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Return of Private Foundation
 or Section 4947(a)(1) Nonexempt Charitable Trust

2005

Treated as a Private Foundation
 Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2005**, or tax year beginning , **2005**, and ending

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of organization HANSJOERG WYSS FOUNDATION C/O JOSEPH M. FISHER		A Employer identification number 23-3012622
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) (610) 719-5217
	City or town, state, and ZIP code WEST CHESTER, PA 19380		

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **115,632,400.**

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d) must be on cash basis)

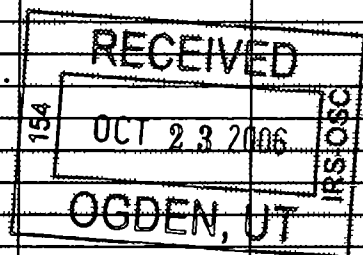
C If exemption application is pending, check here

D 1 Foreign organizations, check here
 2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

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 page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule) <input type="checkbox"/> if the foundation is not required to attach Sch B	81,604,652.			
2	Check <input type="checkbox"/>				
3	Interest on savings and temporary cash investments	216.	216.		STMT 1
4	Dividends and interest from securities	1,854,833.	1,834,395.		STMT 2
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	-1,118,713.			
b	Gross sales price for all assets on line 6a 143,698,761.				
7	Capital gain net income (from Part IV, line 2)		55,704,077.		
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)	-767,280.	-744,099.		STMT 3
12	Total. Add lines 1 through 11	81,573,708.	56,794,589.		
13	Compensation of officers, directors, trustees, etc.	NONE			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule) STMT 4	145,531.	NONE	NONE	NONE
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule) STMT 5	30,120.			30,120.
17	Interest STMT 6	13,305.	13,305.		
18	Taxes (attach schedule) (see page 14 of the instructions) *	935,230.			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule) STMT 8	200,636.	198,540.		
24	Total operating and administrative expenses. Add lines 13 through 23	1,324,822.	211,845.	NONE	30,120.
25	Contributions, gifts, grants paid	22,866,455.			22,866,455.
26	Total expenses and disbursements. Add lines 24 and 25	24,191,277.	211,845.	NONE	22,896,575.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	57,382,431.			
b	Net investment income (if negative, enter -0-)		56,582,744.		
c	Adjusted net income (if negative, enter -0-)			-0-	



SCANNED OCT 31 2006

Operating and Administrative Expenses

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash - non-interest-bearing	3,563.	26,187.	26,187.
	2	Savings and temporary cash investments	3,054,619.	8,112,938.	8,112,938.
	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 page 15 of the 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			
	10 a	Investments - U S and state government obligations (attach schedule) **	1,882,137.	2,931,654.	2,829,424.
	b	Investments - corporate stock (attach schedule) STMT 10	12,889,109.	49,519,955.	49,473,585.
	c	Investments - corporate bonds (attach schedule) STMT 11	4,004,034.	13,796,848.	13,948,141.
	11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule) STMT 12	33,309,848.	38,087,819.	41,191,785.	
14	Land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)				
15	Other assets (describe STMT 13)		50,340.	50,340.	
16	Total assets (to be completed by all filers - see page 16 of the instructions. Also, see page 1, item I)	55,143,310.	112,525,741.	115,632,400.	
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)				
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Organizations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	55,143,310.	112,525,741.	
30	Total net assets or fund balances (see page 17 of the instructions)	55,143,310.	112,525,741.		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	55,143,310.	112,525,741.		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	55,143,310.
2	Enter amount from Part I, line 27a	2	57,382,431.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	112,525,741.
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 30	6	112,525,741.

**STMT 9

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a SEE PART IV SCHEDULE				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	55,704,077.
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 pages 13 and 17 of the 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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? . . . Yes No
If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2004	1,470,060.	46,152,194.	0.03185244021
2003	4,786,120.	39,162,049.	0.12221321719
2002	1,739,376.	30,671,194.	0.05671041043
2001	456,150.	31,397,221.	0.01452835587
2000	4,119,200.	32,835,029.	0.12545138912
2 Total of line 1, column (d)			2 0.35075581282
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.07015116256
4 Enter the net value of noncharitable-use assets for 2005 from Part X, line 5			4 110,480,035.
5 Multiply line 4 by line 3			5 7,750,303.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 565,827.
7 Add lines 5 and 6			7 8,316,130.
8 Enter qualifying distributions from Part XII, line 4			8 22,896,575.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total tax due is 286,664.

Part VII-A Statements Regarding Activities

Table with 13 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes fields for website address and books in care of.

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 columns for question descriptions, Yes/No checkboxes, and a grid for Yes/No responses. Includes questions 1a through 6a regarding disqualifying activities, taxes on failure to distribute income, and other business-related matters.

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 21 of the 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
HANSJOERG WYSS 1302 WRIGHTS LANE EAST	CHAIRMAN	NONE	NONE	NONE
JOSEPH FISHER 1302 WRIGHTS LANE EAST	TREASURER	NONE	NONE	NONE

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 21 of the instructions). If none, enter "NONE."

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

Total number of other employees paid over \$50,000 ► NONE

3 Five highest-paid independent contractors for professional services - (see page 21 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		63,391.

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

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 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 22 of the 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 page 22 of the instructions		
3	NONE	
Total. Add lines 1 through 3		

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 22 of the 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	112,060,243.
b	Average of monthly cash balances	1b	84,633.
c	Fair market value of all other assets (see page 23 of the instructions)	1c	17,596.
d	Total (add lines 1a, b, and c)	1d	112,162,472.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	112,162,472.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 23 of the instructions)	4	1,682,437.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	110,480,035.
6	Minimum investment return. Enter 5% of line 5	6	5,524,002.

Part XI Distributable Amount (see page 23 of the 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	5,524,002.
2a	Tax on investment income for 2005 from Part VI, line 5	2a	565,827.
b	Income tax for 2005. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	565,827.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,958,175.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,958,175.
6	Deduction from distributable amount (see page 24 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,958,175.

Part XII Qualifying Distributions (see page 24 of the 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	22,896,575.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	22,896,575.
5	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	565,827.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22,330,748.

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 page 24 of the instructions)

	(a) Corpus	(b) Years prior to 2004	(c) 2004	(d) 2005
1 Distributable amount for 2005 from Part XI, line 7				4,958,175.
2 Undistributed income, if any, as of the end of 2004				
a Enter amount for 2004 only				
b Total for prior years 2003		NONE		
3 Excess distributions carryover, if any, to 2005				
a From 2000	762,644.			
b From 2001	NONE			
c From 2002	228,756.			
d From 2003	3,083,926.			
e From 2004				
f Total of lines 3a through e	4,075,326.			
4 Qualifying distributions for 2005 from Part XII, line 4 ▶ \$ 22,896,575.				
a Applied to 2004, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 25 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 25 of the instructions)				
d Applied to 2005 distributable amount				4,958,175.
e Remaining amount distributed out of corpus	17,938,400.			
5 Excess distributions carryover applied to 2005 (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	22,013,726.			
b Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
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 page 25 of the instructions		NONE		
e Undistributed income for 2004 Subtract line 4a from line 2a Taxable amount - see page 25 of the instructions				
f Undistributed income for 2005 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2006				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)				
8 Excess distributions carryover from 2000 not applied on line 5 or line 7 (see page 25 of the instructions)	762,644.			
9 Excess distributions carryover to 2006. Subtract lines 7 and 8 from line 6a	21,251,082.			
10 Analysis of line 9				
a Excess from 2001	NONE			
b Excess from 2002	228,756.			
c Excess from 2003	3,083,926.			
d Excess from 2004				
e Excess from 2005	17,938,400.			

Part XIV Private Operating Foundations (see page 26 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

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 2005, enter the date of the ruling

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

	Tax year				(e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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 .					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . .					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income .					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year - see page 26 of the 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).)

HANSJOERG WYSS

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 organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

N/A

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

NONE SPECIFIED

c Any submission deadlines:

NONE

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

SEE STATEMENT 15

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
a <i>Paid during the year</i> SEE STATEMENT 16				
Total				▶ 3a 22,866,455.
b <i>Approved for future payment</i>				
Total				▶ 3b

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) of the Code... a Transfers from the reporting organization 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...

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All entries are N/A.

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

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

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 or fiduciary) is based on all information of which preparer has any knowledge

Signature section containing: Signature of officer or trustee (Joseph Fisher), Date (10/16/2006), Title (TREASURER), Preparer's signature, Firm's name (or yours if self-employed), address, and ZIP code, EIN, and Phone no.

Schedule B

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

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2005

Name of organization

**HANSJOERG WYSS FOUNDATION
C/O JOSEPH M. FISHER**

Employer identification number

23-3012622

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) 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. (Complete Parts I and II.)

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. (Complete Parts I, II, and III.)

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. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

**HANSJOERG WYSS FOUNDATION
C/O JOSEPH M. FISHER**

Employer identification number

23-3012622

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HANSJOERG WYSS 1302 WRIGHTS LANE EAST WEST CHESTER, PA 19380	<p align="center">81,604,652.</p>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **HANSJOERG WYSS FOUNDATION**
C/O JOSEPH M. FISHER Employer identification number **23-3012622**

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	675,000 SHARES OF SYNTHES INC.	\$ 81,604,652.	06/16/2005
		\$	
		\$	
		\$	
		\$	
		\$	

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
429,065.						F		
		CREDIT SUISSE						
		PROPERTY TYPE: SECURITIES						
		385,532.					43,533.	
25930039.						D	12/30/1986	03/16/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		93,500.					25836539.	
2,296,779.						D	12/30/1986	03/31/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		8,500.					2,288,279.	
6,913,485.						D	12/30/1986	04/01/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		25,500.					6,887,985.	
2,288,237.						D	12/30/1986	04/04/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		8,500.					2,279,737.	
6,166,101.						D	12/30/1986	05/25/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		23,375.					6,142,726.	
3,382,981.						D	12/30/1986	05/26/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		12,750.					3,370,231.	
5,687,564.						D	12/30/1986	05/27/2005
		BANK AM BELLEVUE - SYNTHES INC.						
		PROPERTY TYPE: SECURITIES						
		21,249.					5,666,315.	
6,616,941.						F	05/20/2005	06/06/2005
		BANK AM BELLEVUE - NESTLE SA						
		PROPERTY TYPE: SECURITIES						
		6,633,864.					-16,923.	
6,402,553.						F	05/30/2005	06/07/2005
		BANK AM BELLEVUE - CIE FINANCIERE						
		PROPERTY TYPE: SECURITIES						
		6,167,318.					235,235.	
7,202,872.						F	05/20/2005	06/07/2005
		BANK AM BELLEVUE - CLARIANT AG						
		PROPERTY TYPE: SECURITIES						
		7,072,027.					130,845.	

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
2,073,186.		BANK AM BELLEVUE - BB MEDTECH PROPERTY TYPE: SECURITIES 2,085,556.				F	06/08/2005	06/15/2005 -12,370.
4,878,118.		BANK AM BELLEVUE - SWISSCOM AG PROPERTY TYPE: SECURITIES 4,904,665.				F	06/20/2005	06/27/2005 -26,547.
2,025,867.		BANK AM BELLEVUE - BB MEDTECH PROPERTY TYPE: SECURITIES 2,085,556.				F	06/08/2005	07/06/2005 -59,689.
4,656,239.		BANK AM BELLEVUE - NOVARTIS AG PROPERTY TYPE: SECURITIES 4,851,094.				F	06/27/2005	07/12/2005 -194,855.
2,046,805.		BANK AM BELLEVUE - BB MEDTECH PROPERTY TYPE: SECURITIES 2,085,556.				F	06/08/2005	07/12/2005 -38,751.
5,209,461.		BANK AM BELLEVUE - NOBLE BIOCARE PROPERTY TYPE: SECURITIES 5,125,953.				F	06/14/2005	07/14/2005 83,508.
2,760,695.		BANK AM BELLEVUE - CLARIANT AG PROPERTY TYPE: SECURITIES 2,637,148.				F	07/06/2005	07/18/2005 123,547.
1,381,957.		BANK AM BELLEVUE - CLARIANT AG PROPERTY TYPE: SECURITIES 1,318,574.				F	07/06/2005	07/19/2005 63,383.
2,852,493.		BANK AM BELLEVUE - BB BIOTECH PROPERTY TYPE: SECURITIES 2,742,219.				F	07/18/2005	07/20/2005 110,274.
2,852,493.		BANK AM BELLEVUE - BB BIOTECH PROPERTY TYPE: SECURITIES 2,742,219.				F	07/18/2005	07/25/2005 110,274.
5,386,340.		BANK AM BELLEVUE - NESTLE SA PROPERTY TYPE: SECURITIES 5,258,826.				F	07/19/2005	08/02/2005 127,514.

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
4,934,054.		BANK AM BELLEVUE - UBS AG PROPERTY TYPE: SECURITIES 5,069,094.				F	08/11/2005	08/23/2005 -135,040.
4,328,080.		BANK AM BELLEVUE - ZURICH FINANCIAL PROPERTY TYPE: SECURITIES 4,583,787.				F	08/23/2005	09/14/2005 -255,707.
5,855,594.		BANK AM BELLEVUE - LONZA GROUP PROPERTY TYPE: SECURITIES 6,224,876.				F	05/12/2005	10/05/2005 -369,282.
4,620,081.		BANK AM BELLEVUE - SWISS REINSURANCE PROPERTY TYPE: SECURITIES 4,572,335.				F	09/23/2005	10/06/2005 47,746.
4,398,050.		BANK AM BELLEVUE - CREDIT SUISSE GROUP PROPERTY TYPE: SECURITIES 4,389,823.				F	10/21/2005	11/07/2005 8,227.
4,184,651.		BANK AM BELLEVUE - FIAT SPA PROPERTY TYPE: SECURITIES 4,223,728.				F	10/25/2005	11/25/2005 -39,077.
250,000.		PNC ADVISORS - COCA COLA CO PROPERTY TYPE: SECURITIES 261,013.				F		06/01/2005 -11,013.
1,988,138.		PNC ADVISORS - FED HOME LOAN NOTES PROPERTY TYPE: SECURITIES 1,988,138.				F		03/21/2005
125,000.		PNC ADVISORS - LOWES COMPANIES PROPERTY TYPE: SECURITIES 131,843.				F		12/15/2005 -6,843.
792.		PNC ADVISORS - LUCENT TECHNOLOGIES PROPERTY TYPE: SECURITIES				F		01/05/2005 792.
250,000.		PNC ADVISORS - MCDONALDS CORP BONDS PROPERTY TYPE: SECURITIES 260,545.				F		02/15/2005 -10,545.

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
10,447.		BROWN BROTHERS HARRIMAN PROPERTY TYPE: SECURITIES 21.				F	10,426.	
8,202.		BROWN BROTHERS HARRIMAN PROPERTY TYPE: SECURITIES				F	8,202.	
748,643.		BAUPOST VALUE PARTNERS					748,643.	
2,556,758.		BAUPOST VALUE PARTNERS					2,556,758.	
TOTAL GAIN(LOSS)							----- 55704077. =====	

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
PNC BANK	140.	140.
PERSHING LLC (CSFB)	76.	76.
TOTAL	216.	216.

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
PNC BANK	290,369.	290,369.
BROWN BROTHERS HARRIMAN & CO.	60,456.	60,456.
BAUPOST VALUE PARTNERS	1,050,487.	1,030,049.
MERRILL LYNCH	10,449.	10,449.
CREDIT SUISSE	44,635.	44,635.
PERSHING LLC (CSFB)	64,771.	64,771.
BANK AM BELLEVUE	333,666.	333,666.
TOTAL	1,854,833.	1,834,395.

FORM 990PF, PART I - OTHER INCOME

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
BAUPOST LIMITED PARTNERSHIP	-767,791.	-744,610.
CREDIT SUISSE FIRST BOSTON	511.	511.
TOTALS	-767,280.	-744,099.

FORM 990PF, PART I - LEGAL FEES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL & PROFESSIONAL FEES	145,531.			
TOTALS	145,531.	NONE	NONE	NONE

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
CONSULTING FEES	30,120.	30,120.
TOTALS	30,120.	30,120.

FORM 990PF, PART I - INTEREST EXPENSE

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMENT INTEREST EXPENSE	13,305.	13,305.
TOTALS	13,305.	13,305.

FORM 990PF, PART I - TAXES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
-----	-----
FEDERAL TAXES	899,051.
FOREIGN TAXES PAID	24,410.
STATE TAXES	11,769.
TOTALS	----- 935,230. =====

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
BANK FEES	98,002.	98,002.
PORTFOLIO DEDUCTIONS	100,538.	100,538.
OTHER EXPENSES	2,096.	
TOTALS	200,636.	198,540.

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
PNC ADVISORS	2,931,654.	2,829,424.
US OBLIGATIONS TOTAL	2,931,654.	2,829,424.

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
MERRILL LYNCH	751,049.	2,028,889.
CREDIT SUISSE FIRST BOSTON	12,138,060.	12,322,393.
CREDIT SUISSE	10,033,774.	10,369,190.
BANK AM BELLEVUE	26,597,072.	24,753,113.
TOTALS	49,519,955.	49,473,585.

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
PNC ADVISORS	2,417,187.	2,555,739.
BROWN BROTHERS HARRIMAN	796,568.	809,309.
CREDIT SUISSE	3,000,985.	3,000,985.
BANK AM BELLEVUE	7,582,108.	7,582,108.
TOTALS	13,796,848.	13,948,141.

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
BAUPOST VALUE PARTNERS	37,098,297.	40,202,263.
CREDIT SUISSE	989,522.	989,522.
TOTALS	38,087,819.	41,191,785.

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
OTHER RECEIVABLES	50,340.	50,340.
TOTALS	50,340.	50,340.

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
REED SMITH LLP 1650 MARKET STREET PHILADELPHIA, PA 19103	LEGAL FEES	63,391.
TOTAL COMPENSATION		----- 63,391. =====

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

THE PRIMARY PURPOSE OF THE FOUNDATION IS TO MAKE GRANTS TO TAX EXEMPT ORGANIZATIONS.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SPINE EDUCATION & RESEARCH INSTITUTE THORNTON, COLORADO	CHARITABLE CONTRIBUTION	12,000.
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TEXAS 75390	CHARITABLE CONTRIBUTION	100,000.
BIOMEDICAL RESEARCH FOUNDATION 3601 SOUTH 6TH AVENUE TUCSON, AZ 85723	CHARITABLE CONTRIBUTION	30,000.
UNIVERSITY OF BASEL PETERSGRABEN 35 POSTFACH CH-4003 BASEL, SWITZERLAND	CHARITABLE CONTRIBUTION	556,595.
UNIVERSITY OF MUNSTER D-48149 MUNSTER, GERMANY,	CHARITABLE CONTRIBUTION	64,061.
UNIVERSITY OF OKLAHOMA 660 PARRINGTON OVAL ROOM 110 NORMAN, OK 73019	CHARITABLE CONTRIBUTION	100,000.
DANA-FARBER CANCER INSTITUTE 220 SUNRISE AVENUE SUITE 204 PALM BEACH, FL 33480	CHARITABLE CONTRIBUTION	5,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE WELLNESS COMMUNITY PASO ROBLES, CA 93446	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	10,000.
THE TISBURY SCHOOL P.O. BOX 878 VINEYARD HAVEN, MA 02568	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,200.
AO FOUNDATION CH-7270 DAVOS, SWITZERLAND,	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	25,000.
SALZBURGER MUSEUM CAROLINO AUGUSTEUM ALPENSTABE 75 A-5020 SALZBURG, AUSTRIA,	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	90,458.
FONDATION BEYELER BASELSTRASSE 77 CH-4125 BASEL, SWITZERLAND,	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	19,445,000.
STIFTUNG FORKA BERGSTRECKE LAGENWEG 6 CH-5304 KNDINGEN, SWITZERLAND,	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,339,100.
STIFTUNG FÜR SCHWERBEHINDERTE GRENCHEN JURASTRASSE 102 2450 GRENCHEN SWITZERLAND,	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	37,930.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

CHILDRENS MEDICAL FOUNDATION
CENTRAL AND EASTERN EUROPE

PUBLIC CHARITY

CHARITABLE CONTRIBUTION

50,000.

BAUPOST VALUE PARTNERS - PASS THROUGH

111.

TOTAL CONTRIBUTIONS PAID

22,866,455.

Underpayment of Estimated Tax by Corporations

▶ See separate instructions.
 ▶ Attach to the corporation's tax return.

2005

Name **HANSJOERG WYSS FOUNDATION**
C/O JOSEPH M. FISHER

Employer identification number
23-3012622

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 34 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	565,827.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for Federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	565,827.
4	Enter the tax shown on the corporation's 2004 income tax return (see instructions) <i>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.</i>	4	97,508.
5	Required Annual Payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	97,508.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	05/16/2005	06/15/2005	09/15/2005	12/15/2005
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	8,287.	274,627.	141,457.	141,457.
11 Estimated tax paid or credited for each period (see instructions) For column (a) only, enter the amount from line 11 on line 15	187,491.	410,000.	255,000.	
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column		179,204.	314,577.	428,120.
13 Add lines 11 and 12		589,204.	569,577.	428,120.
14 Add amounts on lines 18 and 17 of the preceding column				
15 Subtract line 14 from line 13. If zero or less, enter -0-	187,491.	589,204.	569,577.	428,120.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-				
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	179,204.	314,577.	428,120.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part III Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2005 and before 10/1/2005	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{365}$	22			
23 Number of days on line 20 after 9/30/2005 and before 4/1/2006	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\%}{365}$	24			
25 Number of days on line 20 after 3/31/2006 and before 7/1/2006	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times *\%}{365}$	26			
27 Number of days on line 20 after 6/30/2006 and before 10/1/2006	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times *\%}{365}$	28			
29 Number of days on line 20 after 9/30/2006 and before 1/1/2007	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times *\%}{365}$	30			
31 Number of days on line 20 after 12/31/2006 and before 2/16/2007	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times *\%}{365}$	32			
33 Add lines 22, 24, 26, 28, 30, and 32	33			
34 Penalty. Add columns (a) through (d) of line 33. Enter the total here and on Form 1120, line 33; Form 1120-A, line 29, or the comparable line for other income tax returns				34

***For underpayments paid after March 31, 2006:** For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Part II Annualized Income Installment Method		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions).	20				
21	Enter taxable income for each annualization period (see instructions).	21	552,477.	28729266.	55447551.	56362938.
22	Annualization amounts (see instructions)	22	6.00000	4.00000	2.00000	1.33333
23	Annualized taxable income. Multiply line 21 by line 22	23	3,314,862.	114917064.	110895102.	75150396.
24	Figure the tax on the amount on line 23 using the instructions for Form 1120, Schedule J, line 3 (or comparable line of corporation's return).	24	33,149.	1,149,171.	1,108,951.	751,504.
25	Enter any alternative minimum tax for each payment period (see instructions)	25				
26	Enter any other taxes for each payment period (see instructions).	26				
27	Total tax. Add lines 24 through 26	27	33,149.	1,149,171.	1,108,951.	751,504.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)	28				
29	Total tax after credits Subtract line 28 from line 27. If zero or less, enter -0-	29	33,149.	1,149,171.	1,108,951.	751,504.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	8,287.	574,586.	831,713.	751,504.

Part III Required Installments		1st installment	2nd installment	3rd installment	4th installment	
<i>Note: Complete lines 32 through 38 of one column before completing the next column</i>						
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	8,287.	574,586.	831,713.	751,504.
33	Add the amounts in all preceding columns of line 38 (see instructions)	33		8,287.	282,914.	424,371.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	8,287.	566,299.	548,799.	327,133.
35	Enter 25% of line 5 on page 1 of Form 2220 in each column (Note: "Large corporations," see the instructions for line 10 for the amounts to enter)	35	24,377.	258,537.	141,457.	141,457.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36		16,090.		
37	Add lines 35 and 36	37	24,377.	274,627.	141,457.	141,457.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10 (see instructions).	38	8,287.	274,627.	141,457.	141,457.

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No 1545-0092

2005

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust HANSJOERG WYSS FOUNDATION C/O JOSEPH M. FISHER	Employer identification number 23-3012622
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Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
SEE STATEMENT 1			88,467,823.	87,801,310.	666,513.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2004 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below					5 666,513.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
SEE STATEMENT 2			55,230,938.	193,374.	55,037,564.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2004 Capital Loss Carryover Worksheet					11 ()
12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below					12 55,037,564.

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		666,513.
14 Net long-term gain or (loss):			
a Total for year	14a		55,037,564.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 35).	14b		
c 28% rate gain or (loss)	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		55,704,077.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:
a The loss on line 15, column (3) or
b \$3,000

16 ()

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 37 of the instructions to determine your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

17 Enter taxable income from Form 1041, line 22	17	
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19	
20 Add lines 18 and 19	20	
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Subtract line 22 from line 17. If zero or less, enter -0-	23	
24 Enter the smaller of the amount on line 17 or \$2,000	24	
25 Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	
26 Subtract line 25 from line 24	26	
27 Multiply line 26 by 5% (.05)		27
28 Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29 Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30 Subtract line 29 from line 28	30	
31 Multiply line 30 by 15% (.15)		31
32 Figure the tax on the amount on line 23. Use the 2005 Tax Rate Schedule on page 23 of the instructions		32
33 Add lines 27, 31, and 32		33
34 Figure the tax on the amount on line 17. Use the 2005 Tax Rate Schedule on page 23 of the instructions		34
35 Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041		35

HANSJOERG WYSS FOUNDATION
 Schedule D Detail of Short-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES					
CREDIT SUISSE					
BANK AM BELLEVUE - NESTLE SA	05/20/2005	06/06/2005	429,065.	385,532.	43,533.
BANK AM BELLEVUE - CIE FINANCIERE	05/30/2005	06/07/2005	6,616,941.	6,633,864.	-16,923.
BANK AM BELLEVUE - CLARIANT AG	05/20/2005	06/07/2005	6,402,553.	6,167,318.	235,235.
BANK AM BELLEVUE - BB MEDTECH	06/08/2005	06/15/2005	7,202,872.	7,072,027.	130,845.
BANK AM BELLEVUE - SWISSCOM AG	06/20/2005	06/27/2005	2,073,186.	2,085,556.	-12,370.
BANK AM BELLEVUE - BB MEDTECH	06/08/2005	07/06/2005	4,878,118.	4,904,665.	-26,547.
BANK AM BELLEVUE - NOVARTIS AG	06/27/2005	07/12/2005	2,025,867.	2,085,556.	-59,689.
BANK AM BELLEVUE - BB MEDTECH	06/08/2005	07/12/2005	4,656,239.	4,851,094.	-194,855.
BANK AM BELLEVUE - NOBLE BIOCARE	06/14/2005	07/14/2005	2,046,805.	2,085,556.	-38,751.
BANK AM BELLEVUE - CLARIANT AG	07/06/2005	07/18/2005	5,209,461.	5,125,953.	83,508.
BANK AM BELLEVUE - CLARIANT AG	07/06/2005	07/19/2005	2,760,695.	2,637,148.	123,547.
BANK AM BELLEVUE - BB BIOTECH	07/18/2005	07/20/2005	1,381,957.	1,318,574.	63,383.
BANK AM BELLEVUE - BB BIOTECH	07/18/2005	07/25/2005	2,852,493.	2,742,219.	110,274.
BANK AM BELLEVUE - NESTLE SA	07/19/2005	08/02/2005	2,852,493.	2,742,219.	110,274.
BANK AM BELLEVUE - UBS AG	08/11/2005	08/23/2005	5,386,340.	5,258,826.	127,514.
BANK AM BELLEVUE - ZURICH FINANCIAL	08/23/2005	09/14/2005	4,934,054.	5,069,094.	-135,040.
BANK AM BELLEVUE - LONZA GROUP	05/12/2005	10/05/2005	4,328,080.	4,583,787.	-255,707.
BANK AM BELLEVUE - SWISS REINSURANCE	09/23/2005	10/06/2005	5,855,594.	6,224,876.	-369,282.
BANK AM BELLEVUE - CREDIT SUISSE GROUP	10/21/2005	11/07/2005	4,620,081.	4,572,335.	47,746.
BANK AM BELLEVUE - FIAT SPA	10/25/2005	11/25/2005	4,398,050.	4,389,823.	8,227.
PNC ADVISORS - COCA COLA CO		06/01/2005	4,184,651.	4,223,728.	-39,077.
PNC ADVISORS - FED HOME LOAN NOTES			250,000.	261,013.	-11,013.
PNC ADVISORS - LOWES COMPANIES		03/21/2005	1,988,138.	1,988,138.	
PNC ADVISORS - MCDONALDS CORP BONDS		12/15/2005	125,000.	131,843.	-6,843.
BROWN BROTHERS HARRIMAN		02/15/2005	250,000.	260,545.	-10,545.
BAUPOST VALUE PARTNERS			10,447.	21.	10,426.
			748,643.		748,643.
TOTAL CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES			88,467,823.	87,801,310.	666,513.
Totals			88,467,823.	87,801,310.	666,513.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HANSJOERG WYSS FOUNDATION	Employer identification number 23-3012622
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1302 WRIGHTS LANE EAST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST CHESTER, PA 19380	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ JOSEPH M. FISHER, CPA

Telephone No. ▶ 610-719-5217 FAX No. ▶ 610-719-5141

- 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 05 or
 ▶ tax year beginning _____, 20 __, and ending _____, 20 __.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 800,000

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 852,491

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See Instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of _____
Telephone No. _____ FAX No. _____
- 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 EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____, 20__.
- 5 For calendar year _____, or other tax year beginning _____, 20__, and ending _____, 20__.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 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 and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Joseph M. Fisher* Title TREASURER Date 03/31/2006

Notice to Applicant—To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form section for Name of Exempt Organization (HANSJOERG WYSS FOUNDATION), Employer Identification number (23-3012622), and address (1302 WRIGHTS LANE EAST, WEST CHESTER, PA 19380).

Check type of return to be filed (File a separate application for each return):

Grid of checkboxes for return types: Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T(sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Section for books in care of JOSEPH M. FISHER, CPA, telephone 610 719-5217, fax 610 719-5141, and group return information.

Section 4-7: Extension details including end date 11/15/2006, tax year 2005, and reason: ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

Section 8a-8c: Tax amounts including tentative tax of \$800,000, refundable credits of \$852,491, and balance due of NONE.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature of Joseph M. Fisher, CPA, Title: TREASURER, Date: 08/04/2006

Notice to Applicant - To Be Completed by the IRS

Approval checkboxes: We have approved this application, We have not approved this application (with 10-day grace period), We have not approved this application (no grace period), We cannot consider this application because it was filed after the extended due date.

Director and Date fields for the applicant.

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form section for alternate mailing address: Name, Number and street, City or town, province or state, and country.

EXTENSION APPROVED AUG 7 2006