

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No. 1545-0052
2020
Open to Public Inspection

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

Name of foundation TARGET ALS FOUNDATION INC		A Employer identification number 81-0756743	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 1598	Room/suite	B Telephone number (see instructions) (646) 592-2541	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 101011598		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>27,026,641</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	27,246,820			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	5,611	5,611		
	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	12,513			
	b Gross sales price for all assets on line 6a	1,300,000			
	7 Capital gain net income (from Part IV, line 2)		12,513		
	8 Net short-term capital gain				
	9 Income modifications			5,479	
	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)	5,479	0			
12 Total. Add lines 1 through 11	27,270,423	18,124	5,479		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	584,464	0		584,464
	14 Other employee salaries and wages	521,000	0		521,000
	15 Pension plans, employee benefits	153,416	0		153,416
	16a Legal fees (attach schedule)	5,294	0		5,294
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	305,184	0		305,184
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	88,093	0		88,093
	21 Travel, conferences, and meetings	45,305	0		45,305
	22 Printing and publications	1,689	0		1,689
	23 Other expenses (attach schedule)	258,653	0		258,653
	24 Total operating and administrative expenses. Add lines 13 through 23	1,963,098	0		1,963,098
	25 Contributions, gifts, grants paid	5,041,352			5,041,352
26 Total expenses and disbursements. Add lines 24 and 25	7,004,450	0		7,004,450	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	20,265,973				
b Net investment income (if negative, enter -0-)		18,124			
c Adjusted net income (if negative, enter -0-)			5,479		

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	224,849	1,874,880	1,874,880
	2 Savings and temporary cash investments	1,852,930	3,253,424	3,253,424
	3 Accounts receivable ▶ <u>15,900,000</u>			
	Less: allowance for doubtful accounts ▶ _____	1,200,000	15,900,000	15,900,000
	4 Pledges receivable ▶ <u>5,340,338</u>			
	Less: allowance for doubtful accounts ▶ _____	569,810	5,340,338	5,340,338
	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	76,159	77,939	77,939
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,836,435	580,060	580,060
	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)	5,760,183	27,026,641	27,026,641	
Liabilities	17 Accounts payable and accrued expenses	25,711	18,180	
	18 Grants payable	191,585	1,170,867	
	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)	217,296	1,189,047	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	3,429,809	2,962,216	
	25 Net assets with donor restrictions	2,113,078	22,875,378	
	Foundations that do not follow FASB ASC 958, check here ▶ <input 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)	5,542,887	25,837,594		
30 Total liabilities and net assets/fund balances (see instructions) .	5,760,183	27,026,641		

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	5,542,887
2 Enter amount from Part I, line 27a	2	20,265,973
3 Other increases not included in line 2 (itemize) ▶ _____	3	28,734
4 Add lines 1, 2, and 3	4	25,837,594
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	25,837,594

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.)
1 a SALE OF SECURITIES	P		
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 1,300,000		1,287,487	12,513
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			12,513
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	12,513
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{		}	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

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

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due is 252.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, expenditures, and asset requirements. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	5,845,809
b	Average of monthly cash balances.	1b	1,133,941
c	Fair market value of all other assets (see instructions).	1c	31,318,277
d	Total (add lines 1a, b, and c).	1d	38,298,027
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	38,298,027
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	574,470
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,723,557
6	Minimum investment return. Enter 5% of line 5.	6	1,886,178

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

1	Minimum investment return from Part X, line 6.	1	1,886,178
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	252
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	252
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,885,926
4	Recoveries of amounts treated as qualifying distributions.	4	5,479
5	Add lines 3 and 4.	5	1,891,405
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,891,405

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	7,004,450
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7,004,450
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	7,004,450

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,891,405
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.	1,789,212			
c From 2017.	7,200,840			
d From 2018.	7,596,725			
e From 2019.	5,146,749			
f Total of lines 3a through e.	21,733,526			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 7,004,450				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				1,891,405
e Remaining amount distributed out of corpus	5,113,045			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	26,846,571			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	26,846,571			
10 Analysis of line 9:				
a Excess from 2016.	1,789,212			
b Excess from 2017.	7,200,840			
c Excess from 2018.	7,596,725			
d Excess from 2019.	5,146,749			
e Excess from 2020.	5,113,045			

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

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

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

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				5,041,352
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MANISH RAISINGHANI	PRESIDENT 40.00	0	0	0
KENNETH DEVANEY	TREASURER 40.00	0	0	0
DANIEL L DOCTOROFF	BOARD MEMBER 1.00	0	0	0
JOHN DUNLOP	BOARD MEMBER 1.00	0	0	0
KEVIN EGGAN	BOARD MEMBER 1.00	0	0	0
ZACH W HALL	BOARD MEMBER 1.00	0	0	0
STORY LANDIS	BOARD MEMBER 1.00	0	0	0
MIKE POOLE	BOARD MEMBER 1.00	0	0	0
JEFFREY D ROTHSTEIN	BOARD MEMBER (TO 4/20) 1.00	0	0	0
RICHARD HARGEAVES	BOARD MEMBER 1.00	0	0	0
CAROLE HO	BOARD MEMBER 1.00	0	0	0
STACIE WENINGER	BOARD MEMBER 1.00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIOGEN225 BINNEY STREET CAMBRIDGE, MA 02142	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	50,000
CENTRE HOSPITALIER DE UNIVERSITE DE MONTREAL 1051 RUE SANGUINET MONTREAL QC H2X 3E4 CA	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	90,500
COLUMBIA UNIVERSITY 650 WEST 168TH STREET NEW YORK, NY 10032	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	216,335
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DIGNITY HEALTH - ST JOSEPH'S HOSPITAL AND MEDICAL CENTER 350 W THOMAS ROAD PHOENIX, AZ 85013	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	401,014
EIKONIZO THERAPEUTICS INC 700 MAIN STREET NORTH CAMBRIDGE, MA 02139	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	110,000
EXPANSION THERAPEUTICS INC 555 HERITAGE DRIVE SUITE 150 JUPITER, FL 33458	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	200,000
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GEORGETOWN UNIVERSITY MEDICAL CENTER 4000 RESERVOIR ROAD NW WASHINGTON, DC 20057	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	112,472
HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE, MA 02138	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	180,000
JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	776,955
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	120,000
MAYO CLINIC - JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	273,000
NEURO DEX38 PARK AVENUE EXT ARLINGTON, MA 02474	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	120,300
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW YORK GENOME CENTER 101 6TH AVENUE NEW YORK, NY 10013	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	108,076
NOVATION PHARMACEUTICAL INC SUITE 104 2071 KINSWAY AVE PORT COQUILAM, BRITISH COLUMBIA V3C6N2 CA	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	200,050
QURALIS100 CAMBRIDGE PARK DR CAMBRIDGE, MA 02140	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	90,000
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCRIPPS RESEARCH 10550 N TORREY PINES RD LA JOLLA, CA 92037	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	200,000
TEMPLE UNIVERSITY 1801 N BROAD ST PHILADELPHIA, PA 19122	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	88,385
THOMAS JEFFERSON UNIVERSITY 901 WALNUT ST PHILADELPHIA, PA 19107	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	80,000
Total				5,041,352

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITAIRE ZIEKENHUIZEN LEUVEN HERESTRAAT 49 LEUVEN 3000 BE	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	100,000
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	94,265
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 NORTH LAKE AVENUE WORCESTER, MA 01655	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	377,500
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MIAMI 1320 S DIXIE HIGHWAY CORAL GABLES, FL 33146	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	230,000
UNIVERSITY OF MICHIGAN 500 S STATE STREET ANN ARBOR, MI 48109	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	197,500
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	200,000
Total ▶ 3a				5,041,352

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	200,000
VIVID SCIENCESPO BOX 41632 MINNEAPOLIS, MN 55441	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	25,000
VLAAMS INSTITUUT VOOR BIOTECHNOLGIE RIJVISSCHESTRATT 120 GENT 9052 BE	NONE	PUBLIC CHARITY	BIOMEDICAL REASEARCH	200,000
Total ▶ 3a				5,041,352

TY 2020 Investments Corporate Stock Schedule**Name:** TARGET ALS FOUNDATION INC**EIN:** 81-0756743

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PUBLICLY TRADED SECURITIES	580,060	580,060

TY 2020 Legal Fees Schedule**Name:** TARGET ALS FOUNDATION INC**EIN:** 81-0756743

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL COUNSEL EXPENSE	5,294	0		5,294

TY 2020 Other Expenses Schedule**Name:** TARGET ALS FOUNDATION INC**EIN:** 81-0756743**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	7,467	0		7,467
BANK FEES	2,674	0		2,674
MARKETING	143,969	0		143,969
FUNDRAISING	71,706	0		71,706
INFORMATION TECHNOLOGY	32,837	0		32,837

TY 2020 Other Income Schedule**Name:** TARGET ALS FOUNDATION INC**EIN:** 81-0756743**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	5,479		5,479

TY 2020 Other Increases Schedule**Name:** TARGET ALS FOUNDATION INC**EIN:** 81-0756743**Other Increases Schedule**

Description	Amount
UNREALIZED GAIN	28,734

TY 2020 Other Professional Fees Schedule**Name:** TARGET ALS FOUNDATION INC**EIN:** 81-0756743

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROGRAM SERVICE EXPENSE	102,149	0		102,149
RESEARCH EXPENSES	194,521	0		194,521
PUBLIC RELATIONS SERVICES	8,514	0		8,514

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

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

OMB No. 1545-0047
2020

Name of the organization
TARGET ALS FOUNDATION INC

Employer identification number
81-0756743

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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
 TARGET ALS FOUNDATION INC

Employer identification number
 81-0756743

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
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
 TARGET ALS FOUNDATION INC

Employer identification number
 81-0756743

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	
_____ _____		_____ _____	

Additional Data

Software ID:

Software Version:

EIN: 81-0756743

Name: TARGET ALS FOUNDATION INC

Form 990 Schedule B, 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		\$ 25,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
2		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
3		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
4		\$ 625,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
5		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
6		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
<u>7</u>	<hr/> <hr/>	<hr/> \$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	<hr/> <hr/>	<hr/> \$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	<hr/> <hr/>	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	<hr/> <hr/>	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	<hr/> <hr/>	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	<hr/> <hr/>	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
13	_____		Person <input checked="" type="checkbox"/>
	_____	\$ 10,000	Payroll <input type="checkbox"/>
	_____		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
14	_____		Person <input checked="" type="checkbox"/>
	_____	\$ 10,000	Payroll <input type="checkbox"/>
	_____		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
15	_____		Person <input checked="" type="checkbox"/>
	_____	\$ 50,000	Payroll <input type="checkbox"/>
	_____		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
16	_____		Person <input checked="" type="checkbox"/>
	_____	\$ 25,000	Payroll <input type="checkbox"/>
	_____		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
17	_____		Person <input checked="" type="checkbox"/>
	_____	\$ 200,000	Payroll <input type="checkbox"/>
	_____		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)