Form 990-PF

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

OMB No 1545-0052

		nent of the Treasury Revenue Service	➤ Go to	www.irs.go	v/Form	990PF for instr	uctions and t	he latest info	rmation	O	en to Public Insp	ection
F	or ca	alendar yea <u>r 201</u>	7 or tax year begi	nning			, 2017	, and endin	×_,			20
-	Name	of foundation							A Emplo	yer identifi	cation number	
عـ	LIL	LY CARES FO	UNDATION, INC	<u>:</u>		_		· ·		202798		
	Numb	er and street (or P O	box number if mail is no	t delivered to	street a	ddress)		Room/suite	B Teleph	ione numbe	er (see instructions)	
	1.11.	LY CORPORAT	E CENTER						(3)	17) 43	3-1399	
_			ice country, and ZIP or	foreign postal	code			L	,,,,,			
	ŕ			<b>J</b> .						ption applica check here		<b>▶</b>
_		IANAPOLIS,	· · · · · · · · <del>-</del>			T	<del></del>	·				
G	i Che	eck all that apply	Initial retu		_	Initial return		oublic charit	1 - 1 - 0.0		tions check here	▶
			Final retur		_	Amended re					tions meeting the nere and attach	
			Address c			Name chang		41				▶
Н		eck type of organ		·	<del></del> i	empt private f		03	E If priva	te foundation	n status was terminated	
			nonexempt charitable			her taxable pr			under	ection 507(b	)(1)(A) check here .	
1			of all assets at	l	_	nethod C	ash 🔣 Aco	crual			in a 60-month terminat	
		of year (from P	art II, col (c), line	1 —		ecify)			under s	ection 507(b)	)(1)(B), check here .	▶ []
g		▶ \$ 0.00			olumn (	d) must be on ca	ish basis )	<del></del>			(d) Dishurson	
	Part	total of amounts	evenue and Expen in columns (b), (c), a arily equal the amoun	ind (d)		devenue and Denses per books	(b) Net inv		(c) Adjuste		(d) Disbursen for charital purposes (cash basis o	ble S
ı <sup>-</sup>	1		ints etc received (attach so	hedule)	82	7,190,505.						
5	2	Chack I if t	he foundation is not rec	uired to		·						
1	3	an:	ach Sch B and temporary cash inve									
2	4	-	terest from securities									
	5a											
	1		r (loss)			-						
Œ			rom sale of assets not on									
Revenue	b	Gross sales price for assets on line 6a				-					=1,=	
λ	7		ncome (from Part IV,	line 2)				0.	į	KEU		
ď	8		apital gain	1							12	71
	9		ions						121	MAY 6	F 2042 10	Ö
	10 a	Gross sales less retu (and allowances	ims						انا	IVIAI	1 2010 10	ν̈́ρ
	Ь	Less Cost of goods									(	Y
		*	ss) (attach schedule)	L						OGD	EN UT	
	11 5	ther income (at	tach schedule)									
_			l through 11		82	7,190,505.		0.				
	13	Compensation of o	fficers directors, trustees	, etc		0.						
ď	12=	Other employee :	salaries and wages .	[								
Suc	15		mployee benefits	[								
X	16 a		n schedule)									
L	y, p	Accounting fees	(attach schedule)									
ķ	<b>)</b> c	Other profession	al fees (attach schedu	ıle)								
7	17	Interest										
	18	Taxes (attach sch	iedule) (see instructio	ns)								
, i	19	Depreciation (att	ach schedule) and de	epletion.								
Ť	20	Occupancy										
7	21	Travel conference	ces, and meetings									
2	15 a b c 7 18 19 20 21 22 23 24 25	Printing and publ	ications									
Ž	23	Other expenses (	attach schedule) A.T.(	CH.1 L	821	7,190,505.					827,190	0,505
ati	24	Total operating	and administrative e	xpenses.								
٩	3	Add lines 13 thro	ough 23	L	82	7,190,505.					827,190	0,505
Č	25	Contributions, git	fts, grants paid			•						
_	26	Total expenses and di	sbursements Add lines	24 and 25	821	7,190,505.					827,190	0,505
	27	Subtract line 26	from line 12									
	a	Excess of revenue over	er expenses and disbursen	nents		0.						
	b	Net investment i	income (if negative, e	nter -0-)		_		0.				
	c	Adjusted net inc	ome (if negative, ente	er -0-)								

L

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Î. 2

ъ	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
W	art II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
Ī	1	Cash - non-interest-bearing			
-	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
ł	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)			
		Lana allamana fan dambiful annamata N			
ß	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U S and state government obligations (attach schedule).			
		Investments connects steel (attach cohedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation	,		
		(attach schedule)			-
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule)			
		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)	0.	<b>\</b> \ <b>\</b> \ <b>\</b> \ <b>\</b> \ 0 .	1 40
$\dashv$			0.	100.	1.70.
	17	Accounts payable and accrued expenses			
S	18	Grants payable		· · · · · · · · · · · · · · · · · · ·	
Ė	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here	9.	<del>-</del>	
S		and complete lines 24 through 26, and lines 30 and 31			
alances		, , ,			
ılar	24	Unrestricted			
		Temporarily restricted			
p	26	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31			
ò	27	-	1		
ž	28	Capital stock, trust principal, or current funds			
SSE	29	Retained earnings accumulated income, endowment, or other funds			
۲	30	Total net assets or fund balances (see instructions)	0	0	
Net Assets or Fund B	31	Total liabilities and net assets/fund balances (see		<u> </u>	
_	- '	instructions)	0	0	
E	art I	Analysis of Changes in Net Assets or Fund Bala	nces		
_		al net assets or fund balances at beginning of year - Part I	<u> </u>	nust agree with	
•		-of-year figure reported on prior year's return).			0.
2		er amount from Part I, line 27a			0.
		er increases not included in line 2 (itemize) ▶			
4	Ado	I lines 1, 2, and 3		4	0.
		creases not included in line 2 (itemize) ▶		5	
		al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (t		n.
<u> </u>				· · · · · · · · · · · · · · · · · · ·	5 000 DE (0047)

	scribe the kind(s) of property sold (for irick warehouse, or common stock, 200		(b) How acquired P - Purchase	(c) Date acquired (mo day yr)	(d) Date sold (mo_day, yr)
	office waterloase, of common stock, 200	o siis WEG GG )	D - Donation	(me day ji )	(11/4 444) ).
a b	· · · · · · · · · · · · · · · · · · ·				
<u> </u>	······································				
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a					·
b					
c					
d					
е					
Complete only for assets s	showing gain in column (h) and owner	d by the foundation on 12/31/69		Gains (Col (h) ga	
(i) FMV as of 12/31/69	(y) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less to Losses (from co	
a				<u> </u>	
<b>b</b>					
С					
<u>d</u>			1		
<u>e</u>		gain, also enter in Part I, line 7	<u> </u>		
art V Qualification or optional use by domesting section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does	c private foundations subject to the leave this part blank the section 4942 tax on the distribit qualify under section 4940(e)	educed Tax on Net Investment he section 4940(a) tax on net investigation and the section 4940 and the section and the section 4940 and	tment inco	d?	Yes X
	mount in each column for each ye	ear, see the instructions before make	ing any er		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2016	673,099,134.		ļ		
2015	408,239,166.		-		
2014	503,299,479.		<del> </del>		
2013	697,004,928.		-		
2012	609,678,898.	<u> </u>	ļ		
Average distribution rat	tio for the 5-year base period - divi	de the total on line 2 by 5 0, or by a fless than 5 years			0.
Enter the net value of n	oncharitable-use assets for 2017	from Part X, line 5	4		0.
Multiply line 4 by line 3			5	<del></del>	<del></del> .
Enter 1% of net investi	nent income (1% of Part I, line 27b	)	6		0.
Add lines 5 and 6			7		
B Enter qualifying distribu	itions from Part XII, line 4		8	827,	

JSA 7E1430 1 000

Par	t VIY Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see it	nstrı	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2) check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $\mathcal J$			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			0.
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 8d			
d -	baskap manifestating strendsday, manifest 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			0.
7	Total credits and payments Add lines 6a through 6d			
8	Enter any periody for an array payment of estimated tax officer from 2222 to attached			0.
9	Tax and if the total of infloor and a latitude than mile if enter animality of the infloor and a latitude than a latitude that in the total of infloor animality of the inf			
10 11	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10  Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities	<del></del>		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		Х
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers $\blacktriangleright$ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			i
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	2.77	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	_N/	+
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
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	- X	<del>                                     </del>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions  IN,			,
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	X	
Ω	(or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation		",	
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9	1.	
10				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х

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Pa	rt VI-A Statements Regarding Activities (continued)		,	,
		= `=.	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	<u> </u>	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ŀ		
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ STEVEN STAPLETON, PRESIDENT Telephone no ▶ 317-433	-1399	9	
	Located at ▶LILLY CORPORATE CENTER INDIANAPOLIS, IN ZIP+4 ▶ 46285			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A		>	•
	and enter the amount of tax-exempt interest received or accrued during the year	N/J	A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	1,15	* y * *	priji n
	the foreign country ▶		· 10 %	ا مُحْرِي
Pa	rt 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.	T	Yes	No
1a	During the year, did the foundation (either directly or indirectly)		1.	7.1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	,	, `	***
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		, , .	\$. · .
	disqualified person?	١.	2 2	[27]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	**	<b>;</b> ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	6,30	- 3 '	8 K. A.
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	97		200
	the benefit or use of a disqualified person)?	`		
	the seriest of the design of the series of t	, <u>.</u> ,	>	
	(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.)		* .	- ***
	to manufacture of the second o	, 'x		3
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	ID	. %.	
	Organizations relying on a current notice regarding disaster assistance, check here	3, 1	, 3g.	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c	,	
_	were not corrected before the first day of the tax year beginning in 2017?	10		1.1
2		`.	1 - 1	,b.,
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		+ ;	], .
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	. `	3 5	٠,٠٠
	6e, Part XIII) for tax year(s) beginning before 2017? Yes No	150		1:
	If "Yes," list the years		,	1 x *x *.
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	24	1	100
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2h	N/	Δ
	all years listed, answer "No" and attach statement - see instructions )	<u>2b</u>	1 N /	<u>Λ</u>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		ĺ .	J. 22.3
	<u> </u>	,	. "	>
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		3	
	at any time during the year?		1	
t	olf "Yes." did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	,	1.00	j.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1.	**************************************	
	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 2017 )	3b	N/	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		. X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	\ -	١.,	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		Х

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	90-PF (2017) LILLY CARES FC  t VII-B Statements Regarding Activities				2027985		age <b>6</b>
	During the year, did the foundation pay or incur any amo (1) Carry on propaganda, or otherwise attempt to influe	ount to			0	Yes	No
	<ul> <li>(2) Influence the outcome of any specific public eled directly or indirectly, any voter registration drive?.</li> <li>(3) Provide a grant to an individual for travel, study, or or</li> <li>(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions</li> <li>(5) Provide for any purpose other than religious, chapurposes, or for the prevention of cruelty to children</li> </ul>	ther similar purposes? charitable, etc., org	panization described i	Yes X N	0		
b	If any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast	ding disaster assistan	ce? See instructions.		5b	N	<u>'A</u>
С	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility for the gif "Yes," attach the statement required by Regulations set	foundation claim egrant?ection 53 4945-5(d)	exemption from the t	/A Yes N	0		
6a	Did the foundation, during the year, receive any fun on a personal benefit contract?			. Yes X N			Х
ь _	If "Yes" to 6b, file Form 8870				. 6b		
	At any time during the tax year, was the foundation a pail "Yes," did the foundation receive any proceeds or have tyllically Information About Officers, Director and Contractors	ve any net income attr	butable to the transact	ion <sup>2</sup>	. 7b	N/a	4
1	List all officers, directors, trustees, foundation n				1		
	(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) Expens other all		
ATC	1 2		0.	0.			0.
	Componential of two highest and amplement	(other than the	o moluded on the	0.1	ione) If =	ne.	onto
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on im		10115). II 110	one,	ente
(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) Expens other all	e accou	unt, es
	NONE						

Form **990-PF** (2017)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
(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	<u> </u>
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 organizations and other beneficianes served, conferences convened, research papers produced, etc.	of Expenses
1 SEE STATEMENT	_
	_
	827,190,505
2	_
	_
3	_
	_
4	_
	_
Part IX-B Summary of Program-Related Investments (see instructions)	L
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	<b>&gt;</b>

Pai	t X	<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Fore see instructions.)	ign fo	oundatio	ons,	
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,				
	purpo	oses				0
а	Avera	age monthly fair market value of securities	1a			0.
b	Avera	age of monthly cash balances	1b			0.
С	Fair	market value of all other assets (see instructions).	1c			0.
d	Total	l (add lines 1a, b, and c)	1d			0.
е		ction claimed for blockage or other factors reported on lines 1a and		l		
	1c (a	ttach detailed explanation)				
2		isition indebtedness applicable to line 1 assets	2			
3	Subt	ract line 2 from line 1d	3			
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see				
		uctions)	4			
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5			0.
6	Minii	mum investment return. Enter 5% of line 5	6			0.
Pa	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ► ☐ and do not complete this part)	ndatio	ns		
1	Mınır	num investment return from Part X, line 6	1			
2 a		on investment income for 2017 from Part VI, line 5   2a				The state of the s
b		me tax for 2017 (This does not include the tax from Part VI). 2b		ا		
c		lines 2a and 2b	2c_			
3		ibutable amount before adjustments Subtract line 2c from line 1	3	, <del></del> ,		
4		overies of amounts treated as qualifying distributions	4			
5		lines 3 and 4	5			
6	Dedi	uction from distributable amount (see instructions)	6			
7		ributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,				
		1	7			
		Qualifying Distributions (see instructions)				
1	Ama	unts paid (including administrative expenses) to accomplish charitable, etc., purposes		<u> </u>	····	
' a		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	l	027 10	90,505.
a b		- · · · · · · · · · · · · · · · · · · ·	1b		027,13	, 303.
2	_	ram-related investments - total from Part IX-B	10		-	
2		oses	2			
3		unts set aside for specific charitable projects that satisfy the				
a		ibility test (prior IRS approval required)	3a	l		
a b			3b		_	
4		n distribution test (attach the required schedule)	4		827 10	0,505.
5		idations that qualify under section 4940(e) for the reduced rate of tax on net investment income	*		021,13	,,,,,,,,,
5		r 1% of Part I, line 27b See instructions	_			0.
c		sted qualifying distributions. Subtract line 5 from line 4	5 6		927 10	90,505.
6				una veks		
	Note	<ul> <li>The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years</li> </ul>	nculat	ing whe	uner the I	oungation

Form 990-PF (2017)

Page 9

Pa	rt XIII Undistributed Income (see instru	uctions)		· · · · · · · · · · · · · · · · · · ·	/
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				/ 0.
2	Undistributed income, if any, as of the end of 2017			/	
a	Enter amount for 2016 only				
	Total for pnor years 20,20,20				
	Excess distributions carryover, if any, to 2017				
а	From 2012				
b	From 2013		-		
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e		,	/	
4	Qualifying distributions for 2017 from Part XII,		/		
	line 4 ▶ \$			,	
a	Applied to 2016, but not more than line 2a		//		
b	Applied to undistributed income of prior years		/		
	(Election required - see instructions)		<del> </del>		
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount		/		
	Remaining amount distributed out of corpus		/		
5	Excess distributions carryover applied to 2017 [ (If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as indicated below:		<b>,</b>		
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract	/			
U	line 4b from line 2b				
С	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				
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2017 Subtract lines	7			
•	4d and 5 from line 1 This amount must be distributed in 2018				
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 2012 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				
-	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				
	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				<u> </u>
					Form <b>990-PF</b> (2017)
	,				

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Pa	rt XIV Private Ope	erating Foundations	(see instructions an	d Part VII-A, questio	n 9)				
1 a	a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation and the ruling	is effective for 2017, er	ter the date of the ruling.		.▶ 09/18/199				
b	Check box to indicate w	hether the foundation i	s a private operating for	oundation described in	section X 4942(j	)(3) or 4942(j)(5)			
<b>a</b> -	F	Tax year	Prior 3 years	3 years					
z a	Enter the lesser of the ad- justed net income from Part	(a) 2017	( <b>b</b> ) 2016	(c) 2015	(d) 2014	(e) Total			
	or the minimum investment	Q				1			
	return from Part X for each year listed	1							
b	85% of line 2a								
С	Qualifying distributions from Part								
Ī	XII line 4 for each year listed .	827,190,505.	673,099,134.	408,239,166.	503,299,479.	2,411,828,284.			
þ	Amounts included in line 2c not								
	used directly for active conduct of exempt activities								
е	Qualifying distributions made								
	directly for active conduct of								
	exempt activities Subtract line 2d from line 2c	827,190,505.	673,099,134.	408,239,166.	503,299,479.	2,411,828,284.			
3	Complete 3a b or c for the								
3	'Assets" alternative test - enter	R							
u	(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 invest-								
	ment return shown in Part X line 6 for each year listed	0.	0.	0.	0.	0			
С	'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)								
	port from an exempt organization.								
	(4) Gross investment income.								
Pa	<u> </u>	tary Information (C	omplete this part	only if the foundati	on had \$5,000 or	r more in assets at			
		uring the year - see	•	•	•				
1	Information Regarding	g Foundation Manager	s.						
а	List any managers of	the foundation who h	ave contributed more	than 2% of the total	contributions received	ved by the foundation			
	before the close of any	tax year (but only if th	ey have contributed m	ore than \$5,000) (Se	e section 507(d)(2) )				
	NONE								
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	ration (or an equally	y large portion of the			
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater i	nterest				
	NONE								
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:					
	Check here ▶ if t	he foundation only r	nakes contributions	to preselected charit	able organizations a	and does not accept			
	unsolicited requests for			nts, etc., to individuals	s or organizations ur	nder other conditions,			
	complete items 2a, b, o								
а	The name, address, a	nd telephone number (	or email address of the	e person to whom appl	ications should be add	dressed			
	ATCH 3								
b	The form in which app	ications should be sub	mitted and informatio	n and materials they s	hould include				
_	ATCH 4								
С	Any submission deadli	nes							
	N/A								
d	Any restrictions or li	mitations on awards,	such as by geogra	phical areas, charital	ole fields, kinds of	institutions, or other			
	factors								

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Supplementary Information Grants and Contributions Paid Du	ring the Year or App	roved for Fut	ure 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)	any foundation manager or substantial contributor	recipient	contribution	,
Paid during the year				
0.1.7				
ONE				
		1		
		1		
		]		
Total	<u></u>	<u> </u>	▶ 3a	0.
Approved for future payment				
ONE				
ONE				
	<b>\</b>	1 1		

Part XVI-A Analysis of Income-Prod	ucina Act	ivities	-	. <del>.</del> .	Page 12
Enter gross amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
a					
b					
c			<u> </u>		
d				-	
e			<u> </u>		
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					
<ul><li>a Debt-financed property</li></ul>					
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal property</li></ul>					·
7 Other investment income		· ··· -			
8 Gain or (loss) from sales of assets other than inventory			<del></del>		
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)					
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Explain below how each activit accomplishment of the foundation					
		· · · · · · · · · · · · · · · · · · ·			
					<u></u>
		NOT APPLICAB	OLE.		<del></del>
		NOT APPLICAD	PLE		
				·	
				· -	
	_				
					<del></del>
				***	
		<del></del>			

Form 99	0-PF (20	)17)	LILLY CARE	ES FOUNDATION,	INC.				35-202	7985	Pa	ge <b>13</b>
Part 2		Information R	egarding Tran	sfers to and Tra		ns and I	Relations	hips W				-
		Exempt Organ								1 1		1
. in	n sect rganiz	ion 501(c) (other ations?	than section 5	gage in any of the f 01(c)(3) organization	ons) or ir	n section					Yes	No
		•	_	noncharitable exem						1a(1)		Х
(2	2) Oth									1a(1)		Χ
									1b(1)		Х	
•	•		•	e exempt organization						1b(2)		Х
				ssets						1b(3)		Х
•	•		•							1b(4)		Х
												X
				or fundraising solicit								Х
				other assets, or paid								Х
				complete the follo							fair n	narket
V	alue o	f the goods, other	assets, or service	s given by the repo	rting foun	idation If	the founda	ation red	eived less	than	fair n	narket
	alue ir	any transaction of	r sharing arrange	ment, show in colur	nn (d) the	value of	the goods,	, other a	ssets, or s	ervice	s rec	eived
(a) Line	no	(b) Amount involved	(c) Name of non	charitable exempt organiz	ation	(d) Descri	otion of transfe	ers, transac	tions, and sha	nng arra	ingeme	nts
		N/A				N/A						
											_	
				_								
				_					_			
				<u></u>								
				. <u>-</u>								
		<del></del>										
					-							
		<del></del>	<del> </del>									
d	escrib		) (other than section	ated with, or related on 501(c)(3)) or in se			tax-exempt	organiz	ations [	Y6	es X	No
	103,	(a) Name of organizatio		(b) Type of organ	nization			c) Descript	on of relation	ship		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,	<u> </u>				
	-											
Cia				this return including accordayer) is based on all information				the best				-
Sign				5/1/	2018	pn	ESID	ENT	-May the IR! with the pr			
Here	Sign	ature of officer or trustee	<del>,</del>	Date	т	itle		<i>-</i> -	See instruction		Yes	X No
ם: ב		Print/Type preparer's na	ame	Preparer's signature	236 /		Date	Chi	eckif	PTIN		
Paid		JENNIFER D RH	ODERICK	11119 - 1	· / ret(	CALLA	4/25/1	o sel	f-employed	P003	9573	35
Prepa	arer	Firm's name ► EF	RNST & YOUNG	U.S. LLP				Firm's EIN	▶34-6	5655	96	

Form **990-PF** (2017)

317-681-7000

**Use Only** 

46204

Firm's address ▶ 111 MONUMENT CIRCLE, STE 4000 INDIANAPOLIS, IN

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

For to www irs.gov/Form990 for the latest information

OMB No 1545-0047

2017

Employer identification number

LILLY CARES FOUNDAT	ION, INC.	35-2027985				
Organization type (check or	ne)					
Filers of:	Section <sup>.</sup>					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
	501(c)(3) taxable private foundation					
· · · · · ·	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See				
General Rule						
or more (in mone						
Special Rules						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line s of the greater of (1)				
contributor, during	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					
contributor, during contributions total during the year fo General Rule app	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					
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Schoust answer "No" on Part IV, line 2, of its Form 990, or check the box on line to certify that it doesn't meet the filing requirements of Schedule B (Form 990)	H of its Form 990-EZ or on its				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization LILLY CARES FOUNDATION, INC.

Employer identification number 35-2027985

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	ELI LILLY & COMPANY  LILLY CORPORATE CENTER  INDIANAPOLIS, IN 46285	\$ <u>827,190,505.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization LILLY CARES FOUNDATION, INC.

Employer identification number

35-2027985

# 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
<del></del>	RMACEUTICALS		
		\$ 827,190,505.	VAR
(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
		\$	

vame of or	ganization LILLY CARES FOUNDATION	, INC.	Employer identification number		
Part III	Evoluciyah religious cheritable etc	contributions to organiz	35-2027985 zations described in section 501(c)(7), (8), or		
	(10) that total more than \$1,000 for t	he year from any one cons completing Part III, en e year (Enter this informa	contributor. Complete columns (a) through (e) nter the total of exclusively religious, charitable,		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gıl	ıft		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	fer of gift  Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gil	ıft		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gr	ıft		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		

LILLY CARES FOUNDATION, INC. EIN: 35-2027985

#### FORM 990-PF - GENERAL EXPLANATION ATTACHMENT

FORM 990-PF, PART IX-A SUMMARY OF DIRECT CHARITABLE ACTIVITIES

THE FOUNDATION CONDUCTED ACTIVITIES DESCRIBED IN CODE SECTION 170(C)(2)(B) BY DISTRIBUTING MEDICINES, PRESCRIPTION DRUGS, AND OTHER PHARMACEUTICAL PRODUCTS AND MEDICAL SUPPLIES ("PHARMACEUTICAL PRODUCTS"), DONATED TO IT BY ELI LILLY AND COMPANY ("DONOR") TO THE ILL, NEEDY, AND INFANTS WHO MET THE FOUNDATION'S ELIGIBLITY REQUIREMENTS ("ELIGIBLE PATIENTS"). THE PHARMACEUTICAL PRODUCTS IT RECEIVED FROM THE DONOR WERE DISTRIBUTED FOR CHARITABLE PURPOSES AND AT NO CHARGE, FOR THE CARE OF ELIGIBLE PATIENTS. DURING 2017, THE FOUNDATION DISTRIBUTED APPROXIMATELY \$827 MILLION OF PRODUCTS TO OVER 100,000 ELIGIBLE PATIENTS FOR MENTAL HEALTH, DIABETES, CARDIAC CARE, MEN'S HEALTH, OSTEOPOROSIS, ONCOLOGY, PSORIASIS AND GROWTH HORMONE DISORDERS. SEE ATTACHED STATEMENT FOR DETAIL OF PHARMACEUTICAL PRODUCT DISTRIBUTIONS.

#### 2017 Lilly Cares Foundation Integrated Summary by Product

Showing data for all shipped products in 2017.

Attachment 1 - Page 1

and the second of the second o		AMD Costs
NDC Description	Quantity Shipped	AWP Costs
100 units/mL (U-100) in 3 mL prefilled BASAGLAR® KwikPen® delivery device 5 x 3 mL	12.051	¢4 071 140
BASAGLAR KwikPen (prefilled)	13,051	\$4,971,140
ALIMTA, 100MG SINGLE DOSE VIAL	3,377	\$2,622,989
ALIMTA, 500MG SINGLE DOSE VIAL	2,331	\$9,055,895
Cialis (Tadalafil), 2 5mg, blisters of 2x15	1,049	\$379,326 \$9,674,606
Cialis (Tadalafil), 5mg, bottles of 30	26,729   1,759	\$3,721,425
Cialis PRN (Tadalafil), 20mg, bottles of 30	970	\$2,057,060
Cialis PRN (Tadalafil),10mg, bottles of 30  Cymbalta (Duloxetine Hydrochloride), 20mg, bottles of 60	7,676	\$3,593,618
Cymbalta (Duloxetine Hydrochloride), 30mg, bottles of 30	99,655	\$26,169,031
Cymbalta (Duloxetine Hydrochloride), 50riig, bottles of 30	176,864	\$46,442,578
CYRAMZA, 100MG SINGLE DOSE VIAL	640	\$835,273
CYRAMZA, 500MG SINGLE DOSE VIAL	335	\$2,188,566
Effient (Prasugrel), 10mg, bottles of 30	22,126	\$11,768,695
Effient (Prasugrel), 5mg, bottles of 30	420	\$222,990
ERBITUX, 100MG SINGLE DOSE VIAL	1,687	\$1,177,557
ERBITUX, 200MG SINGLE DOSE VIAL	3,043	\$4,245,471
Evista (Raloxifene Hydrochloride), 60mg, bottles of 30	1,214	\$288,446
Forteo (Teriparatide), 600mcg/2 4ml Prefilled Pen, 1 pen	56,366	\$197,219,790
GEMZAR, 1G, SINGLE DOSE VIAL	1,830	\$1,627,126
GEMZAR, 10, SINGLE DOSE VIAL	3,400	\$604,622
Glucagon, 1 Kit	661	\$217,302
Humalog (Lispro) 100U/mL JUNIOR KWIKPEN, 3mL, 5 KwikPens	9	\$5,728
Humalog (Lispro) 100U/mL, 10mL, 1000 unit vial	113,521	\$36,552,595
Humalog (Lispro) 100U/mL, 3mL, 5 cartridges	504	\$301,581
Humalog (Lispro) 100U/mL, 3mL, 5 KwikPens	85,567	\$53,343,415
Humalog (Lispro) 50/50, 100U/mL, 10mL 1000 unit vial	3,248	\$1,083,270
Humalog (Lispro) 50/50, 100U/mL, 3mL, 5 300 unit KwikPens	2,519	\$1,576,014
Humalog (Lispro) 75/25, 100U/mL, 10mL, 1000 unit vial	27,963	\$9,315,473
Humalog (Lispro) 75/25,100U/mL, 3mL, 5 300 unit KwikPens	23,960	\$14,941,878
Humalog 200 (Lispro), 200 unit/mL, 3mL, 2 KwikPens	12,448	\$6,242,031
Humatrope (Somatropin), 12MGX cartridge with prefilled syringe of diluent, 1 kit	5,304	\$8,678,034
Humatrope (Somatropin), 24MGX cartridge with prefilled syringe of diluent, 1 kit	4,360	\$14,267,054
Humatrope (Somatropin), 5mg single vial with 5mL vial of diluent, 1 kit	700	\$477,204
Humatrope (Somatropin), 6MGX cartridge with prefilled syringe of diluent, 1 kit	1,372	\$1,122,378
Humulin (Human Insulin) 70/30, 100U/mL, 10mL, 1000 unit vial	52,303	\$9,083,817
Humulin (Human Insulin) 70/30, 100U/mL, 3mL, 5 300 unit Kwikpens	12,490	\$6,902,979
Humulin R500 KWIKPEN, 500 U per mL, two (2) 3mL Kwikpens	12,986	\$8,848,942
Humulin R-500, Regular Human Insulin, 500U/mL, 20mL, 10,000 unit vial	6,629	\$11,642,552
LARTRUVO 190 mg/19 mL (10mg/mL) single-dose vial	174	\$187,252
LARTRUVO 500 MG/50 ML (10 MG/ML) SOLUTION, SINGLE-DOSE VIAL	542	\$1,534,944
NPH Human Insulin, 100U/mL, 10mL, 1000 unit vial	25,698	\$4,468,976
NPH Human Insulin, 100U/mL, 3mL, 5 300 unit Pen	4,558	\$2,526,747
PORTRAZZA, NECITUMUMAB 800MG/50ML, SINGLE DOSE VIAL	53	\$261,446
Prozac (Fluoxetine Hydrochloride), 10mg, bottles of 100	4,609	\$7,253,786
Prozac (Fluoxetine Hydrochloride), 20mg, bottles of 100	4	\$6,643
Prozac (Fluoxetine Hydrochloride), 20mg, bottles of 30	69,832	\$33,821 826
Prozac (Fluoxetine Hydrochloride), 40mg, bottles of 30	38,988	\$37,765,591
Prozac Weekly (Fluoxetine Hydrochloride), 90mg, blister package of 4	31	\$5,401
Regular Human Insulin, 100U/mL, 10mL, 1000 unit vial	18,253	\$3,182,947
ReoPro IV (Abciximab), 10mg/5mL, 1 single-use vial	4	\$5,942
Strattera (Atomoxetine Hydrochloride), 100mg, bottles of 30	3,303	\$1,837,129
Strattera (Atomoxetine Hydrochloride), 10mg, bottles of 30	1,151	\$546,126
Strattera (Alomoxetine Hydrochloride), 18mg, bottles of 30	1 181	\$560,361
Strattera (Alomoxetine Hydrochloride), 25mg, bottles of 30	5.181	\$2,458,281
Strattera (Atomoxetine Hydrochloride), 40mg, bottles of 30	15,477	\$7,978,703
Strattera (Atomoxetine Hydrochloride), 60mg, bottles of 30	5,371	\$2,768,858
Strattera (Atomoxetine Hydrochloride), 80mg, bottles of 30	8,124	\$4,518,569

#### 2017 Lilly Cares Foundation Integrated Summary by Product

Showing data for all shipped products in 2017.

#### Attachment 1 - Page 2

	The state of the s	
NDC Description	Quantity Shipped	AWP Costs
Symbyax (Olanzapine & Fluoxetine), 12/25mg, bottles of 30	394	\$286,659
Symbyax (Olanzapine & Fluoxetine), 12/50mg, bottles of 30	594	\$432,171
Symbyax (Olanzapine & Fluoxetine), 3/25mg, bottles of 30	376	\$132,788
Symbyax (Olanzapine & Fluoxetine), 6/25mg, bottles of 30	989	\$477 450
Symbyax (Olanzapine & Fluoxetine), 6/50mg, bottles of 30	484	\$233,656
Taltz (ixekizumab), 80mg single-dose, autoinjector, carton of 2	6.743	\$75,894,578
Taltz (ixekizumab), 80mg single-dose, prefilled syringe, carton of 1	390	\$2,235,800
Taltz (ixekizumab), 80mg single-dose, prefilled syringe, carton of 2	246	\$2,710,998
Taltz (ixekizumab), 80mg single-dose, prefilled syringe, carton of 3	200	\$3,439,635
Trulicity (Dulaglutide), 0 75mg/0 5ml Single Dose Pen, carton of 4 pens	27,905	\$22,233,516
Trulicity (Dulaglutide), 1 5mg/0 5ml Single Dose Pen, carton of 4 pens	39,686	\$31,653,463
Verzenio, 100mg, pack of 14 tablets	150	\$492,660
Verzenio, 150mg, pack of 14 tablets	450	\$1,477,980
Verzenio, 200mg, pack of 14 tablets	150	\$492,660
Verzenio, 50mg, pack of 14 tablets	50	\$164,220
Zyprexa (Olanzapine), 10mg, bottles of 30	24,302	\$16,185,739
Zyprexa (Olanzapine), 15mg, bottles of 30	11,695	\$11,681,680
Zyprexa (Olanzapine), 2 5mg, bottles of 30	3,783	\$1 417,476
Zyprexa (Olanzapine), 20mg, bottles of 30	13,490	\$17,975,493
Zyprexa (Olanzapine), 5mg, bottles of 30	17,681	\$7,811,894
Zyprexa (Olanzapine), 7 5mg, bottles of 30	2,638	\$1,418,509
Zyprexa Relprevv (Olanzapine), 210mg, 1 single-use kit	20	\$14,152
Zyprexa Relprevv (Olanzapine), 300mg, 1 single-use kit	158	\$159,719
Zyprexa Relprevv (Olanzapine), 405mg, 1 single-use kit	30	\$40,941
Zyprexa Zydis (Olanzapine), 10mg, pack of 30 tablets	1,558	\$1,091,864
Zyprexa Zydis (Olanzapine), 15mg, pack of 30 tablets	497	\$514 008
Zyprexa Zydis (Olanzapine), 20mg, pack of 30 tablets	603	\$824,500
Zyprexa Zydis (Olanzapine), 5mg, pack of 30 tablets	1,131	\$538,316
Grand Total	1,149,992	\$827,190,505

Lilly Cares Foundation, Inc - Form 990PF, Part VIII-List of Officers, Directors, and Trustees-2017 Attachment 2

Name & Address	Title & Average Hours Per Week Devoted to Position	Compensation	Contributions to Employee Benefit Plans	Expense Acct and Other Allowances
Joshua L Smiley Lilly Corporate Center Indianapolis, IN 46285	Treasurer 1 0	0	0	0
Bronwen L Mantlo Lilly Corporate Center Indianapolis, IN 46285	Assistant Secretary 1 0	0	0	0
Tiffany Benjamin Lilly Corporate Center Indianapolis, IN 46285	Secretary 1 0	0	0	0
Tamara Cooper LCC- LTC-South Indianapolis, IN 46285 Completed Position 07/04/2017	Vice President 25 0	0	0	0
Laura Swint LCC- LTC-South Indianapolis, IN 46285 Assumed Position 07/05/2017	Vice President 1 0	0	0	0
Steven Stapleton LCC- LTC-South Indianapolis, IN 46285	President, Director, & Chairman BD 35 0	0	0	0
Alonzo Weems LCC-LTC-South Indianapolis, IN 46285	Director 1 0	0	0	0
Ora Pescovitz LCC-LTC-South Indianapolis, IN 46285 Completed Position 06/30/2017	Director 1 0	0	0	0
Kelly Wiggins Payne LCC- LTC-South Indianapolis, IN 46285 Assumed Position 07/05/2017	Director 1 0	0	0	0
Sherry Martin LCC- LTC-South Indianapolis, IN 46285 Assumed Position 07/05/2017	Director 1 0	0	0	0
Terrance M Lyons LCC-LTC-South Indianapolis IN 46285 Completed Position 03/31/2017	Director 1 0	0	0	0

,

ATTACHMENT	3	

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

LILLY CARES FOUNDATION PO BOX 13185 LA JOLLA, CA 92039 800-545-6962

ATTACHMENT	4

## 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATIONS MUST BE SUBMITTED BY PATIENTS AND PHYSICIANS ON OFFICIAL LILLY CARES APPLICATION FORMS WHICH MAY BE OBTAINED BY CALLING 1-800-545-6962 OR BY ACCESSING ONLINE AT WWW.LILLYCARES.COM.

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### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

PHARMACEUTICALS ARE DISTRIBUTED TO THE ILL, NEEDY, THE INDIGENT, AND INFANTS BASED ON MULTIPLE OF THE FEDERAL POVERTY LEVEL. IN ADDITION, CRITERIA INCLUDES US LEGAL RESIDENT STATUS, A LICENSED HCP PRESCRIBING A LILLY MEDICATION, AND INSURANCE STATUS.