/A	PC	EYE CARE	75,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY 1762 CLIFTON ROAD NE ATLANTA, GA 303224250	N/A	PC	EYE CARE	75,000
JUNIOR ACHIEVEMENT OF GEORGIA 275 NORTHSIDE DRIVE NW ATLANTA, GA 30314	N/A	PC	COMMUNITY	70,000
WEST VIRGINIA UNIVERSITY FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	N/A	PC	EYE CARE	70,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH TEXAS AREA COMMUNITY HEALTH CENTERS INC 2332 BEVERLY HILLS DRIVE FORT WORTH, TX 76114	N/A	PC	EYE CARE	65,000
TARRANT COUNTY ASSOCIATION FOR THE BLIND 912 W BROADWAY AVE FORT WORTH, TX 761041115	N/A	PC	EYE CARE	60,000
FEEDING AMERICA 35 E WACKER DR STE 2000 CHICAGO, IL 606012200	N/A	PC	COMMUNITY	56,450
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
SERVE THE PEOPLE 1206 EAST 17TH STREET SUITE 101 SANTA ANA, CA 927012641	N/A	PC	EYE CARE	50,500
ASCRS FOUNDATION 12587 FAIR LAKES CIRCLE SUITE 348 FAIRFAX, VA 22033	N/A	PC	EYE CARE	50,000
ESSILOR VISION FOUNDATION 13515 NORTH STEMMONS FREEWAY DALLAS, TX 75234	N/A	PC	EYE CARE	50,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
LIGHT FOR THE WORLD USA INC 231 WEST NEW YORK, NY 10001	N/A	PC	EYE CARE	50,000
UNITED WAY OF BERKS COUNTY PO BOX 702 READING, PA 19603	N/A	PC	COMMUNITY	40,000
UNITED WAY OF METROPOLITAN TARRANT COUNTY 1500 N MAIN ST STE 200 FORT WORTH, TX 76164	N/A	PC	COMMUNITY	40,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS 2055 KENDALL DRIVE DALLAS, TX 75235	N/A	PC	COMMUNITY	35,000
PREVENT BLINDNESS GEORGIA 270 CARPENTER DR STE 606 ATLANTA, GA 30328	N/A	PC	EYE CARE	30,000
PREVENT BLINDNESS AMERICA (PBA) 225 W WACKER DR CHICAGO, IL 606061375	N/A	PC	EYE CARE	25,500
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC 151 ELLIS STREET NE ATLANTA, GA 303032440	N/A	PC	COMMUNITY	25,001
UNITED NATIONS FOUNDATION INC 1750 PENNSYLVANIA AVE NW STE 300 WASHINGTON, DC 200064515	N/A	PC	COMMUNITY	25,001
AMERICAN ACADEMY OF OPTOMETRY FOUNDATION 622 EAST WASHINGTON ST ORLANDO, FL 32801	N/A	PC	EYE CARE	25,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
BASCOM PALMER EYE INST OPHTHALMOLOGY RESEARCH FDN 900 NW 17 STREET MIAMI, FL 33136	N/A	SO III FI	EYE CARE	25,000
COOK CHILDREN'S MEDICAL CENTER 801 7TH AVE FORT WORTH, TX 761042733	N/A	PC	EYE CARE	25,000
GA LIONS LIGHTHOUSE FOUNDATION INC 5582 PEACHTREE ROAD ATLANTA, GA 30341	N/A	PC	EYE CARE	25,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
GRADY HEALTH FOUNDATION 191 PEACHTREE ST NE STE 820 ATLANTA, GA 303031755	N/A	PC	EYE CARE	25,000
ILLINOIS COLLEGE OF OPTOMETRY 3241 S MICHIGAN AVE CHICAGO, IL 606163878	N/A	PC	EYE CARE	25,000
PREVENT BLINDNESS TEXAS 2180 NORTH LOOP WEST SUITE 435 HOUSTON, TX 77018	N/A	PC	EYE CARE	25,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
SIGHTSAVERS INCONE BOSTON PLACE BOSTON, MA 02108	N/A	PC	EYE CARE	25,000
TARRANT COUNTY COLLEGE FOUNDATION 1500 HOUSTON ST FORT WORTH, TX 761026599	N/A	PC	EYE CARE	25,000
UNITED WAY OF THE TEXAS GULF COAST 50 WAUGH DRIVE HOUSTON, TX 77007	N/A	PC	COMMUNITY	25,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF PIKEVILLE 147 SYCAMORE ST PIKEVILLE, KY 415019118	N/A	PC	EYE CARE	25,000
VISION FOR THE POOR 431 SHAWNEE DRIVE ERIE, PA 16505	N/A	PC	EYE CARE	25,000
UNITED WAY OF THE RIVER CITIES INC 820 MADISON AVE HUNTINGTON, WV 257042551	N/A	PC	COMMUNITY	22,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTHCARE FOR THE HOMELESS - HOUSTON 1934 CAROLINE ST HOUSTON, TX 77002	N/A	PC	EYE CARE	20,000
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD STE 1500 LOS ANGELES, CA 900251030	N/A	PC	COMMUNITY	20,000
LESTONNAC FREE CLINIC 1215 E CHAPMAN AVE ORANGE, CA 928662237	N/A	PC	EYE CARE	20,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 200363604	N/A	PC	EYE CARE	15,000
ALL CHURCH HOME FOR CHILDREN 3712 WICHITA STREET FORT WORTH, TX 76119	N/A	SO I	COMMUNITY	10,000
AMERICAN RED CROSS ORANGE COUNTY CHAPTER 600 PARCKCENTER DRIVE SANTA ANA, CA 92705	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
ARLINGTON LIFE SHELTER 325 W DIVISION ST ARLINGTON, TX 76011	N/A	PC	COMMUNITY	10,000
BERKS ARTS COUNCILPO BOX 854 READING, PA 196030854	N/A	PC	COMMUNITY	10,000
BIG BROTHERS BIG SISTERS 1003 WASHINGTON AVENUE HOUSTON, TX 77002	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
BOTANICAL RESEARCH INSTITUTE OF TEXAS (BRIT) 1700 UNIVERSITY DRIVE FORT WORTH, TX 76107	N/A	PC	COMMUNITY	10,000
BOYS & GIRLS CLUB OF GREATER FORT WORTH 3218 E BELKNAP ST FORT WORTH, TX 761114739	N/A	PC	COMMUNITY	10,000
BOYS & GIRLS CLUBS OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE, CA 928403101	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
CANCER CARE SERVICES 623 S HENDERSON ST FORT WORTH, TX 761042920	N/A	PC	COMMUNITY	10,000
CATHOLIC CHARITIESFORT WORTH FORT WORTH, TX 76115	N/A	PC	COMMUNITY	10,000
CLARKSTON COMMUNITY HEALTH CENTER 3700 MARKET ST STE 1 CLARKSTON, GA 300212653	N/A	PC	EYE CARE	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
COALITION FOR VISION 12655 N CENTRAL EXPY STE 910 DALLAS, TX 752431761	N/A	PC	EYE CARE	10,000
DALLAS SERVICES 700 NORTH PEARL STREET DALLAS, TX 75201	N/A	PC	EYE CARE	10,000
DR SHROFF'S CHARITY EYE CARE INC 674 VANDERBILT DR SUNNYVALE, CA 940872453	N/A	PC	EYE CARE	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DR STE 200 HOUSTON, TX 77081	N/A	PC	COMMUNITY	10,000
FORT WORTH OPERA505 PECAN STREET FORT WORTH, TX 76102	N/A	PC	COMMUNITY	10,000
FORT WORTH SYMPHONY ORCHESTRA 330 E 4TH ST FORT WORTH, TX 761024010	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 30075	N/A	PC	COMMUNITY	10,000
FRIENDS OF THE FORT WORTH NATURE CENTER & REFUGE PO BOX 471486 FORT WORTH, TX 76147	N/A	PC	COMMUNITY	10,000
HEALTHIER KIDS FOUNDATION SANTA CLARA COUNTY 4040 MOORPARK AVENUE SUITE 100 SAN JOSE, CA 95117	N/A	PC	EYE CARE	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY, VT 05676	N/A	PC	EYE CARE	10,000
HUNTINGTON WV AREA HABITAT FOR HUMANITY 240 THIRD AVENUE HUNTINGTON, WV 25701	N/A	PC	COMMUNITY	10,000
INTERNATIONAL SISTER CITIES ASSOCIATION OF FORT WORTH INC 908 MONROE ST FORT WORTH, TX 76102	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a Paid during the year				
INTL FEDERATION OF RED CROSS AND RED CRESCENT SOC AT THE U N INC 420 LEXINGTON AVE RM 905 NEW YORK, NY 101700046	N/A	PC	COMMUNITY	10,000
JUNIOR ACHIEVEMENT OF SOUTHEASTERN PENNSYLVANIA 994 OLD EAGLE SCHOOL RD STE 1014 WAYNE, PA 190871802	N/A	PC	COMMUNITY	10,000
LATIN ARTS ASSOCIATION OF FORT WORTH INC 1440 N MAIN ST FORT WORTH, TX 761649119	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
LENA POPE HOME 3200 SANGUINET DRIVE FORT WORTH, TX 76107	N/A	PC	COMMUNITY	10,000
LILY'S PLACE1320 7TH AVE HUNTINGTON, WV 257012904	N/A	PC	COMMUNITY	10,000
MHMR VISIONS 3840 HULEN ST NORTH TOWER FORT WORTH, TX 76107	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH TEXAS SNAPPO BOX 3294 GRAPEVINE, TX 760993294	N/A	PC	COMMUNITY	10,000
OPTOMETRY GIVING SIGHT 1019 8TH ST SUITE 304 GOLDEN, CO 804016901	N/A	PC	EYE CARE	10,000
PERFORMING ARTS FORT WORTH 330 EAST 4TH STREET SUITE 300 FORT WORTH, TX 76102	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
PRESBYTERIAN NIGHT SHELTER PO BOX 2645 FORT WORTH, TX 76113	N/A	PC	COMMUNITY	10,000
RISING TIDE INITIATIVE 6479 CAMP BOWIE BLVD FORT WORTH, TX 761164356	N/A	PC	COMMUNITY	10,000
SAFEHAVEN OF TARRANT COUNTY 1010 NORTH CENTER STREET ARLINGTON, TX 76011	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
SENIOR CITIZEN SERVICES OF GREATER TARRANT COUNTY 1400 CIRCLE DRIVE SUITE 300 FORT WORTH, TX 76119	N/A	PC	EYE CARE	10,000
SPECIAL OLYMPICS SOUTHERN CALIFORNIA 1600 FORBES WAY STE 200 LONG BEACH, CA 908101833	N/A	PC	COMMUNITY	10,000
TEXAS BALLET THEATERPO BOX 123290 FORT WORTH, TX 76121	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LADDER ALLIANCE INC 1100 HEMPHILL FORT WORTH, TX 76104	N/A	PC	COMMUNITY	10,000
THE WARM PLACE809 LIPSCOMB ST FORT WORTH, TX 761043121	N/A	PC	COMMUNITY	10,000
UNITED WAY OF METROPOLITAN ATLANTA INC 6500 SUGARLOAF PARKWAY DULUTH, GA 30096	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER (UNTHSC) 3500 CAMP BOWIE BLVD FORT WORTH, TX 761072644	N/A	PC	EYE CARE	10,000
VISION TO LEARN 12100 WILSHIRE BLVD SUITE 1275 LOS ANGELES, CA 90049	N/A	PC	EYE CARE	10,000
WORLD CENTRAL KITCHEN INCORPORATED 655 NEW YORK AVE NW 6 FL WASHINGTON, DC 20001	N/A	PC	COMMUNITY	10,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA OF METROPOLITAN FORT WORTH 512 LAMAR STREET FORT WORTH, TX 76102	N/A	PC	COMMUNITY	10,000
CENTER FOR TRANSFORMING LIVES 249 W THORNHILL DRIVE FORT WORTH, TX 76115	N/A	PC	COMMUNITY	10,000
ALLIANCE FOR CHILDREN 908 SOUTHLAND AVE FORT WORTH, TX 76104	N/A	PC	COMMUNITY	8,500
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JUDE MEDICAL CENTER 101 E VALENCIA MESA DR FULLERTON, CA 928353809	N/A	PC	EYE CARE	8,000
BERKS COUNTY ASSOCIATION FOR THE BLIND 2020 HAMPDEN BLVD READING, PA 196041417	N/A	PC	EYE CARE	7,500
ENFOQUE IXCN 5784 SE LEXINGTON DRIVE HILLSBORO, OR 971238285	N/A	PC	EYE CARE	7,500
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
PATHFINDERS 6550 CAMP BOWIE BLVD SUITE 111 FORT WORTH, TX 76116	N/A	PC	COMMUNITY	7,500
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	N/A	PC	COMMUNITY	5,000
BATTERED WOMEN'S FOUNDATION 4166 WILLMAN AVE N RICHARD HILLS, TX 76180	N/A	PC	COMMUNITY	5,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
CABELL-WAYNE ASSOCIATION OF THE BLIND 38 WASHINGTON AVE HUNTINGTON, WV 25701	N/A	PC	EYE CARE	5,000
COMMUNITIES IN SCHOOLS OF GREATER TARRANT COUNTY INC 5601 BRIDGE STREET FORT WORTH, TX 76112	N/A	PC	COMMUNITY	5,000
GILL CHILDREN'S SERVICES 555 HEMPHILL STREET FORT WORTH, TX 76104	N/A	PC	COMMUNITY	5,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
LEVELUP KIDS INC 5416 NE ANTIOCH RD KANSAS CITY, MO 641192507	N/A	PC	EYE CARE	5,000
SOUTHWESTERN MEDICAL FOUNDATION 3889 MAPLE AVE STE 100 DALLAS, TX 752193210	N/A	PC	EYE CARE	5,000
UNION GOSPEL MISSION OF TARRANT COUNTY PO BOX 1957 FORT WORTH, TX 76101	N/A	PC	COMMUNITY	5,000
Total ▶ 3a				5,672,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or 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
Name and address (home or business)				
a <i>Paid during the year</i>				
WINGS OF HOPEPO BOX 445 BURLESON, TX 760970445	N/A	PC	COMMUNITY	5,000
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL STREET FORT WORTH, TX 76110	N/A	PC	COMMUNITY	3,000
LUBBOCK IMPACT INC2707 34TH ST LUBBOCK, TX 794103521	N/A	PC	EYE CARE	500
Total ▶ 3a				5,672,900

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93491314010431
TY 2020 All Other Program Related Investments Schedule			
Name: THE ALCON FOUNDATION INC			
EIN: 20-0166600			
All Other Program Related Investments Schedule			
Category			Amount
NONE			0

TY 2020 Other Assets Schedule

Name: THE ALCON FOUNDATION INC

EIN: 20-0166600

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER (ARTWORK)	0	0	30,000

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2020
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	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% 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 990PF, 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	\$ 5,672,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE ALCON FOUNDATION INC	Employer identification number 20-0166600
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
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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
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	