

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning _____, 2020, and ending _____, 20
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

2020

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

SANOFI CARES NORTH AMERICA

Taxpayer identification number

43-1614543

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Amounts are entered in column 2b.

Part II Declaration of Officer or Person Subject to Tax

- 6 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.
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 organization or I am the person subject to tax with respect to (name of organization), (EIN), and that I have examined a copy of the 2020 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 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-EO 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 organization 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 I have any knowledge.

Form section for ERO's Use Only, including fields for signature, date, firm name, address, EIN, and phone number.

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.

Form section for Paid Preparer Use Only, including fields for preparer's name, signature, date, firm name, address, EIN, and phone number.

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form 8453-EO (2020)

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.

2020

Open to Public Inspection

For calendar year **2020** or tax year beginning , **2020**, and ending , **20**

Name of foundation SANOFI CARES NORTH AMERICA FORMERLY THE SANOFI FOUNDATION FOR N. AMERICA		A Employer identification number 43-1614543
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) (908) 981-5000
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:		D 1. Foreign organizations, check here. <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<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 <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)	928,090,880.			
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	928,090,880.			
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	0.			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see instructions).				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 Total operating and administrative expenses. Add lines 13 through 23.	0.			
25 Contributions, gifts, grants paid	928,090,880.			928,090,880.
26 Total expenses and disbursements. Add lines 24 and 25	928,090,880.			928,090,880.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	0.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)				

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)	0.	0.	0.	
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)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>				
	and complete lines 24, 25, 29, and 30.				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds			
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)	0.	0.		
30	Total liabilities and net assets/fund balances (see instructions)	0.	0.		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1 0.
2	Enter amount from Part I, line 27a	2 0.
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 0.
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 0.

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.						(l) 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	{ 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 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and tax due. Total tax due is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, expenditures, and reporting requirements. Includes a 'Yes/No' column and a 'Refunded' column.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 regarding foundation activities and interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 requirements, including disqualifying acts and taxes on failure to distribute income.

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

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b**

Organizations relying on a current notice regarding disaster assistance, check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** Yes No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** Yes No

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? Yes No

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 2		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	PRODUCT DONATION TO ILL, NEEDY, OR INFANT PATIENTS	928,090,880.
2		
3		
4		

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	NONE	
2		
All other program-related investments. See instructions.		
3	NONE	
Total. Add lines 1 through 3 ▶		

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2020 from Part VI, line 5	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26.	1a	928,090,880.
b	Program-related investments - total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	928,090,880.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	928,090,880.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20 <u>18</u> , 20 <u>17</u> , 20 <u>16</u>				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>928,090,880.</u>				
a Applied to 2019, 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 2020 distributable amount.				
e Remaining amount distributed out of corpus. . .	928,090,880.			
5 Excess distributions carryover applied to 2020 (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	928,090,880.			
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 2019. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021.				
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 2015 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	928,090,880.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020	928,090,880.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling **12/29/1992**

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed	928,090,880.	779,135,355.	565,683,690.	636,076,036.	2,908,985,961.
d Amounts included in line 2c not used directly for active conduct of exempt activities				4,937,812.	4,937,812.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	928,090,880.	779,135,355.	565,683,690.	631,138,224.	2,904,048,149.
3 Complete 3a, b, or c for the alternative test relied upon: . . .					
a "Assets" alternative test - enter:					
(1) Value of all assets	2,542,715.	2,134,617.	1,550,066.	3,151,189.	9,378,587.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	2,542,715.	2,134,617.	1,549,818.	1,728,866.	7,956,016.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed			8.	46,700.	46,708.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

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:

ATCH 3

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

c Any submission deadlines:

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

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>ATCH 4</p>				
Total				▶ 3a 928,090,880.
<p>b <i>Approved for future payment</i></p>				
Total				▶ 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Dividends, Net rental income, etc.

13 Total. Add line 12, columns (b), (d), and (e) 13

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A' for both (b) and (d).

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

ROBERT RIDOLFI Signature of officer or trustee | 11/05/2021 Date | TAX HEAD N AMERICA Title

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Schedule of Contributors

2020

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization 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 BRIDGEWATER, NJ 08807	\$ 316,933,320.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	SANOFI PASTEUR INC. DISCOVERY DRIVE SWIFTWATER, PA 18370	\$ 926,866.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	GENZYME CORP 55 CORPORATE DRIVE BRIDGEWATER, NJ 08807	\$ 610,230,694.	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 _____ _____ _____	\$ 318,616,556.	06/30/2020
2	DRUGS & MEDICINES _____ _____ _____	\$ 926,866.	06/30/2020
3	DRUGS & MEDICINES _____ _____ _____	\$ 608,547,458.	06/30/2020
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

ATTACHMENT 1

FORM 990PF, PART VII-A, LINE 8B - 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 VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
DIANA BLANKMAN 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	PRESIDENT			
ANGELA BECHAN 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	VICE PRESIDENT			
ROBERT RIDOLFI 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	VICE PRESIDENT			
MARTIN J TRAVERS 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	SECRETARY			
STACY ANN APGAR 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	ASSISTANT SECRETARY			
SHANNON KELLEY 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	DIRECTOR			

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

ATTACHMENT 2 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CHAN LEE 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	DIRECTOR			
ERIC RACINE 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	DIRECTOR			
CLINT WALLACE 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER, NJ 08807	DIRECTOR			
	GRAND TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>

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

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

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

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

SUBMISSION DEADLINES:

APPLICATION IS REVIEWED THROUGH THE YEAR

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.
2275PX

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 4

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
DRUGS & MEDICINES 55 CORPORATE DRIVE BRIDGEWATER, NJ 08807	NC	TO PROVIDE FREE DRUGS TO ILL, NEEDY OR INFANT PATIENTS	928,090,880.
TOTAL CONTRIBUTIONS PAID			<u>928,090,880.</u>

Sanofi Aventis US LLC

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
50106376	ADLYXIN 0.15MG/+ INJ 1CBP2 M24 US	98,778
50106378	ADLYXIN 2 PENS 20MCG REFILLI	1,019,418
50125212	ADMELOG 1000 IU/ML 1 VIAL	430,854
50125213	ADMELOG SOLOSTAR 300 IU/3 ML 5 PENS	2,123,273
50069884	APIDRA IJ 1X10ML VL 250033 RX_US	4,722,656
50094611	APIDRA SOLOSTAR PEN REDUCED SIZE 5X3ML	22,377,970
50092771	ENOXAPARIN 40MG/0.4ML INJ PS10 PRV H US	85,390
50094610	LANTUS SOLOSTAR PEN REDUCED SIZE 5X3ML	103,847,092
50018444	LANTUSIJ 10IJ VL 222033 RX_US	45,267,802
50066572	LOVENOX 60MG W/AUTO SD GRAD SYR10	2,202,501
50066573	LOVENOX 80MG W/AUTO SD GRAD SYR10	6,638,333
50066574	LOVENOX 100MG W/AUTO SD GRAD 062300RX_US	7,639,584
50066575	LOVENOX 120MG W/AUTO SD GRAD SYR10	6,022,246
50066576	LOVENOX 150MG/1ML INJ PS10 PRV M24 H US	4,729,170
50075771	LOVENOX 30MG/0.3ML INJ PS10 H US	262,965
50075772	LOVENOX 40MG/0.4ML INJ PS10 H US	1,066,701
50089403	MULTAQ 400MG TB 60CT BT	10,184,286
50111728	PRIFTIN 150MG BL 3X8	288
50122601	SOLQUA 5 PENS 99 MCG/3 ML	10,172,480
50098976	SYNVISC ONE 48MG/6ML INJ SYR1 US	1,405,230
50098977	SYNVISC 16MG/2ML INJ SYR3 US	424,582
50125575	TOUJEO MAX 900IU/3ML INJ PFPX2 US	10,700,822
50110062	TOUJEO PEN 3x1.5ML	41,493,139
50111692	PRALUENT 75MG 2CT AUTO-INJECTOR	23,219,840
50111693	PRALUENT 150MG 2CT AUTO-INJECTOR	10,797,920
	Total	316,933,321

Sanofi Genzyme

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
50094970	ELITEK 1.5MG VL WITH DILUENT	332,727
50094971	ELITEK 7.5MG VL WITH DILUENT	31,351
50106333	JEVTANA 60MG VIAL	342,572
50108400	LEMTRADA 12MG/1,2ML INJ VL1 US	8,549,111
50098817	MOZOBIL 24MG/1.2ML LJ VL1(427412)US	926,834
50099592	THYMOGLOBULIN 25MG/5ML SUBLY VL1 US	14,001
50099612	CAMPATH 30MG/1ML INJ VL1 US	8,099,585
50104200	CAMPATH 30MG/1ML INJ VL3 PA	2,118,000
50099611	CAMPATH 30MG/1ML INJ VL3 US	32,029,455
50104202	MABCAMPATH 30MG/1ML INJ VL1 M36 GB	3,530,000
50105702	MABCAMPATH 30MG/1ML INFPO VL1 IT	970,750
50105642	MABCAMPATH 30MG/1ML INFPO VL1 BE	1,059,000
50121063	KEVZARA 2 COUNT 150MG PFS	170,494
50121093	KEVZARA 2 COUNT 200MG PFS	4,481,544
50123292	DUPIXENT 2 SAFETY SYRINGES 300 MG/2 ML	362,325,485
50126681	KEVZARA 2 COUNT 150MG AUTOINJECTOR	1,983,292
50126690	KEVZARA 2 COUNT 200MG AUTOINJECTOR	29,063,929
50127793	DUPIXENT 200MG/+ INJ PS2 SAFE M24 US	17,326,311
50097401	Aubagio 14mg 28CT Pack (PAP)	126,598,935
50097400	Aubagio 7mg 28CT Pack (PAP)	10,241,567
759212	SARCLISA 100MG/5ML INFLS VL1 US	35,750
	Total	610,230,694


Sanofi Pasteur

<u>Material #</u>	<u>Material Name</u>	<u>WAC Value</u>
190-20	IMOGAM RABIES HT 2ML	278,810
250-51	IMOVAX RABIES 1 ML V	128,340
400-10	ADACEL 10 x 1 DOSE VIALS	515,444
589-05	MENACTRA 5x1	638
400-20	306 ADACEL 5LLR US	2,673
510-05	Pentacel 5x1 Dose Vial	961
	Total	926,866



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2020
Notice date	May 24, 2021
Employer ID number	43-1614543
To contact us	Phone 877-829-5500 FAX 877-792-2864

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

Page 1 of 1

102068

Important information about your December 31, 2020 Form 990PF

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

We approved the Form 8868 for your December 31, 2020 Form 990PF. Your new due date is November 15, 2021.

What you need to do

File your December 31, 2020 Form 990PF by November 15, 2021. 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, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

Visit www.irs.gov/cp211a.

- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Cumulative e-File History 2020

FED

Tax Return
2275PX

Return Type
990

Taxpayer
Sanofi Cares North America

Submitted Date 2021-04-30 10:16:40

Acknowledgement Date 2021-04-30 10:35:10

Status Accepted

Submission ID 22574220211205000000

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SANOFI CARES NORTH AMERICA FORMERLY THE SANOFI FOUNDATION FOR N. AMERICA	Taxpayer identification number (TIN) 43-1614543
	Number, street, and room or suite no. If a P.O. box, see instructions. 55 CORPORATE DRIVE, TAX DEPARTMENT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRIDGEWATER, NJ 08807	

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SANOFI US SERVICES INC.

- The books are in the care of ▶ 55 CORPORATE DRIVE, TAX DEPARTMENT BRIDGEWATER NJ 08807

Telephone No. ▶ 908 981-5000 Fax No. ▶ 908 981-7834

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2020 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

IRS990PF [documentId:IRS990PF]			
	Special condition description		SpecialConditionDesc
C	Indicates this return has an application pending		ApplicationPendingInd
D1	Indicates this return is for a foreign organization		ForeignOrganizationInd
D2	Indicates this return is for a foreign organization meeting 85% test		ForeignOrgMeeting85PctTestInd
E	Indicates private foundation status terminated under section 507(b)(1)(A)		PFStatusTermSect507b1AInd
F	Indicates private foundation is in a 60-month termination under section 507(b)(1)(B)		PF60MonthTermSect507b1BInd
G	Indicates this is an initial return		InitialReturnInd
G	Indicates this is an initial return of a former public charity		InitialReturnFormerPubChrtlyInd
G	Final return		FinalReturnInd
G	Amended return		AmendedReturnInd
G	Indicates this return has an address change		AddressChangeInd
G	Indicates this return has a name change		NameChangeInd
H	Section 501(c)(3) exempt private foundation	X	Organization501c3ExemptPFInd
H	Section 4947(a)(1) nonexempt charitable trust		Organization4947a1TrdPFInd
H	Other taxable private foundation		Organization501c3TaxablePFInd
I	Fair market value of all assets at end of year	0	FMVAssetsEOYAmt
J	Method of accounting - Cash	X	MethodOfAccountingCashInd
J	Method of accounting - Accrual		MethodOfAccountingAccrualInd
J	Method of accounting - Other		MethodOfAccountingOtherInd
AnalysisOfRevenueAndExpenses			
1(a)	Contributions Received - Revenue and Expenses per Books	928090880	ContriRcvdRevAndExpnssAmt
2	Not required to attach Schedule B		ScheduleBNotRequiredInd
3(a)	Interest on Savings and Temporary Cash Investments - Revenue and Expenses per Books		InterestOnSavRevAndExpnssAmt
3(b)	Interest on Savings and Temporary Cash Investments - Net Investment Income		InterestOnSavNetInvstIncmAmt
3(c)	Interest on Savings and Temporary Cash Investments - Adjusted Net Income		InterestOnSavingsAdjNetIncmAmt
4(a)	Dividends and Interest from Securities - Revenue and Expenses per Books		DividendsRevAndExpnssAmt
4(b)	Dividends and Interest from Securities - Net Investment Income		DividendsNetInvstIncmAmt
4(c)	Dividends and Interest from Securities - Adjusted Net Income		DividendsAdjNetIncmAmt
5a(a)	Gross Rents - Revenue and Expenses per Books		GrossRentsRevAndExpnssAmt
5a(b)	Gross Rents - Net Investment Income		GrossRentsNetInvstIncmAmt
5a(c)	Gross Rents - Adjusted Net Income		GrossRentsAdjNetIncmAmt
5b	Net Rental Income or Loss		NetRentalIncomeOrLossAmt
6a(a)	Net Gain from Sale of Assets - Revenue and Expenses per Books		NetGainSaleAstRevAndExpnssAmt
6b	Gross Sales Price		GrossSalesPriceAmt
7(b)	Capital Gain Net Income - Net Investment Income		CapGainNetIncmNetInvstIncmAmt
8(c)	Net Short-Term Capital Gain - Adjusted Net Income		NetSTCapitalGainAdjNetIncmAmt
9(c)	Income Modifications - Adjusted Net Income		IncmModificationsAdjNetIncmAmt
10a	Gross Sales Less Returns and Allowances		GrossSalesLessRetAndAllwncAmt
10b	Cost of Goods Sold		CostOfGoodsSoldAmt
10c(a)	Gross Profit - Revenue and Expenses per Books		GrossProfitRevAndExpnssAmt
10c(c)	Gross Profit - Adjusted Net Income		GrossProfitAdjNetIncmAmt
11(a)	Other Income - Revenue and Expenses per Books		OtherIncomeRevAndExpnssAmt
11(b)	Other Income - Net Investment Income		OtherIncomeNetInvstIncmAmt
11(c)	Other Income - Adjusted Net Income		OtherIncomeAdjNetIncmAmt
12(a)	Total - Revenue and Expenses per Books	928090880	TotalRevAndExpnssAmt
12(b)	Total - Net Investment Income	0	TotalNetInvstIncmAmt
12(c)	Total - Adjusted Net Income		TotalAdjNetIncmAmt
13(a)	Compensation of Officers, Directors, Trustees, etc. - Revenue and Expenses per Books	0	CompOfcrDirTrstRevAndExpnssAmt
13(b)	Compensation of Officers, Directors, Trustees, etc. - Net Investment Income		CompOfcrDirTrstNetInvstIncmAmt
13(c)	Compensation of Officers, Directors, Trustees, etc. - Adjusted Net Income		CompOfcrDirTrstAdjNetIncmAmt
13(d)	Compensation of Officers, Directors, Trustees, etc. - Disbursements for Charitable Purposes		CompOfcrDirTrstDsbrsChrtblAmt
14(a)	Other Employee Salaries and Wages - Revenue and Expenses per Books		OthEmpSIrsWgsRevAndExpnssAmt
14(b)	Other Employee Salaries and Wages - Net Investment Income		OthEmpSIrsWgsNetInvstIncmAmt
14(c)	Other Employee Salaries and Wages - Adjusted Net Income		OthEmpSIrsWgsAdjNetIncmAmt
14(d)	Other Employee Salaries and Wages - Disbursements for Charitable Purposes		OthEmpSIrsWgsDsbrsChrtblAmt
15(a)	Pension Plans, Employee Benefits - Revenue and Expenses per Books		PensionEmpIBnftRevAndExpnssAmt
15(b)	Pension Plans, Employee Benefits - Net Investment Income		PensionEmpIBnftNetInvstIncmAmt
15(c)	Pension Plans, Employee Benefits - Adjusted Net Income		PensionEmpIBnftAdjNetIncmAmt
15(d)	Pension Plans, Employee Benefits - Disbursements for Charitable Purposes		PensionEmpIBnftDsbrsChrtblAmt
16a(a)	Legal Fees - Revenue and Expenses per Books		LegalFeesRevAndExpnssAmt
16a(b)	Legal Fees - Net Investment Income		LegalFeesNetInvstIncmAmt
16a(c)	Legal Fees - Adjusted Net Income		LegalFeesAdjNetIncmAmt
16a(d)	Legal Fees - Disbursements for Charitable Purposes		LegalFeesDsbrsChrtblAmt
16b(a)	Accounting Fees - Revenue and Expenses per Books		AccountingFeesRevAndExpnssAmt
16b(b)	Accounting Fees - Net Investment Income		AccountingFeesNetInvstIncmAmt

16b(c)	Accounting Fees - Adjusted Net Income		AccountingFeesAdjNetIncmAmt
16b(d)	Accounting Fees - Disbursements for Charitable Purposes		AccountingFeesChrtblPrpsAmt
16c(a)	Other Professional Fees - Revenue and Expenses per Books		OtherProfFeesRevAndExpnssAmt
16c(b)	Other Professional Fees - Net Investment Income		OtherProfFeesNetInvstIncmAmt
16c(c)	Other Professional Fees - Adjusted Net Income		OtherProfFeesAdjNetIncmAmt
16c(d)	Other Professional Fees - Disbursements for Charitable Purposes		OtherProfFeesDsbrsChrtblAmt
17(a)	Interest - Revenue and Expenses per Books		InterestRevAndExpnssAmt
17(b)	Interest - Net Investment Income		InterestNetInvstIncmAmt
17(c)	Interest - Adjusted Net Income		InterestAdjNetIncmAmt
17(d)	Interest - Disbursements for Charitable Purposes		InterestDsbrsChrtblAmt
18(a)	Taxes - Revenue and Expenses per Books		TaxesRevAndExpnssAmt
18(b)	Taxes - Net Investment Income		TaxesNetInvstIncmAmt
18(c)	Taxes - Adjusted Net Income		TaxesAdjNetIncmAmt
18(d)	Taxes - Disbursements for Charitable Purposes		TaxesDsbrsChrtblAmt
19(a)	Depreciation and Depletion - Revenue and Expenses per Books		DeprecAndDpltnRevAndExpnssAmt
19(b)	Depreciation and Depletion - Net Investment Income		DeprecAndDpltnNetInvstIncmAmt
19(c)	Depreciation and Depletion - Adjusted Net Income		DeprecAndDpltnAdjNetIncmAmt
20(a)	Occupancy - Revenue and Expenses per Books		OccupancyRevAndExpnssAmt
20(b)	Occupancy - Net Investment Income		OccupancyNetInvstIncmAmt
20(c)	Occupancy - Adjusted Net Income		OccupancyAdjNetIncmAmt
20(d)	Occupancy - Disbursements for Charitable Purposes		OccupancyDsbrsChrtblAmt
21(a)	Travel, Conferences, and Meetings - Revenue and Expenses per Books		TravConfMeetingRevAndExpnssAmt
21(b)	Travel, Conferences, and Meetings - Net Investment Income		TravConfMeetingNetInvstIncmAmt
21(c)	Travel, Conferences, and Meetings - Adjusted Net Income		TravConfMeetingAdjNetIncmAmt
21(d)	Travel, Conferences, and Meetings - Disbursements for Charitable Purposes		TravConfMeetingDsbrsChrtblAmt
22(a)	Printing and Publications - Revenue and Expenses per Books		PrintingAndPubRevAndExpnssAmt
22(b)	Printing and Publications - Net Investment Income		PrintingAndPubNetInvstIncmAmt
22(c)	Printing and Publications - Adjusted Net Income		PrintingAndPubAdjNetIncmAmt
22(d)	Printing and Publications - Disbursements for Charitable Purposes		PrintingAndPubDsbrsChrtblAmt
23(a)	Other Expenses - Revenue and Expenses per Books		OtherExpensesRevAndExpnssAmt
23(b)	Other Expenses - Net Investment Income		OtherExpensesNetInvstIncmAmt
23(c)	Other Expenses - Adjusted Net Income		OtherExpensesAdjNetIncmAmt
23(d)	Other Expenses - Disbursements for Charitable Purposes		OtherExpensesDsbrsChrtblAmt
24(a)	Total Operating and Administrative Expenses - Revenue and Expenses per Books	0	TotOprExpensesRevAndExpnssAmt
24(b)	Total Operating and Administrative Expenses - Net Investment Income	0	TotOprExpensesNetInvstIncmAmt
24(c)	Total Operating and Administrative Expenses - Adjusted Net Income		TotOprExpensesAdjNetIncmAmt
24(d)	Total Operating and Administrative Expenses - Disbursements for Charitable Purposes	0	TotOprExpensesDsbrsChrtblAmt
25(a)	Contributions, Gifts, Grants Paid - Revenue and Expenses per Books	928090880	ContriPaidRevAndExpnssAmt
25(d)	Contributions, Gifts, Grants Paid - Disbursements for Charitable Purposes	928090880	ContriPaidDsbrsChrtblAmt
26(a)	Total Expenses and Disbursements - Revenue and Expenses per Books	928090880	TotalExpensesRevAndExpnssAmt
26(b)	Total Expenses and Disbursements - Net Investment Income	0	TotalExpensesNetInvstIncmAmt
26(c)	Total Expenses and Disbursements - Adjusted Net Income		TotalExpensesAdjNetIncmAmt
26(d)	Total Expenses and Disbursements - Disbursements for Charitable Purposes	928090880	TotalExpensesDsbrsChrtblAmt
27a(a)	Excess of Revenue Over Expenses and Disbursements - Revenue and Expenses per Books	0	ExcessRevenueOverExpensesAmt
27b(b)	Net Investment Income	0	NetInvestmentIncomeAmt
27c(c)	Adjusted Net Income		AdjustedNetIncomeAmt

Form990PFBalanceSheetsGrp

1(a)	Cash - Beginning of Year - Book Value		CashBOYAmt
1(b)	Cash - End of Year - Book Value		CashEOYAmt
1(c)	Cash - End of Year - Fair Market Value		CashEOYFMVAmt
2(a)	Savings and Temporary Cash Investments - Beginning of Year - Book Value		SavAndTempCashInvstBOYAmt
2(b)	Savings and Temporary Cash Investments - End of Year - Book Value		SavAndTempCashInvstEOYAmt
2(c)	Savings and Temporary Cash Investments - End of Year - Fair Market Value		SavAndTempCashInvstEOYFMVAmt
3	Accounts Receivable		AcctRcvblAmt
3	Allowance for Doubtful Accounts (for Accounts Receivable)		AcctRcvblAllwncDbtflAcctAmt
3(a)	Accounts Receivable - Beginning of Year - Book Value		AcctRcvblBOYAmt
3(b)	Accounts Receivable - End of Year - Book Value		AcctRcvblEOYAmt
3(c)	Accounts Receivable - End of Year - Fair Market Value		AcctRcvblEOYFMVAmt
4	Pledges Receivable		PledgesRcvblAmt
4	Allowance for Doubtful Accounts (for Pledges Receivable)		PledgesRcvblAllwncDbtflAcctAmt
4(a)	Pledges Receivable - Beginning of Year - Book Value		PledgesRcvblBOYAmt
4(b)	Pledges Receivable - End of Year - Book Value		PledgesRcvblEOYAmt
4(c)	Pledges Receivable - End of Year - Fair Market Value		PledgesRcvblEOYFMVAmt
5(a)	Grants Receivable - Beginning of Year - Book Value		GrantsReceivableBOYAmt
5(b)	Grants Receivable - End of Year - Book Value		GrantsReceivableEOYAmt
5(c)	Grants Receivable - End of Year - Fair Market Value		GrantsReceivableEOYFMVAmt

6(a)	Receivables from Officers - Beginning of Year - Book Value		RcvblFromOfficersBOYAmt
6(b)	Receivables from Officers - End of Year - Book Value		RcvblFromOfficersEOYAmt
6(c)	Receivables from Officers - End of Year - Fair Market Value		RcvblFromOfficersEOYFMVAmt
7	Other Notes and Loans Receivable		OtherNtsAndLoansRcvblAmt
7	Allowance for Doubtful Accounts (for Other Notes and Loans Receivable)		OtherRcvblAllwncDbtflAcctAmt
7(a)	Other Notes and Loans Receivable - Beginning of Year - Book Value		OtherNtsAndLoansRcvblBOYAmt
7(b)	Other Notes and Loans Receivable - End of Year - Book Value		OtherNtsAndLoansRcvblEOYAmt
7(c)	Other Notes and Loans Receivable - End of Year - Fair Market Value		OtherNtsAndLoansRcvblEOYFMVAmt
8(a)	Inventories for Sale or Use - Beginning of Year - Book Value		InventoriesBOYAmt
8(b)	Inventories for Sale or Use - End of Year - Book Value		InventoriesEOYAmt
8(c)	Inventories for Sale or Use - End of Year - Fair Market Value		InventoriesEOYFMVAmt
9(a)	Prepaid Expenses - Beginning of Year - Book Value		PrepaidExpensesBOYAmt
9(b)	Prepaid Expenses - End of Year - Book Value		PrepaidExpensesEOYAmt
9(c)	Prepaid Expenses - End of Year - Fair Market Value		PrepaidExpensesEOYFMVAmt
10a(a)	Investments, Government Obligations - Beginning of Year - Book Value		USGovernmentObligationsBOYAmt
10a(b)	Investments, Government Obligations - End of Year - Book Value		USGovernmentObligationsEOYAmt
10a(c)	Investments, Government Obligations - End of Year - Fair Market Value		USGovtObligationsEOYFMVAmt
10b(a)	Investments, Corporate Stock - Beginning of Year - Book Value		CorporateStockBOYAmt
10b(b)	Investments, Corporate Stock - End of Year - Book Value		CorporateStockEOYAmt
10b(c)	Investments, Corporate Stock - End of Year - Fair Market Value		CorporateStockEOYFMVAmt
10c(a)	Investments, Corporate Bonds - Beginning of Year - Book Value		CorporateBondsBOYAmt
10c(b)	Investments, Corporate Bonds - End of Year - Book Value		CorporateBondsEOYAmt
10c(c)	Investments, Corporate Bonds - End of Year - Fair Market Value		CorporateBondsEOYFMVAmt
11	Investments, Land, Etc. Basis		InvstLandCostOrOtherBasisAmt
11	Accumulated Depreciation (for Investments, Land, Etc.)		InvstLandAccumDepreciationAmt
11(a)	Investments, Land, Etc. - Beginning of Year - Book Value		LandBldgInvestmentsBOYAmt
11(b)	Investments, Land, Etc. - End of Year - Book Value		LandBldgInvestmentsEOYAmt
11(c)	Investments, Land, Etc. - End of Year - Fair Market Value		LandBldgInvestmentsEOYFMVAmt
12(a)	Investments, Mortgage Loans - Beginning of Year - Book Value		MortgageLoansBOYAmt
12(b)	Investments, Mortgage Loans - End of Year - Book Value		MortgageLoansEOYAmt
12(c)	Investments, Mortgage Loans - End of Year - Fair Market Value		MortgageLoansEOYFMVAmt
13(a)	Investments, Other - Beginning of Year - Book Value		OtherInvestmentsBOYAmt
13(b)	Investments, Other - End of Year - Book Value		OtherInvestmentsEOYAmt
13(c)	Investments, Other - End of Year - Fair Market Value		OtherInvestmentsEOYFMVAmt
14	Land, Buildings, and Equipment - Basis		LandBldgEquipCostOrOtherBssAmt
14	Accumulated Depreciation (for Land, Buildings, and Equipment)		LandBldgEquipAccumDeprecAmt
14(a)	Land, Buildings, and Equipment - Beginning of Year - Book Value		LandBOYAmt
14(b)	Land, Buildings, and Equipment - End of Year - Book Value		LandEOYAmt
14(c)	Land, Buildings, and Equipment - End of Year - Fair Market Value		LandEOYFMVAmt
15(a)	Other Assets - Beginning of Year - Book Value		OtherAssetsBOYAmt
15(b)	Other Assets - End of Year - Book Value		OtherAssetsEOYAmt
15(c)	Other Assets - End of Year - Fair Market Value		OtherAssetsEOYFMVAmt
16(a)	Total Assets - Beginning of Year - Book Value	0	TotalAssetsBOYAmt
16(b)	Total Assets - End of Year - Book Value	0	TotalAssetsEOYAmt
16(c)	Total Assets - End of Year - Fair Market Value	0	TotalAssetsEOYFMVAmt
17(a)	Accounts Payable - Beginning of Year - Book Value		AccountsPayableBOYAmt
17(b)	Accounts Payable - End of Year - Book Value		AccountsPayableEOYAmt
18(a)	Grants Payable - Beginning of Year - Book Value		GrantsPayableBOYAmt
18(b)	Grants Payable - End of Year - Book Value		GrantsPayableEOYAmt
19(a)	Deferred Revenue - Beginning of Year - Book Value		DeferredRevenueBOYAmt
19(b)	Deferred Revenue - End of Year - Book Value		DeferredRevenueEOYAmt
20(a)	Loans from Officers - Beginning of Year - Book Value		LoansFromOfficersBOYAmt
20(b)	Loans from Officers - End of Year - Book Value		LoansFromOfficersEOYAmt
21(a)	Mortgages and Notes Payable - Beginning of Year - Book Value		MortgagesAndNotesPayableBOYAmt
21(b)	Mortgages and Notes Payable - End of Year - Book Value		MortgagesAndNotesPayableEOYAmt
22(a)	Other Liabilities - Beginning of Year - Book Value		OtherLiabilitiesBOYAmt
22(b)	Other Liabilities - End of Year - Book Value		OtherLiabilitiesEOYAmt
23(a)	Total Liabilities - Beginning of Year - Book Value	0	TotalLiabilitiesBOYAmt
23(b)	Total Liabilities - End of Year - Book Value	0	TotalLiabilitiesEOYAmt
	Organizations That Follow FASB 117		OrganizationFollowsFASB117Ind
24(a)	Net assets without donor restrictions - BOY - Book Value		NoDonorRstrNetAssestsBOYAmt
24(b)	Net assets without donor restrictions - EOY - Book Value		NoDonorRstrNetAssestsEOYAmt
25(a)	Net assets with donor restrictions - BOY - Book Value		DonorRstrNetAssetsBOYAmt
25(b)	Net assets with donor restrictions - EOY - Book Value		DonorRstrNetAssetsEOYAmt
	Organizations That Do Not Follow FASB 117	X	OrgDoesNotFollowFASB117Ind
26(a)	Capital Stock - Beginning of Year - Book Value		CapitalStockBOYAmt

26(b)	Capital Stock - End of Year - Book Value		CapitalStockEOYAmt
27(a)	Paid-in or Capital Surplus - Beginning of Year - Book Value		AdditionalPaidInCapitalBOYAmt
27(b)	Paid-in or Capital Surplus - End of Year - Book Value		AdditionalPaidInCapitalEOYAmt
28(a)	Retained Earnings - Beginning of Year - Book Value		RetainedEarningBOYAmt
28(b)	Retained Earnings - End of Year - Book Value		RetainedEarningEOYAmt
29(a)	Total Net Assets or Fund Balances - Beginning of Year - Book Value	0	TotNetAstOrFundBalancesBOYAmt
29(b)	Total Net Assets or Fund Balances - End of Year - Book Value	0	TotNetAstOrFundBalancesEOYAmt
30(a)	Total Liabilities and Net Assets - Beginning of Year - Book Value	0	TotalLiabilitiesNetAstBOYAmt
30(b)	Total Liabilities and Net Assets - End of Year - Book Value	0	TotalLiabilitiesNetAstEOYAmt
ChgInNetAssetsFundBalancesGrp			
1	Total Net Assets or Fund Balances at Beginning of Year	0	TotNetAstOrFundBalancesBOYAmt
2	Excess of Revenue Over Expenses and Disbursements - Revenue and Expenses per Books	0	ExcessRevenueOverExpensesAmt
3	Other Increases		OtherIncreasesAmt
4	Subtotal	0	SubtotalAmt
5	Other Decreases		OtherDecreasesAmt
6	Total Net Assets or Fund Balances at End of Year	0	TotNetAstOrFundBalancesEOYAmt
CapGainsLossTxInvstIncmDetail			
CapGainsLossTxInvstIncmGrp			
1(a)	Description of Asset		PropertyDesc
1(b)	How Acquired		HowAcquiredCd
1(c)	Date Acquired		AcquiredDt
1(d)	Date Sold		SoldDt
1(e)	Gross Sales Price		GrossSalesPriceAmt
1(f)	Depreciation		DepreciationAmt
1(g)	Cost or Other Basis		CostOrOtherBasisAmt
1(h)	Gain or Loss		GainOrLossAmt
1(i)	FMV as of 12/31/69		FMVAsOf123169Amt
1(j)	Adjusted Basis as of 12/31/69		AdjustedBasisAsOf123169Amt
1(k)	Excess of FMV Over Adjusted Basis		ExcessFMVOverAdjustedBssAmt
1(l)	Gains Minus Excess or Losses		GainsMinusExcessOrLossesAmt
2	Capital Gain Net Income		CapitalGainNetIncomeAmt
3	Net Short-Term Capital Gain or Loss		NetShortTermCapitalGainLossAmt
ExciseTaxBasedOnInvstIncmGrp			
1a	Exempt Operating Foundations		ExemptOperatingFoundationsInd
1a	Date of Ruling Letter		RulingLetterDt
1	Investment Income Excise Tax - amount	0	InvestmentIncomeExciseTaxAmt
1	Investment Income Excise Tax - N/A		NotApplicableCd
2	Tax Under Section 511		TaxUnderSection511Amt
3	Subtotal (add lines 1 and 2)	0	SubtotalAmt
4	Subtitle A Tax		SubtitleATaxAmt
5	Tax Based on Investment Income	0	TaxBasedOnInvestmentIncomeAmt
6a	Estimated Tax Payments and Overpayment Credited		EstimatedPlusOvpmtIncmTxAmt
6b	Exempt foreign organizations - tax withheld at source	0	ExemptFrgnOrgTaxWithldtSrcAmt
6c	Tax Paid with Extension		ExtsnRequestIncomeTaxPaidAmt
6d	Backup Withholding Erroneously Withheld		BackupWithholdingWithheldAmt
7	Total Credits and Payments	0	TotalPaymentsAndCreditsAmt
7 Tax Paid with Orig Return	Tax Paid with the Original Return		OriginalReturnTaxPaidAmt
7 Orig Return Overpayment	Original Return Overpayment		OriginalReturnOverpaymentAmt
8	Indicates Form 2220 is attached		Form2220AttachedInd
8	Penalty for Underpayment		EsPenaltyAmt
9	Tax Due	0	TaxDueAmt
10	Overpayment		OverpaymentAmt
11	Amount Credited to Next Year		AppliedToESTaxAmt
11	Amount to be refunded		RefundAmt
StatementsRegardingActyGrp			
1a	Legislative and Political Activities? [link:BinaryAttach BinaryAttachN1 BinaryAttachN2 BinaryAttachN3 BinaryAttachN4 BinaryAttachN5 BinaryAttachN6]	false	LegislativePoliticalActyInd
1b	More Than \$100 Spent?	false	MoreThan100SpentInd
1c	Form 1120-POL Filed?	false	Form1120POLFiledInd
1d(1)	Section 4955 Tax on Organization		Section4955OrganizationTaxAmt
1d(2)	Section 4955 Tax on Managers		Section4955ManagersTaxAmt
1e	Reimbursement of Tax		TaxReimbursedAmt
2	Activities Not Previously Reported?	false	ActivitiesNotPreviouslyRptInd
3	Changes to Articles or Bylaws? [link:BinaryAttach BinaryAttachN1 BinaryAttachN2 BinaryAttachN3 BinaryAttachN4 BinaryAttachN5 BinaryAttachN6]	false	ChangesToArticlesOrBylawsInd

4a	Unrelated Business Income Over \$1000?	false	UnrelatedBusIncmOverLimitInd
4b	Form 990-T Filed?		Form990TFiledInd
5	Termination, etc.? [link:BinaryAttach BinaryAttachN1 BinaryAttachN2 BinaryAttachN3 BinaryAttachN4 BinaryAttachN5 BinaryAttachN6]	false	OrganizationDissolvedEtcInd
6	Requirements of Section 508(e)?	true	Section508eRqrSatisfiedInd
7	At least \$5000 in Assets?	false	AtLeast5000InAssetsInd
8a	States Filed With		OrgReportOrRegisterStateCd
8b	Form 990-PF Filed with Attorney General?		Form990PFFiledWithAttyGenInd
9	Private Operating Foundation?	true	PrivateOperatingFoundationInd
10	New Substantial Contributors?	true	NewSubstantialContributorsInd
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 51 2(b)(13)?	false	OwnControlledEntityInd
12	Did the foundation make a distribution to a donor advised fund?	false	DonorAdvisedFundInd
13	Comply with Public Inspection Requirements?	true	ComplyWithPublicInspRqrInd
13	Website Address	www.sanoffoundation-northamerica.org	WebsiteAddressTxt
Books In Care Of - Business Name			
14	Business name line 1	SANOFI US SERVICES INC	BusinessNameLine1Txt
14	Business name line 2		BusinessNameLine2Txt
14	Books In Care Of - Person Name		IndividualWithBooksNm
14	Books In Care Of - Phone Number	9089815000	PhoneNum
Books In Care Of - US Address			
14	Address line 1	55 CORPORATE DRIVE TAX DEPARTMENT	AddressLine1Txt
14	Address line 2		AddressLine2Txt
14	City	BRIDGEWATER	CityNm
14	State	NJ	StateAbbreviationCd
14	ZIP code	08807	ZIPCd
Books In Care Of - Foreign Address			
14	Address line 1		AddressLine1Txt
14	Address line 2		AddressLine2Txt
14	City		CityNm
14	Province or state		ProvinceOrStateNm
14	Country		CountryCd
14	Postal code		ForeignPostalCd
15	Section 4947(a)(1) Nonexempt Charitable Trusts Filing in lieu of Form 1041		NECTFilingInLieuOFForm1041Ind
15	Tax Exempt Interest Received		TaxExemptInterestAmt
16	Interest or a signature or other authority over a bank, securities, or other financial account in a foreign country?	false	ForeignAccountsQuestionInd
16	Name of foreign country		ForeignCountryCd
StatementsRegardingActy4720Grp			
1a(1)	Sale or Exchange with a Disqualified Person?	false	SaleOrExchDisqualifiedPrsnInd
1a(2)	Borrow or Lend with a Disqualified Person?	false	BrrwOrLendDisqualifiedPrsnInd
1a(3)	Furnished Goods, etc. with a Disqualified Person?	false	FurnGoodsDisqualifiedPrsnInd
1a(4)	Pay Compensation to a Disqualified Person?	false	PayCompDisqualifiedPrsnInd
1a(5)	Transfer Assets to a Disqualified Person?		TransferAstDisqualifiedPrsnInd
1a(6)	Payment to a Government Official?	false	PaymentToGovernmentOfficialInd
1b	Any Acts Fail to Qualify as Exceptions?		ActsFailToQlfyAsExceptionsInd
1b	Relying on Current Notice of Disaster Assistance		RelyingCurrentNtcDsstrAsstInd
1c	Uncorrected Prior Acts?	false	UncorrectedPriorActsInd
2a	Undistributed Income Prior Years?	false	UndistributedIncomePYInd
2a	Undistributed Income Prior Year 1		UndistributedIncomePY1Yr
2a	Undistributed Income Prior Year 2		UndistributedIncomePY2Yr
2a	Undistributed Income Prior Year 3		UndistributedIncomePY3Yr
2a	Undistributed Income Prior Year 4		UndistributedIncomePY4Yr
2b	Undistributed Income 4942(a)(2) Not Applied?	false	UndistrIncmSect4942a2NotAppInd
2c	Undistributed Income 4942(a)(2) Applied Year 1		UndistrIncmSect4942a2AppYr1Yr
2c	Undistributed Income 4942(a)(2) Applied Year 2		UndistrIncmSect4942a2AppYr2Yr
2c	Undistributed Income 4942(a)(2) Applied Year 3		UndistrIncmSect4942a2AppYr3Yr
2c	Undistributed Income 4942(a)(2) Applied Year 4		UndistrIncmSect4942a2AppYr4Yr
3a	Business Holdings?	false	BusinessHoldingsInd
3b	Excess Business Holdings?		ExcessBusinessHoldingsInd
4a	Jeopardy Investments?	false	JeopardyInvestmentsInd
4b	Uncorrected Jeopardy Investments?	false	UncorrectedPYJeopardyInvstInd
5a(1)	Influence Legislation?	false	InfluenceLegislationInd
5a(2)	Influence Election?	false	InfluenceElectionInd
5a(3)	Grants to Individuals?	false	GrantsToIndividualsInd
5a(4)	Grants to Organizations?	false	GrantsToOrganizationsInd

5a(5)	Noncharitable Purpose?	false	NoncharitablePurposeInd
5b	Any Transactions Fail to Qualify as Exceptions?		TransactionsFailToQlfyAsExcInd
5b	Relying on Current Notice of Disaster Assistance		RelyingCurrentNtcDsstrAsst1Ind
5c	Maintained Expenditure Responsibility?		MaintainedExpenditureRspnsInd
6a	Receive Funds to Pay Premiums on a Personal Benefit Contract?	false	RcvFndsToPayPrsnlBnftCntrctInd
6b	Pay Premiums on a Personal Benefit Contract?	false	PayPremiumsPrsnlBnftCntrctInd
7a	Prohibited Tax Shelter Transaction?	false	ProhibitedTaxShelterTransInd
7b	Proceeds Or Net Income?		ProceedsOrNetIncomeInd
8	Subject to the section 4960 tax on remuneration or excess parachute payments?	false	SubjToTaxRmnrtnExPrchtPymtInd
OfficerDirTrstKeyEmplInfoGrp			
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Diana Blankman	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	President	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Angela Bechan	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Vice President	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Robert Ridolfi	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt

1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Vice President	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Martin J Travers	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Secretary	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Stacy Ann Appar	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Assistant Secretary	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Shannon Kelley	PersonNm
Business Name			

1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Director	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Chan Lee	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Director	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Eric Racine	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Director	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt

1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Officer, Director, Trustee, or Key Employee			
1(a)	Person Name	Clint Wallace	PersonNm
Business Name			
1(a)	Business name line 1		BusinessNameLine1Txt
1(a)	Business name line 2		BusinessNameLine2Txt
Address - US			
1(a)	Address line 1	55 Corporate Drive Tax Department	AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City	Bridgewater	CityNm
1(a)	State	NJ	StateAbbreviationCd
1(a)	ZIP code	08807	ZIPCd
Address - Foreign			
1(a)	Address line 1		AddressLine1Txt
1(a)	Address line 2		AddressLine2Txt
1(a)	City		CityNm
1(a)	Province or state		ProvinceOrStateNm
1(a)	Country		CountryCd
1(a)	Postal code		ForeignPostalCd
1(b)	Title	Director	TitleTxt
1(b)	Average Hours per week devoted to position	0	AverageHrsPerWkDevotedToPosRt
1(c)	Compensation	0	CompensationAmt
1(d)	Contributions to employee benefit plans and deferred compensation	0	EmployeeBenefitProgramAmt
1(e)	Expense account and other allowances	0	ExpenseAccountOtherAllwncAmt
Compensation of the five highest paid employees other than officers, directors, and trustees			
2(a)	Highest paid employee's name		PersonNm
Address - US			
2(a)	Address line 1		AddressLine1Txt
2(a)	Address line 2		AddressLine2Txt
2(a)	City		CityNm
2(a)	State		StateAbbreviationCd
2(a)	ZIP code		ZIPCd
Address - Foreign			
2(a)	Address line 1		AddressLine1Txt
2(a)	Address line 2		AddressLine2Txt
2(a)	City		CityNm
2(a)	Province or state		ProvinceOrStateNm
2(a)	Country		CountryCd
2(a)	Postal code		ForeignPostalCd
2(b)	Title		TitleTxt
2(b)	Average hours per week		AverageHrsPerWkDevotedToPosRt
2(c)	Compensation		CompensationAmt
2(d)	Employee benefits		EmployeeBenefitsAmt
2(e)	Expense Account		ExpenseAccountAmt
2	If there are none, enter None		CompOfHghstPdEmplOrNONETxt
2	Total number of other employees paid over \$50,000		OtherEmployeePaidOver50kCnt
Compensation of the five highest paid independent contractors for professional services			
Highest paid contractor's name - Business			
3(a)	Business name line 1		BusinessNameLine1Txt
3(a)	Business name line 2		BusinessNameLine2Txt
3(a)	Highest paid contractor's name - Person		PersonNm
Address - US			
3(a)	Address line 1		AddressLine1Txt
3(a)	Address line 2		AddressLine2Txt
3(a)	City		CityNm
3(a)	State		StateAbbreviationCd
3(a)	ZIP code		ZIPCd
Address - Foreign			
3(a)	Address line 1		AddressLine1Txt
3(a)	Address line 2		AddressLine2Txt
3(a)	City		CityNm
3(a)	Province or state		ProvinceOrStateNm
3(a)	Country		CountryCd
3(a)	Postal code		ForeignPostalCd

3(b)	Type of service		ServiceTypeTxt
3(c)	Compensation		CompensationAmt
3	If there are none, enter None		CompOfHghstPdCtrctOrNONETxt
3	Total number of other contractors paid over \$50,000		ContractorPaidOver50kCnt
SummaryOfDirectChrtblActyGrp			
1	Description 1	PRODUCT DONATION TO ILL, NEEDY, OR INFANT PATIENTS	Description1Txt
1	Expenses 1	928090880	Expenses1Amt
2	Description 2		Description2Txt
2	Expenses 2		Expenses2Amt
3	Description 3		Description3Txt
3	Expenses 3		Expenses3Amt
4	Description 4		Description4Txt
4	Expenses 4		Expenses4Amt
SumOfProgramRelatedInvstGrp			
1	Description 1		Description1Txt
1	Amount 1		Expenses1Amt
2	Description 2		Description2Txt
2	Amount 2		Expenses2Amt
3	All Other Program-Related Investments Total		AllOtherProgramRltdInvstTotAmt
Part IX-B Total	Total		TotalAmt
MinimumInvestmentReturnGrp			
1a	Average Monthly FMV of Securities	0	AverageMonthlyFMVOfSecAmt
1b	Average Monthly Cash Balances	0	AverageMonthlyCashBalancesAmt
1c	FMV of All Other Noncharitable Assets	0	FMVAllOtherNoncharitableAstAmt
1d	Total FMV of Unused Assets	0	TotalFMVOfUnusedAssetsAmt
1e	Reduction Claimed		ReductionClaimedAmt
2	Acquisition Indebtedness	0	AcquisitionIndebtednessAmt
3	Adjusted Total FMV of Unused Assets (subtract line 2 from line 1d)	0	AdjustedTotalFMVOfUnusedAstAmt
4	Cash Deemed Charitable	0	CashDeemedCharitableAmt
5	Net Noncharitable Assets	0	NetVINoncharitableAssetsAmt
6	Minimum Investment Return	0	MinimumInvestmentReturnAmt
DistributableAmountGrp			
	Section 4942(j)(3)&(j)(5) Private Operating Foundations and Certain Foreign Organizations	X	Sect4942j3j5FndtnAndFrnOrgInld
1	Minimum Investment Return		MinimumInvestmentReturnAmt
2a	Tax Based on Investment Income		TaxBasedOnInvestmentIncomeAmt
2b	Income Tax for This Year		IncomeTaxAmt
2c	Total Tax (add lines 2a and 2b)		TotalTaxAmt
3	Distributable Amount Before Adjustments		DistributableBeforeAdjAmt
4	Recoveries of Qualified Distributions		RecoveriesQualifiedDistriAmt
5	Distributable Amount Before Deduction (add lines 3 and 4)		DistributableBeforeDedAmt
6	Deduction from Distributable Amount		DeductionFromDistributableAmt
7	Distributable Amount as Adjusted		DistributableAsAdjustedAmt
QualifyingDistriPartXIIGrp			
1a	Expenses and Contributions	928090880	ExpensesAndContributionsAmt
1b	Program Related Investments Total	0	ProgramRelatedInvstTotalAmt
2	Amounts Paid to Acquire Charitable Assets	0	CharitableAssetsAcquisPaidAmt
3a	Amounts Set Aside - Suitability Test	0	SetAsideSuitabilityTestAmt
3b	Amounts Set Aside - Cash Distribution Test	0	SetAsideCashDistriTestAmt
4	Qualifying Distributions	928090880	QualifyingDistributionsAmt
5	1% of Section 4940(e) Organizations Net Investment Income	0	PctSect4940eOrgNetInvstIncmAmt
6	Adjusted Qualifying Distributions	928090880	AdjustedQualifyingDistriAmt
UndistributedIncomeGrp			
1(d)	Distributable Amount as Adjusted	0	DistributableAsAdjustedAmt
2a(c)	Undistributed Income Prior Year	0	UndistributedIncomePYAmt
2b	Prior Year 1	2018	PriorYear1Yr
2b	Prior Year 2	2017	PriorYear2Yr
2b	Prior Year 3	2016	PriorYear3Yr
2b(b)	Total for Prior Years		TotalForPriorYearsAmt
3a	Excess Distributions Carryover - Year 5		ExcessDistributionCyovYr5Amt
3b	Excess Distributions Carryover - Year 4		ExcessDistributionCyovYr4Amt
3c	Excess Distributions Carryover - Year 3		ExcessDistributionCyovYr3Amt
3d	Excess Distributions Carryover - Year 2		ExcessDistributionCyovYr2Amt
3e	Excess Distributions Carryover - Year 1		ExcessDistributionCyovYr1Amt
3f(a)	Total Excess Distribution Carryover		TotalExcessDistributionCyovAmt

4	Qualifying Distributions	928090880	QualifyingDistributionsAmt
4a(c)	Applied to Year 1	0	AppliedToYear1Amt
4b(b)	Applied to Prior Years		AppliedToPriorYearsAmt
4c(a)	Treated as Distribution from Corpus		TreatedAsDistriFromCorpusAmt
4d(d)	Applied to Current Year		AppliedToCurrentYearAmt
4e(a)	Remaining Amount Distributed from Corpus	928090880	RemainingDistriFromCorpusAmt
5(a)	Excess Distributions Carryover Applied to Current Year - Corpus		ExcessDistriCyovAppCYCorpusAmt
5(d)	Excess Distributions Carryover Applied to Current Year		ExcessDistributionCyovAppCYAmt
6a(a)	Total Corpus	928090880	TotalCorpusAmt
6b(b)	Prior Year's Undistributed Income		PriorYearUndistributedIncmAmt
6c(b)	Prior Year's Deficiency or Tax		PriorYearDeficiencyOrTaxAmt
6d(b)	Taxable Amount 1		Taxable1Amt
6e(c)	Taxable Amount 2	0	Taxable2Amt
6f(d)	Undistributed Income for Current Year	0	UndistributedIncomeCYAmt
7(a)	Treated as Distribution from Corpus to Satisfy Requirements Imposed by Section 170(b)(1)(E) or 4942(g)(3)		CorpusDistri170b1EOr4942g3Amt
8(a)	Excess Distribution Carryover from Year 5		ExcessDistriCyovFromYr5Amt
9(a)	Excess Distribution Carryover to Next Year	928090880	ExcessDistriCyovToNextYrAmt
10a	Excess from Year 4		ExcessFromYear4Amt
10b	Excess from Year 3		ExcessFromYear3Amt
10c	Excess from Year 2		ExcessFromYear2Amt
10d	Excess from Year 1		ExcessFromYear1Amt
10e	Excess from Current Year	928090880	ExcessFromCurrentYearAmt
PrivateOperatingFoundationsGrp			
1a	Date of Ruling	1992-12-29	PrivateOperatingFndtnRulingDt
1b	Section 4942(j)(3)	X	Section4942j3Ind
1b	Section 4942(j)(5)		Section4942j5Ind
Lessor of Adjusted Net Income or Minimum Investment Return			
column (a)	Current Year	0	CurrentYearAmt
column (b)	Year 1	0	Year1Amt
column (c)	Year 2	0	Year2Amt
column (d)	Year 3	0	Year3Amt
column (e)	Total	0	TotalAmt
85% of Lessor of Adjusted Net Income or Minimum Investment Return			
column (a)	Current Year	0	CurrentYearAmt
column (b)	Year 1	0	Year1Amt
column (c)	Year 2	0	Year2Amt
column (d)	Year 3	0	Year3Amt
column (e)	Total	0	TotalAmt
Qualifying Distributions			
column (a)	Current Year	928090880	CurrentYearAmt
column (b)	Year 1	779135355	Year1Amt
column (c)	Year 2	565683690	Year2Amt
column (d)	Year 3	636076036	Year3Amt
column (e)	Total	2908985961	TotalAmt
Qualifying Distributions Not Used Directly for Active Conduct of Exempt Activities			
column (a)	Current Year		CurrentYearAmt
column (b)	Year 1		Year1Amt
column (c)	Year 2		Year2Amt
column (d)	Year 3	4937812	Year3Amt
column (e)	Total	4937812	TotalAmt
Qualifying Distributions Made Directly for Active Conduct of Exempt Activities			
column (a)	Current Year	928090880	CurrentYearAmt
column (b)	Year 1	779135355	Year1Amt
column (c)	Year 2	565683690	Year2Amt
column (d)	Year 3	631138224	Year3Amt
column (e)	Total	2904048149	TotalAmt
Total Assets			
column (a)	Current Year	2542715	CurrentYearAmt
column (b)	Year 1	2134617	Year1Amt
column (c)	Year 2	1550066	Year2Amt
column (d)	Year 3	3151189	Year3Amt
column (e)	Total	9378587	TotalAmt
Total Assets Under Section 4942(j)(3)(B)(i)			
column (a)	Current Year	2542715	CurrentYearAmt
column (b)	Year 1	2134617	Year1Amt

column (c)	Year 2	1549818	Year2Amt
column (d)	Year 3	1728866	Year3Amt
column (e)	Total	7956016	TotalAmt
2/3 of Minimum Investment Return			
column (a)	Current Year	0	CurrentYearAmt
column (b)	Year 1	0	Year1Amt
column (c)	Year 2	8	Year2Amt
column (d)	Year 3	46700	Year3Amt
column (e)	Total	46708	TotalAmt
Total Support			
column (a)	Current Year		CurrentYearAmt
column (b)	Year 1		Year1Amt
column (c)	Year 2		Year2Amt
column (d)	Year 3		Year3Amt
column (e)	Total	0	TotalAmt
Public Support			
column (a)	Current Year		CurrentYearAmt
column (b)	Year 1		Year1Amt
column (c)	Year 2		Year2Amt
column (d)	Year 3		Year3Amt
column (e)	Total	0	TotalAmt
Largest Support from Exempt Organization			
column (a)	Current Year		CurrentYearAmt
column (b)	Year 1		Year1Amt
column (c)	Year 2		Year2Amt
column (d)	Year 3		Year3Amt
column (e)	Total	0	TotalAmt
Gross Investment Income			
column (a)	Current Year		CurrentYearAmt
column (b)	Year 1		Year1Amt
column (c)	Year 2		Year2Amt
column (d)	Year 3		Year3Amt
column (e)	Total	0	TotalAmt
SupplementaryInformationGrp			
1a	Contributing Manager		ContributingManagerNm
1b	Shareholder Manager		ShareholderManagerNm
2	Only Contributes to Preselected Charitable Organizations		OnlyContriToPreselectedInd
ApplicationSubmissionInfoGrp			
2a	Name of Person to Receive Applications	Sanofi Cares NA Patient Assistance	RecipientPersonNm
US Address of Person to Receive Applications			
2a	Address line 1	55 Corporate Drive	AddressLine1Txt
2a	Address line 2		AddressLine2Txt
2a	City	Bridgewater	CityNm
2a	State	NJ	StateAbbreviationCd
2a	ZIP code	08807	ZIPCd
Foreign Address of Person to Receive Applications			
2a	Address line 1		AddressLine1Txt
2a	Address line 2		AddressLine2Txt
2a	City		CityNm
2a	Province or state		ProvinceOrStateNm
2a	Country		CountryCd
2a	Postal code		ForeignPostalCd
2a	Phone Number of Person to Receive Applications	9089815000	RecipientPhoneNum
2a	Recipient Email Address	nacsr@sanofi.com	RecipientEmailAddressTxt
2b	Form and Information and Materials To Include	FORMS TO BE COMPLETED BY PHYSICIANS MAY BE OBTAINED BY CONTACTING THE OFFICE , AND FINANCIAL FORMS MUST ALSO BE SUBMITTED	FormAndInfoAndMaterialsTxt
2c	Submission Deadlines	APPLICATION IS REVIEWED THROUGH THE YEAR	SubmissionDeadlinesTxt
2d	Restrictions on Awards	PRODUCTS MUST BE DONATED TO THE ILL, NEEDY OR INFANT THROUGH VERIFIE PROCEDURES. CASH DONATION MUST BE CONSISTENT WITH POLICIES. 2275PX	RestrictionsOnAwardsTxt
Grant or Contribution Paid During Year			

3a	Recipient Person Name		RecipientPersonNm
Recipient Business Name			
	Business name line 1	Drugs & Medicines	BusinessNameLine1Txt
	Business name line 2		BusinessNameLine2Txt
Recipient US Address			
	Address line 1	55 Corporate Drive	AddressLine1Txt
	Address line 2		AddressLine2Txt
	City	Bridgewater	CityNm
	State	NJ	StateAbbreviationCd
	ZIP code	08807	ZIPCd
Recipient Foreign Address			
	Address line 1		AddressLine1Txt
	Address line 2		AddressLine2Txt
	City		CityNm
	Province or state		ProvinceOrStateNm
	Country		CountryCd
	Postal code		ForeignPostalCd
	Recipient Relationship to Foundation Manager or Substantial Contributor		RecipientRelationshipTxt
	Recipient's Foundation Status	NC	RecipientFoundationStatusTxt
	Purpose of Grant or Contribution	To provide free drugs to ill, needy or infant patients	GrantOrContributionPurposeTxt
	Amount	928090880	Amt
3a Total	Total Grant or Contribution Paid During Year	928090880	TotalGrantOrContriPdDurYrAmt
Grant or Contribution Approved for Future Payment			
3b	Recipient Person Name		RecipientPersonNm
Recipient Business Name			
	Business name line 1		BusinessNameLine1Txt
	Business name line 2		BusinessNameLine2Txt
Recipient US Address			
	Address line 1		AddressLine1Txt
	Address line 2		AddressLine2Txt
	City		CityNm
	State		StateAbbreviationCd
	ZIP code		ZIPCd
Recipient Foreign Address			
	Address line 1		AddressLine1Txt
	Address line 2		AddressLine2Txt
	City		CityNm
	Province or state		ProvinceOrStateNm
	Country		CountryCd
	Postal code		ForeignPostalCd
	Recipient Relationship to Foundation Manager or Substantial Contributor		RecipientRelationshipTxt
	Recipient's Foundation Status		RecipientFoundationStatusTxt
	Purpose of Grant or Contribution		GrantOrContributionPurposeTxt
	Amount		Amt
3b Total	Total Grant or Contribution Approved for Future Payment		TotalGrantOrContriApprvFutAmt
AnalysisIncomeProducingActyGrp			
Program service revenue: Described			
1	Description		Desc
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Program service revenue: Fees and contracts from government agencies			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Membership dues and assessments			

Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Interest on savings and temporary cash investments			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Dividends and interest from securities			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Net rental income or (loss) from real estate: debt-financed property			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Net rental income or (loss) from real estate: debt-financed property			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Net rental income or (loss) from personal property			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Other investment income			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Gain or (loss) from sales of assets other than inventory			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd

Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Net income or (loss) from special events			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblIncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Gross profit or (loss) from sales of inventory			
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblIncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Other revenue: described			
11	Description		Desc
Part XVI-A - Column (A)	Business code		BusinessCd
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblIncmAmt
Part XVI-A - Column (C)	Exclusion code (01 through 43)		ExclusionCd
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
Subtotal (add columns (B), (D), and (E))			
Part XVI-A - Column (B)	Amount		UnrelatedBusinessTaxblIncmAmt
Part XVI-A - Column (D)	Excluded by section 512, 513, or 514: Amount		ExclusionAmt
Part XVI-A - Column (E)	Related or exempt function income		RelatedOrExemptFunctionIncmAmt
13	Total (add line 104, columns (B), (D), and (E))		TotalIncomeProducingActyAmt
RlnOfActyToAccomOfExmptPrpsGrp			
Relationship of activities to the accomplishment of exempt purposes			
Part XVI-B	Line number		LineNumberTxt
Part XVI-B	Relationship statement		RelationshipStatementTxt
TrnsfrTransRlnNonchrtblEOGrp			
1a(1)	Transfers of cash to noncharitable EO	false	TrnsfrOfCashToNonchrtblEOInd
1a(2)	Transfers of other assets to noncharitable EO	false	TrnsfrOtherAssetNonchrtblEOInd
1b(1)	Other transactions : Sales or exchanges of assets with a noncharitable exempt organization	false	SalesOrExchangesOfAssetsInd
1b(2)	Other transactions : Purchases of assets from a noncharitable exempt organization	false	PurchaseOfAssetsNonchrtblEOInd
1b(3)	Other transactions : Rental of facilities, equipment, or other assets	false	RentalOfFacilitiesOthAssetsInd
1b(4)	Other transactions : Reimbursement arrangements	false	ReimbursementArrangementsInd
1b(5)	Other transactions : Loans or loan guarantees	false	LoansOrLoanGuaranteesInd
1b(6)	Other transactions : Performance of Services or membership or fundraising solicitations	false	PerformanceOfServicesEtcInd
1c	Other transactions : Sharing of facilities, equipment, mailing lists, other assets, or paid employees	false	SharingOfFacilitiesEtcInd
Transfer schedule			
1d Column (a)	Line number		LineNumberTxt
1d Column (b)	Amount involved		InvolvedAmt
Name of noncharitable exempt organization			
1d Column (c)	Business name line 1		BusinessNameLine1Txt
1d Column (c)	Business name line 2		BusinessNameLine2Txt
1d Column (d)	Description of transfers, transactions, and sharing arrangements		TransfersTransAndShrArrngmDesc
2a	Relationships with noncharitable EOs	false	RelationshipsNonchrtblEOInd
Relationship schedule			
Name of organization			
2b Column (a)	Business name line 1		BusinessNameLine1Txt

2b Column (a)	Business name line 2		BusinessNameLine2Txt
2b Column (b)	Type of organization		OrganizationTypeDesc
2b Column (c)	Description of relationship		RelationshipDescriptionTxt
IRS990ScheduleB [documentId:IRS990ScheduleB]			
	Indicates a 501(c) organization		Organization501cInd
	Indicates a 4947(a)(1) organization not treated as a private foundation		Organization4947a1NotPFInd
	Indicates a 527 organization		Organization527Ind
	Organization 501(c)(3) exempt PF	X	Organization501c3ExemptPFInd
	Organization 4947(a)(1) treated as PF		Organization4947a1TrtdPFInd
	Indicates a 501(c)(3) taxable private foundation		Organization501c3TaxablePFInd
	For organizations filing Form 990, or 990-EZ that received, during the year, \$5000 or more (in money or property) from any one contributor	X	GeneralRuleInd
	For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms		SpclRuleMetOne3rdSuprtTestInd
	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals		TotContriRcvdMore1000Ind
	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000		TotContriRcvdUpTo1000Ind
Contributor information			
Part I Column (a)	Cotributor number	1	ContributorNum
Contributor name - Business			
Part I Column (b)	Business name line 1		BusinessNameLine1Txt
Part I Column (b)	Business name line 2		BusinessNameLine2Txt
Part I Column (b)	Contributor name - Individual	Sanofi-Aventis US LLC	ContributorPersonNm
Part I Column (b)	Pd. 527(j)(1)		Paid527j1Ind
Part I Column (b)	Contributor name - N/A		NameNotApplicableCd
Contributor address - US			
Part I Column (b)	Address line 1	55 Corporate Drive	AddressLine1Txt
Part I Column (b)	Address line 2		AddressLine2Txt
Part I Column (b)	City	Bridgewater	CityNm
Part I Column (b)	State	NJ	StateAbbreviationCd
Part I Column (b)	ZIP code	08807	ZIPCd
Contributor address - Foreign			
Part I Column (b)	Address line 1		AddressLine1Txt
Part I Column (b)	Address line 2		AddressLine2Txt
Part I Column (b)	City		CityNm
Part I Column (b)	Province or state		ProvinceOrStateNm
Part I Column (b)	Country		CountryCd
Part I Column (b)	Postal code		ForeignPostalCd
Part I Column (b)	Contributor Address - N/A		AddressNotApplicableCd
Part I Column (c)	Aggregate contributions	316933320	TotalContributionsAmt
Part I Column (d)	Type of contribution - Person		PersonContributionInd
Part I Column (d)	Type of contribution - Payroll		PayrollContributionInd
Part I Column (d)	Type of contribution - Noncash	X	NoncashContributionInd
Contributor information			
Part I Column (a)	Cotributor number	2	ContributorNum
Contributor name - Business			
Part I Column (b)	Business name line 1		BusinessNameLine1Txt
Part I Column (b)	Business name line 2		BusinessNameLine2Txt
Part I Column (b)	Contributor name - Individual	Sanofi Pasteur Inc	ContributorPersonNm

Part I Column (b)	Pd. 527(j)(1)		Paid527j1Ind
Part I Column (b)	Contributor name - N/A		NameNotApplicableCd
Contributor address - US			
Part I Column (b)	Address line 1	Discovery Drive	AddressLine1Txt
Part I Column (b)	Address line 2		AddressLine2Txt
Part I Column (b)	City	Swiftwater	CityNm
Part I Column (b)	State	PA	StateAbbreviationCd
Part I Column (b)	ZIP code	18370	ZIPCd
Contributor address - Foreign			
Part I Column (b)	Address line 1		AddressLine1Txt
Part I Column (b)	Address line 2		AddressLine2Txt
Part I Column (b)	City		CityNm
Part I Column (b)	Province or state		ProvinceOrStateNm
Part I Column (b)	Country		CountryCd
Part I Column (b)	Postal code		ForeignPostalCd
Part I Column (b)	Contributor Address - N/A		AddressNotApplicableCd
Part I Column (c)	Aggregate contributions	926866	TotalContributionsAmt
Part I Column (d)	Type of contribution - Person		PersonContributionInd
Part I Column (d)	Type of contribution - Payroll		PayrollContributionInd
Part I Column (d)	Type of contribution - Noncash	X	NoncashContributionInd
Contributor information			
Part I Column (a)	Contributor number	3	ContributorNum
Contributor name - Business			
Part I Column (b)	Business name line 1		BusinessNameLine1Txt
Part I Column (b)	Business name line 2		BusinessNameLine2Txt
Part I Column (b)	Contributor name - Individual	Genzyme Corp	ContributorPersonNm
Part I Column (b)	Pd. 527(j)(1)		Paid527j1Ind
Part I Column (b)	Contributor name - N/A		NameNotApplicableCd
Contributor address - US			
Part I Column (b)	Address line 1	55 Corporate Drive	AddressLine1Txt
Part I Column (b)	Address line 2		AddressLine2Txt
Part I Column (b)	City	Bridgewater	CityNm
Part I Column (b)	State	NJ	StateAbbreviationCd
Part I Column (b)	ZIP code	08807	ZIPCd
Contributor address - Foreign			
Part I Column (b)	Address line 1		AddressLine1Txt
Part I Column (b)	Address line 2		AddressLine2Txt
Part I Column (b)	City		CityNm
Part I Column (b)	Province or state		ProvinceOrStateNm
Part I Column (b)	Country		CountryCd
Part I Column (b)	Postal code		ForeignPostalCd
Part I Column (b)	Contributor Address - N/A		AddressNotApplicableCd
Part I Column (c)	Aggregate contributions	610230694	TotalContributionsAmt
Part I Column (d)	Type of contribution - Person		PersonContributionInd
Part I Column (d)	Type of contribution - Payroll		PayrollContributionInd

Part I Column (d)	Type of contribution - Noncash	X	NoncashContributionInd
Noncash property information			
Part II Column (a)	Contributor number from Part I	1	ContributorNum
Part II Column (b)	Description of noncash property given	Drugs & Medicines	NoncashPropertyDesc
Part II Column (c)	FMV (or estimate)	318616556	FairMarketValueAmt
Part II Column (d)	Date received	2020-06-30	ReceivedDt
Noncash property information			
Part II Column (a)	Contributor number from Part I	2	ContributorNum
Part II Column (b)	Description of noncash property given	Drugs & Medicines	NoncashPropertyDesc
Part II Column (c)	FMV (or estimate)	926866	FairMarketValueAmt
Part II Column (d)	Date received	2020-06-30	ReceivedDt
Noncash property information			
Part II Column (a)	Contributor number from Part I	3	ContributorNum
Part II Column (b)	Description of noncash property given	Drugs & Medicines	NoncashPropertyDesc
Part II Column (c)	FMV (or estimate)	608547458	FairMarketValueAmt
Part II Column (d)	Date received	2020-06-30	ReceivedDt
Part III	Total of contributions of \$1,000 or less		TotalUnder1000ContributionsAmt
Charitable contributions			
Part III Column (a)	Contributor number from Part I		ContributorNum
Part III Column (b)	Purpose of gift		GiftPurposeTxt
Part III Column (c)	Use of gift		GiftUseTxt
Part III Column (d)	Description of how gift is held		HowGiftIsHeldDesc
Transferee name - Business			
Part III Column (e)	Business name line 1		BusinessNameLine1Txt
Part III Column (e)	Business name line 2		BusinessNameLine2Txt
Part III Column (e)	Transferee name - Individual		TransfereeNameIndividual
Transferee address - US			
Part III Column (e)	Address line 1		AddressLine1Txt
Part III Column (e)	Address line 2		AddressLine2Txt
Part III Column (e)	City		CityNm
Part III Column (e)	State		StateAbbreviationCd
Part III Column (e)	ZIP code		ZIPCd
Transferee address - Foreign			
Part III Column (e)	Address line 1		AddressLine1Txt
Part III Column (e)	Address line 2		AddressLine2Txt
Part III Column (e)	City		CityNm
Part III Column (e)	Province or state		ProvinceOrStateNm
Part III Column (e)	Country		CountryCd
Part III Column (e)	Postal code		ForeignPostalCd
Part III Column (e)	Relationship of transferor to transferee		RlnOfTransferorToTransfereeTxt
DepreciationSchedule [documentId:DepreciationSch]			
DepreciationPropertyGrp			
	Description of Property		PropertyDesc
	Date Acquired		AcquiredDt
	Cost or Other Basis		CostOrOtherBasisAmt
	Prior Years' Depreciation		PriorYearDepreciationAmt
	Computation Method		ComputationMethodTxt
	Rate		Rt
	Life (# of years)		LifeRt

	Current Year's Depreciation Expense		CurrentYearExpenseAmt
	Net Investment Income		NetInvestmentIncomeAmt
	Adjusted Net Income		AdjustedNetIncomeAmt
	Cost of Goods Sold Not Included		CostOfGoodsSoldNotIncludedAmt
ExplnOfNonFilingWithAGStmnt [documentId:ExplnOfNonFilingAGSt]			
	ExplanationTxt	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	ExplanationTxt
BinaryAttachment [documentId:BinaryAttach]			
	Document Type	PDF	DocumentTypeCd
	Description	2020 Sanofi Cares North America Extension Form 8868	Desc
	Attachment Location - short filename without path	2275PX_2020 Sanofi Cares North America Extension Form 8868.pdf	AttachmentLocationTxt
BinaryAttachment [documentId:BinaryAttachN1]			
	Document Type	PDF	DocumentTypeCd
	Description	Sanofi 2020 Extension Efile Acknowledgement	Desc
	Attachment Location - short filename without path	2275PX_Sanofi 2020 Extension Efile Acknowledgement.pdf	AttachmentLocationTxt
BinaryAttachment [documentId:BinaryAttachN2]			
	Document Type	PDF	DocumentTypeCd
	Description	2020 GZ Product Donation List	Desc
	Attachment Location - short filename without path	2275PX_2020 GZ Product Donation List.pdf	AttachmentLocationTxt
BinaryAttachment [documentId:BinaryAttachN3]			
	Document Type	PDF	DocumentTypeCd
	Description	2020 US LLC Product Donation List	Desc
	Attachment Location - short filename without path	2275PX_2020 US LLC Product Donation List.pdf	AttachmentLocationTxt
BinaryAttachment [documentId:BinaryAttachN4]			
	Document Type	PDF	DocumentTypeCd
	Description	IRS approval form 8868 Extension	Desc
	Attachment Location - short filename without path	2275PX_IRS approval form 8868 Extension.pdf	AttachmentLocationTxt
BinaryAttachment [documentId:BinaryAttachN5]			
	Document Type	PDF	DocumentTypeCd
	Description	2020 SP Product Donation List	Desc
	Attachment Location - short filename without path	2275PX_2020 SP Product Donation List.pdf	AttachmentLocationTxt
BinaryAttachment [documentId:BinaryAttachN6]			
	Document Type	PDF	DocumentTypeCd
	Description	8453 Signature Document	Desc
	Attachment Location - short filename without path	2275PX_Signed Form 8453 Sanofi Cares North America 2020.pdf	AttachmentLocationTxt