

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

2021

For calendar year 2021, or tax year beginning _____ and ending _____

Department of the Treasury Internal Revenue Service
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
 ▶ Go to www.irs.gov/Form8453TE for the latest information.

Name of filer: **SANOFI CARES NORTH AMERICA** EIN or SSN: **43-1614543**

Part I Type of Return and Return Information


Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8039-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Taxed based on investment income (Form 990-PF, Part VI, line 5)	4b	NONE
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8039-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

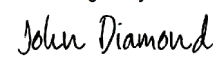
- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  11/15/2021 **TAX HEAD N AMERICA**
 Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which

ERO's Use Only	ERO's signature		Date	11/11/2022	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self employed	<input type="checkbox"/>	ERO's SSN or PTIN	P00639884
	Firm's name (or yours if self-employed), address, and ZIP code	B595A445C692402... GLOBAL TAX MANAGEMENT, INC. 100 CAMPUS DRIVE, SUITE 117 FLORHAM PARK NJ 07932								EIN
									Phone no.	9084584540

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	PTIN
	JOHN DIAMOND, DIRECTOR			Check if self employed <input type="checkbox"/>
	Firm's name	Firm's EIN	Phone no.	
	Firm's address			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE** (2021)

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning and ending

Name of foundation SANOFI CARES NORTH AMERICA		A Employer identification number 43-1614543
FORMERLY THE SANOFI FOUNDATION FOR N. AMERICA		B Telephone number (see instructions) (908) 981-5000
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	
55 CORPORATE DRIVE, TAX DEPARTMENT		C If exemption application is pending, check here. <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code BRIDGEWATER, NJ 08807		
G Check all that apply:	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/>
	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
NONE	<input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	1,384,590,252.			
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)				
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	1,384,590,252.			
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	NONE			
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.	NONE			
25 Contributions, gifts, grants paid	1,384,590,252.			1,384,590,252.
26 Total expenses and disbursements. Add lines 24 and 25	1,384,590,252.			1,384,590,252.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	NONE			
b Net investment income (if negative, enter -0-)		-0-		
c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U.S. and state government obligations (attach schedule), . .			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule),			
	11	Investments - land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation ▶ _____ (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation ▶ _____ (attach schedule)			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	NONE	NONE	NONE	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons . .			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
23	Total liabilities (add lines 17 through 22)	NONE	NONE		
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			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds . .			
	29	Total net assets or fund balances (see instructions)	NONE	NONE	
30	Total liabilities and net assets/fund balances (see instructions)	NONE	NONE		

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	NONE
2	Enter amount from Part I, line 27a	2	NONE
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	NONE
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	NONE

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a						
b						
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
a						
b						
c						
d						
e						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.						(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any				
a						
b						
c						
d						
e						
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ }		3		

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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)	1	NONE
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3	Add lines 1 and 2	3	NONE
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	NONE
6	Credits/Payments:		
a	2021 estimated tax payments and 2020 overpayment credited to 2021	6a	
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	NONE
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	NONE
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	NONE
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 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV		X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>MO, NJ,</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation <u>SEE STATEMENT 1.</u>		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>WWW.SANOFIFOUNDATION-NORTHAMERICA.ORG</u>	X	
14 The books are in care of ▶ <u>SANOFI US SERVICES INC.</u> Telephone no. ▶ <u>908-981-5000</u> Located at ▶ <u>55 CORPORATE DRIVE BRIDGEWATER, NJ</u> ZIP+4 ▶ <u>08807</u>		
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 2021, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

Part VI-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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 4b, covering various activities like engaging in sales, borrowing money, and holding business interests.

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

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

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 2		NONE	NONE	NONE

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 NONE

Part VII 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

Total number of others receiving over \$50,000 for professional services NONE

Part VIII-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 PRODUCT DONATION TO ILL, NEEDY, OR INFANT PATIENTS	1,384,590,252.
2	
3	
4	

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

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

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

Total. Add lines 1 through 3

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	NONE
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	NONE
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	NONE
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	NONE
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	NONE

Part X 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 IX, line 6.	1	
2a	Tax on investment income for 2021 from Part V, line 5.	2a	
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI 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	1,384,590,252.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,384,590,252.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				NONE
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.				
b Total for prior years: 20 <u>19</u> , 20 <u>18</u> , 20 <u>17</u>				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>1,384,590,252.</u>				
a Applied to 2020, but not more than line 2a . . .				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2021 distributable amount.				
e Remaining amount distributed out of corpus. . .	1,384,590,252.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,384,590,252.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				NONE
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 2016 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	1,384,590,252.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021	1,384,590,252.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

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

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
b 85% (0.85) of line 2a	NONE				NONE
c Qualifying distributions from Part XI, line 4, for each year listed	1,384,590,252.	928,090,880.	779,135,355.	565,683,690.	3,657,500,177.
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	1,384,590,252.	928,090,880.	779,135,355.	565,683,690.	3,657,500,177.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	3,793,398.	2,542,715.	2,134,617.	1,549,818.	10,020,548.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	3,793,398.	2,542,715.	2,134,617.	1,549,818.	10,020,548.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, 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)					NONE
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					NONE
(3) Largest amount of support from an exempt organization					NONE
(4) Gross investment income					NONE

Part XIV 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).)

N/A

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

N/A

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

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

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

SEE STATEMENT 6

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

SEE STATEMENT 7

c Any submission deadlines:

SEE STATEMENT 8

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

SEE STATEMENT 9

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> SEE STATEMENT 10				1,384,590,252.
Total				▶ 3a 1,384,590,252.
<i>b Approved for future payment</i>				
Total				▶ 3b

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization, Employer identification number. Row 1: SANOFI CARES NORTH AMERICA, 43-1614543. Row 2: FORMERLY THE SANOFI FOUNDATION FOR N. AMERICA

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: 501(c)() (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization. Form 990-PF: 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation.

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SANOFI CARES NORTH AMERICA FORMERLY THE SANOFI FOUNDATION FOR N. AMERICA	Employer identification number 43-1614543
--	---

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	SANOFI-AVENTIS US LLC 55 CORPORATE DRIVE RIDGEWATER, NJ 08807	\$ 244,195,352.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	SANOFI PASTEUR INC. 55 CORPORATE DRIVE BRIDGEWATER, NJ 08807	\$ 954,883.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	GENZYME CORPORAATION 55 CORPORATE DRIVE BRIDGEWATER, NJ 08807	\$ 1,139,440,017.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SANOFI CARES NORTH AMERICA FORMERLY THE SANOFI FOUNDATION FOR N. AMERICA	Employer identification number 43-1614543
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DRUGS & MEDICINES	\$ 244,195,352.	06/30/2021
2	DRUGS & MEDICINES	\$ 954,883.	06/30/2021
3	DRUGS & MEDICINES	\$ 1,139,440,017.	06/30/2021
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

FORM 990PF, PART VI-A - EXPLANATION OF NON-FILING

=====

SANOFI CARES NORTH AMERICA HAS REGISTERED IN BOTH MISSOURI AND NEW JERSEY UNDER ITS FORMER NAME, BUT DOES NOT FILE ANNUAL INFORMATIONAL RETURNS IN THESE STATES. SINCE NONE OF THE DONATIONS IT RECEIVES ARE SOLICITED FROM THE PUBLIC, SANOFI CARES SHOULD BE EXEMPT FROM SUCH REGISTRATION AND INFORMATION REQUIREMENTS. SEE N.J.S.A. 45:17A - 26 (C) AND MISSOURI CHARITABLE ORGANIZATIONS AND SOLICITATIONS LAW SELECTIONS 407.450 TO 407.478

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
DIAMA BLANKMAN

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
PRESIDENT

OFFICER NAME:
ANGELA BECHAN

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
VICE PRESIDENT

OFFICER NAME:
ROBERT RIDOLFI

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
VICE PRESIDENT, TAX

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
MARTIN J TRAVERS

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
SECRETARY

OFFICER NAME:
STACY ANN APGAR

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
ASSISTANT SECRETARY

OFFICER NAME:
SHANNON KELLEY

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
DIRECTOR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
CHAN LEE

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
DIRECTOR

OFFICER NAME:
ERIC RACINE

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
DIRECTOR

OFFICER NAME:
CLINT WALLACE

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
DIRECTOR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
THIERRY VERNIER

ADDRESS:
55 CORPORATE DRIVE, TAX DEPARTMENT
BRIDGEWATER, NJ 08807

TITLE:
DIRECTOR

TOTAL COMPENSATION: NONE
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE
=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE
=====

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

SANOFI CARES NA PATIENT ASSISTANCE
55 CORPORATE DRIVE
BRIDGEWATER, NJ 08807
908-981-5000

990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS
=====

FORM TO BE COMPLETED BY PHYSICIANS MAY BE OBTAINED BY CONTACTING THE OFFICE, AND FINANCIAL FORMS MUST ALSO BE SUBMITTED.

990PF, PART XIV - SUBMISSION DEADLINES
=====

APPLICATION IS REVIEWED THROUGH THE YEAR.

990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS
=====

PRODUCTS MUST BE DONATED TO THE ILL, NEEDY OR INFANT THROUGH VERIFIED PROCEDURES. CASH DONATION MUST BE CONSISTENT WITH POLICIES.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

ATCH 4

ADDRESS:

DRUGSS & MEDICINES

55 CORPORTATE DRIVE

BRIDGEWATER, NJ 08807

RELATIONSHIP:

NC

PURPOSE OF GRANT:

TO PROVIDE FREE DRUGS TO ILL, NEEDY OR INFANT

PATIENTS.

AMOUNT OF GRANT PAID..... 1,384,590,252.

TOTAL GRANTS PAID: 1,384,590,252.

=====

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2021 **Jurisdiction:** Federal
Name: SANOFI CARES NORTH **No of Attachments:** 2
Return No: E2757TU1

PDF Attachment Description	PDF File Name	File Size
2021 Sanofi Form 8868	E2757TU1_FE_2021_Sanofi_Form_8868.pdf	37,082
2021 product donation list attached to return	E2757TU1_FE_2021_product_donation_list_attached_to_return.pdf	154,885



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2021
Notice date	May 30, 2022
Employer ID number	43-1614543
To contact us	Phone 877-829-5500

Page 1 of 1

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SANOFI-AVENTIS PATIENT ASSISTANCE
% SANOFI US SERVICES INC
55 CORPORATE DR
BRIDGEWATER NJ 08807-1265

073455

Important information about your December 31, 2021, Form 990PF

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2021, Form 990PF.

Your new due date is November 15, 2022.

What you need to do

File your December 31, 2021, Form 990PF by November 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

SANOFI CARES NORTH AMERICA
FEIN: 43-1614543

2021 Product Donation Summary

Sanofi-Aventis US LLC

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
50106376	ADLYXIN 0.15MG/+ INJ 1CBP2 M24 L	93,637
50106378	ADLYXIN 2 PENS 20MCG REFILLI	1,074,792
50125212	ADMELOG 1000 IU/ML 1 VIAL	284,665
50125213	ADMELOG SOLOSTAR 300 IU/3 ML 5	2,077,576
50069884	APIDRA IJ 1X10ML VL 250033 RX_US	3,715,486
50094611	APIDRA SOLOSTAR PEN REDUCED	19,497,692
50070142	APIDRA 100U/ML PEN 5X3ML	1,952
50094610	LANTUS SOLOSTAR PEN REDUCED	91,194,545
50072244	LANTUS 100U/ML PEN 5X3ML	35,821
50018444	LANTUSIJ 10IJ VL 222033 RX_US	31,196,704
50066572	LOVENOX 60MG W/AUTO SD GRAD	2,383,807
50066573	LOVENOX 80MG W/AUTO SD GRAD	5,934,960
50066574	LOVENOX 100MG W/AUTO SD GRAD	5,902,713
50066575	LOVENOX 120MG W/AUTO SD GRAD	5,415,053
50066576	LOVENOX 150MG/1ML INJ PS10 PRV	4,509,295
50075771	LOVENOX 30MG/0.3ML INJ PS10 H U	199,208
50075772	LOVENOX 40MG/0.4ML INJ PS10 H U	758,102
50089403	MULTAQ 400MG TB 60CT BT	9,069,558
714452	MULTAQ 400MG TABCO BT60 US	3,060,518
50111728	PRIFTIN 150MG BL 3X8	1,010
50122601	SOLIQUA 5 PENS 99 MCG/3 ML	11,761,906
50098976	SYNVISC ONE 48MG/6ML INJ SYR1 I	1,875,010
50098977	SYNVISC 16MG/2ML INJ SYR3 US	621,807
50125575	TOUJEO MAX 900IU/3ML INJ PFPX2	11,839,527
50110062	TOUJEO PEN 3x1.5ML	31,690,009
Total		244,195,352

Genzyme Corporation

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
50094970	ELITEK 1.5MG VL WITH DILUENT	390,876
50094971	ELITEK 7.5MG VL WITH DILUENT	4,790
50106333	JEVTANA 60MG VIAL	472,895
50108400	LEMTRADA 12MG/1,2ML INJ VL1 US	7,919,791
50098817	MOZOBIL 24MG/1.2ML LJ VL1(42741;	982,957
50099592	THYMOGLOBULIN 25MG/5ML SUBLY	77,256
50099612	CAMPATH 30MG/1ML INJ VL1 US	7,667,160
50099611	CAMPATH 30MG/1ML INJ VL3 US	17,627,055
50121063	KEVZARA 2 COUNT 150MG PFS	236,603
50121093	KEVZARA 2 COUNT 200MG PFS	3,872,639
50123292	DUPIXENT 2 SAFETY SYRINGES 30C	472,525,652
50126681	KEVZARA 2 COUNT 150MG AUTOIN.	2,087,676
50126690	KEVZARA 2 COUNT 200MG AUTOIN.	32,411,170
50127793	DUPIXENT 200MG/+ INJ PS2 SAFE M	27,308,900
50130275	DUPIXENT 2 Single Dose Pre-filled Pe	212,855,655

SANOFI CARES NORTH AMERICA
FEIN: 43-1614543

2021 Product Donation Summary

Sanofi-Aventis US LLC

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
50097401	Aubagio 14mg 28CT Pack (PAP)	2,527,368
50097400	Aubagio 7mg 28CT Pack (PAP)	248,224
50125042	Aubagio 14mg 30CT (PAP)	221,257,826
50125041	Aubagio 7mg 30CT (PAP)	19,116,470
50128730	CABLIVI 11MG INJPO V1S11N M48 U	28,849,600
795785	ALP FG 2000IU KIT USA	2,327,846
795788	ALP FG 4000IU 1PK KIT USA	15,832,535
795809	ALP FG 250IU KIT USA	188,129
795821	ALP FG 1000IU KIT USA	957,411
795823	ALP FG 500IU KIT USA	1,600,174
795825	ALP FG 3000IU KIT USA	24,406,903
795643	ELO FG 3000IU 1PK KIT USA	7,766,824
795791	ELO FG 6000IU KIT USA	5,004,432
795796	ELO FG 5000IU 1PK KIT USA	4,262,452
795799	ELO FG 1000IU 1PK KIT USA	1,701,802
795805	ELO FG 250IU KIT USA	73,600
795811	ELO FG 4000IU 1PK KIT USA	7,958,529
795814	ELO FG 2000IU 1PK KIT USA	7,209,189
795817	ELO FG 1500IU 1PK KIT USA	693,234
795819	ELO FG 500IU 1PK KIT USA	989,635
795802	ELO FG 750IU 1PK KIT USA	26,758
Total		1,139,440,017

Sanofi Pasteur Inc

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
190-20	IMOGAM RABIES HT 2ML	96,819
250-51	IMOVAX RABIES 1 ML V	29,290
400-10	ADACEL 10 x 1 DOSE VIALS	828,315
215-10	420 Td_TENIVAC_PF 10V_1D US	-
589-05	MENACTRA 5x1	-
400-20	306 ADACEL 5LLR US	459
752-21	TUBERSOL 5TU 10	-
510-05	Pentacel 5x1 Dose Vial	-
Total		954,883

2021 Total Production Donation

1,384,590,252