efi	le GR	APHIC print	- DO NOT PRO	DCESS	As Filed Dat	ta -					DLN: 934	91113001011
	90	0-PF		_		_					ОМ	B No. 1545-0052
		of the Treasury	or S		eturn of P 1947(a)(1) Tr					•		2020
		enue Service			ial security nu						ic.	
					ov/Form990PF							pen to Public Inspection
For	caler	ndar vear 20	20, or tax yea	r beainr	nina 01-01-20	020	, aı	nd er	nding 12-31-	-202	20	
Nam	ie of fou	undation		<b>j</b>			,		A Employer id			r
1 A	RGET A	ALS FOUNDATION .	INC						81-0756743			
	ber and 0 BOX :		ox number if mail is i	not delivere	d to street address)	) Room	/suite		<b>B</b> Telephone nu	ımber	(see instruction	าร)
City	artour	, stata ar provinci	a country and ZID a	r foroign no	atal anda				(646) 592-254	1		
		NY 101011598	e, country, and ZIP c	or roreign po	ostal code				<b>C</b> If exemption	appli	cation is pendin	g, check here <b>&gt;</b>
G C	neck al	ll that apply:	Initial return		initial return of a	former	public charity		<b>D 1.</b> Foreign or	ganiza	ations, check he	ere
			Final return	_	Amended return						ations meeting e and attach co	
	a a la tru	/pe of organizat	Address chai	-	Name change ) exempt private	founda	tion		E If private fo			
_	,		nexempt charitab		Other taxabl				under sectio	on 507	'(b)(1)(A), chec	k here 🕨 🗀
		ket value of all a		J Accou	nting method:	Ca		ial	F If the found			
		from Part II, col <b>\$</b> <u>27,026,64</u>			ther (specify)		<u>_</u>		under sectio	on 507	'(b)(1)(B), chec	k here 🕨 🗀
					column (d) must	t be on	cash basis.)					
Pa	rt I	•	f Revenue and columns (b), (c), and	•	•		Revenue and expenses per	(b)	Net investment	(c)	Adjusted net	(d) Disbursements for charitable
		equal the amou	ints in column (a) (s	ee instructio	ons).)		books		income		income	purposes (cash basis only)
	1	Contributions, schedule)	gifts, grants, etc.	, received	(attach		27,246,820					
	2	Check 🕨 🗌 if	the foundation is	not requi	ired to attach							
	3	Sch. B Interest on sa	vings and tempor		nvestments		5,611		5,611			
	4		interest from sec				,		,			
	5a	Gross rents										
	Ь	Net rental inco				-						
emie	6a		oss) from sale of a		on line 10		12,513	3				
Reve	b	·	ice for all assets o	_	1,300,000	<u></u>						
α	7 8		et income (from P n capital gain <b>.</b>		-				12,513	: 		
	9		ications								5,479	
	10a	Gross sales les	ss returns and allo	wances								
	b	Less: Cost of g	-	•••		<u> </u>						
	c	•	r (loss) (attach scl (attach schodula)	•		06-1	F 470		0			
	11		(attach schedule) es 1 through 11			<b>%</b> ]	5,479 27,270,423		18,124		5,479	
	13		of officers, direct				584,464		0		•,	584,464
	14	Other employe	ee salaries and wa	iges .			521,000		0	)		521,000
es	15	Pension plans,	employee benefi	ts			153,416	5	0			153,416
ens	16a		ach schedule)			<b>%</b> ]	5,294	۱ ۱	0	'		5,294
Exp	b	-	es (attach schedul onal fees (attach	•		<u>م</u>	305,184		0			305,184
and Administrative Expenses	с 17					<u> </u> 29	505,184	`				505,164
trat	18		schedule) (see in:		)					1		
inis	19		attach schedule)					1				
d m	20	Occupancy					88,093	3	C	)		88,093
ן br	21	-	ences, and meetir	-			45,305		0			45,305
	22 23		ublications es (attach schedul			<u>چ</u>	1,689 258,653		0			1,689 258,653
atin	24		ing and administ				,			+		,
Operating		Add lines 13 t	hrough 23				1,963,098	3	C	)		1,963,098
0	25		gifts, grants paid				5,041,352	2				5,041,352
	26	<b>Total expens</b> 25	es and disburse	ments. A	dd lines 24 and		7,004,450		C	)		7,004,450
	27	Subtract line 2	26 from line 12:							1		
	а	Excess of rev disbursemen	/enue over expe Its	nses and			20,265,973	3				
	Ь		ent income (if ne						18,124			
Far	C	-	income (if negat		-			<u> </u>			5,479	
OF	r aper	WOLK REQUCTION	on Act Notice, se	e mscruc				(	Cat. No. 11289)	٨	For	m <b>990-PF</b> (2020)

Forn	n 990-F	PF (2020)			Page <b>2</b>	
Pa	rt 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 o (b) Book Value	f year (c) Fair Market Value	
	1	Cash—non-interest-bearing	(a) Book Value 224,849	( <b>b</b> ) Book Value 1,874,880		
	2	Savings and temporary cash investments	1,852,930	3,253,424		
	3	Accounts receivable 15,900,000	, ,	, ,	, ,	
	-	Less: allowance for doubtful accounts	1,200,000	15,900,000	15,900,000	
	4	Pledges receivable ► 5,340,338	_,			
	•	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				
Assets	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	
	17	Accounts payable and accrued expenses	25,711	18,180		
	18	Grants payable	191,585	1,170,867		
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	21	Mortgages and other notes payable (attach schedule)				
ב	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)	217,296	1,189,047		
e e		Foundations that follow FASB ASC 958, check here <b>F</b> defined and complete lines 24, 25, 29 and 30.				
an	24	Net assets without donor restrictions	3,429,809	2,962,216		
Ba	24 25	Net assets with donor restrictions	2,113,078	2,902,210		
힘	2.5		2,113,070	22,073,370		
Fund Balances		Foundations that do not follow FASB ASC 958, check here ► □				
P		and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds				
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds	E E 40 007			
Net	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		l net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	29 (must agree with e	• <b>1</b>	5,542,887	
2		r amount from Part I, line 27a		. 2	20,265,973	
3		r increases not included in line 2 (itemize) ►		3	28,734	
4		lines 1, 2, and 3		. 4	25,837,594	
5		eases not included in line 2 (itemize) 🕨		5	0	
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5)—Part II, ${\sf c}$	olumn (b), line 29	. 6	25,837,594	
				F	Form <b>990-PF</b> (2020)	

Form **990-PF** (2020)

Form 990-PF (2020)					Page <b>3</b>
Part IV Capital Gains a	and Losses for Tax on Inves	tment Income			
	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 sh		<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
1 a SALE OF SECURITIES			Р		
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	<b>(g)</b> other basis ense of sale	Gain o	<b>h)</b> r (loss) ) minus (g)
<b>a</b> 1,30	0,000		1,287,487		12,513
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ov	ned by the foundation	on 12/31/69		1)
<b>(i)</b> F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> s of col. (i) l. (j), if any	Gains (Col. (h) gain minus col. (k), but not less than -0-) <b>or</b> Losses (from col.(h))	
а					12,513
b					
c					
d					
е					
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in I		2	12,513
	ain or (loss) as defined in sections rt I, line 8, column (c) (see instruct	., .,	)-	3	
Part V Qualification L	Inder Section 4940(e) for R	educed Tax on Net	Investment In	come	
_	LED ON DECEMBER 20, 2019			come	
1 Reserved	LED ON DECEMBER 20, 2013				
(a) Reserved	(b) Reserved	(c) Reserved		<b>(d)</b> Reserved	
				1	
<b>2</b> Reserved <b></b>			2		
<b>3</b> Reserved			• • • 3	<u>[</u>	
<b>4</b> Reserved			4		
<b>5</b> Reserved			5		
<b>6</b> Reserved			6		
<b>7</b> Reserved			7	1	
				1	
			8	<u> </u>	

Form	990-PF (2020)		P	age <b>4</b>
Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-see instructions	5)		
1a	Exempt operating foundations described in section 4940(d)(2), check here $\blacktriangleright$ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Reserved			252
U				252
с	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line			
č	12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)       2			0
3	Add lines 1 and 2			252
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			252
6	Credits/Payments:			
a	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 0			
b	Exempt foreign organizations—tax withheld at source <b>6b</b> 0			
C J	Tax paid with application for extension of time to file (Form 8868) 6c 0			
d 7	Backup withholding erroneously withheld         0         6d         0           Total credits and payments. Add lines 6a through 6d.         7         7			•
7				0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			252
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax  Refunded  11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions			
	for definition)	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. $\triangleright$ \$0 (2) On foundation managers. $\triangleright$ \$0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. 🕨 \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> </ul>			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>			
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	▶ <u>NY</u>			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
U	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8</b> b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	30	103	
2	or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV.			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	<b>–</b>		
	and addresses.	10		No

Form	990-PF (2020)		F	Page <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address  TARGETALS.ORG			
14	The books are in care of ▶KENNETH DEVANEY Telephone no. ▶(646) 5	92-254	1	
	Located at ▶305 W 52 STREET APT 1H NEW YORK NY ZIP+4 ▶100:	9		
4.5				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here	• •	•	
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Fai			Vee	Na
1-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
Та	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disgualified person?			
	<ul> <li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person?</li> <li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)</li> </ul>			
	(2) Eurpich goods, convises, or facilities to (or accent them from) a discuplified percent?			
	(4) Pay compensation to or pay or reimburse the expenses of a disgualified person?			
	(4) Pay compensation to, or pay of remourse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available View View View View View View View Vie			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
с	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ ):			
а	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2020? Vo			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year? $\Box$ Yes $\nabla$ No			
b	If "Yes," did it have excess business holdings in 2020 as a result of <b>(1)</b> any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	l		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

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Pa	rt VII-B	Statements Regard	ing Activities for Which	n Form 4720 May Be	Required (continued)			
5a	During th	e year did the foundation p	bay or incur any amount to:				Yes	No
	<b>(1)</b> Carry	on propaganda, or otherw	ise attempt to influence legis	lation (section 4945(e))?	🗌 Yes 🗹	No		
	(2) Influe	ence the outcome of any sp	pecific public election (see sec	tion 4955); or to carry				
	on, d	irectly or indirectly, any vol	ter registration drive?		· · 🗌 Yes 🗸	No		
	<b>(3)</b> Provi	de a grant to an individual	for travel, study, or other sim	nilar purposes?	□ Yes ☑	No		
	<b>(4)</b> Provi	de a grant to an organizatio	on other than a charitable, et	c., organization described				
	in sec	tion 4945(d)(4)(A)? See in	structions		••• 🗌 Yes 🗹	No		
	<b>(5)</b> Provi	de for any purpose other th	nan religious, charitable, scier	ntific, literary, or				
			prevention of cruelty to child		I Yes V	No		
b	If any an	swer is "Yes" to 5a(1)–(5),	did any of the transactions fa	ail to qualify under the ex	ceptions described in			
	-		current notice regarding disas			5b		
	Organizat	ions relying on a current n	otice regarding disaster assis	tance check here	· · · · · · ► 🗖			
С	If the ans	wer is "Yes" to question 5a	(4), does the foundation claim	m exemption from the				
	tax becau	ise it maintained expenditu	re responsibility for the grant	?	· · 🗌 Yes 🗌	No		
	If "Yes," a	attach the statement requir	red by Regulations section 53	.4945–5(d).				
6a	Did the fo	oundation, during the year,	receive any funds, directly or	r indirectly, to pay premi	ums on			
	a persona	al benefit contract?			• 🗌 Yes 🗹	No		
b	Did the fo	oundation, during the year,	pay premiums, directly or inc	directly, on a personal be	nefit contract?	6b		No
	If "Yes" to	o 6b, file Form 8870.						
7a	At any tir	ne during the tax year, was	s the foundation a party to a	prohibited tax shelter tra	nsaction? 🗌 Yes 🗹	No		
b	If "Yes", o	did the foundation receive a	any proceeds or have any net	income attributable to th	ne transaction?	7b		
8			ion 4960 tax on payment(s) (					
	excess pa	arachute payment during th	ne year?		••• 🗌 Yes 🗹	No		
Da	rt VIII	Information About C	Officers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paid En	nployees,	,	
Га		and Contractors						
1	List all of	fficers, directors, trustee	es, foundation managers a	nd their compensation	See instructions			
	(- ) N		(b) Title, and average	(c) Compensation (If		(e) Exper	nse acc	ount,
	(a) N	ame and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowand	es
See	Additional [	Data Table		,				
2	Compens	ation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor	ne, enter "	NONE.	"
			(b) Title and average		(d) Contributions to			
(a)		address of each employee	paid hours per week	(c) Compensation	employee benefit	(e) Expen		
	m	ore than \$50,000	devoted to position		plans and deferred compensation	other al	lowanc	es
NON								
					+ +			
			—					
					+ +			
			—					
			1	1	1			
Tota	I number o	of other employees paid ove	er \$50,000		· · · · · ►			0

Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	es, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional ser	rvices (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services.		(
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers pr		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (Se	ee instructions)	
Describe the two largest program-related investments made by the foundation durin		Amount
1	······································	
2		
All other program-related investments. See instructions.		
	-	-
Total. Add lines 1 through 3         .	••••••	Form <b>990-PF</b> (2020

Form 990-PF (20	020)
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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation	ns, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	5,845,809
b	Average of monthly cash balances	1b	1,133,941
С	Fair market value of all other assets (see instructions)	<b>1</b> c	31,318,277
d	Total (add lines 1a, b, and c)	1d	38,298,027
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
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
Par	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at <b>XI</b> as a second dense to a sec	and cei	rtain 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.   2		
b	Income tax for 2020. (This does not include the tax from Part VI.) 2b		
С	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
Dar	<b>XII</b> Qualifying Distributions (see instructions)		
			<u>г</u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	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:		
а	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 section 4940(e) reduction of tax in those years.	ne four	ndation qualifies for

Form 990-PF (2020)

P	art XIII Undistributed Income (see instruct	ions)		
		(a)	(b)	(c)
		Corpus	Years prior to 2019	2019
1	Distributable amount for 2020 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2020:			
а	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           From 2017.         7,200,840			
ر لہ	From 2017.         7,200,840           From 2018.         7,596,725			
d e	From 2019			
	<b>Total</b> of lines 3a through e	21,733,526		
	Qualifying distributions for 2020 from Part			
	XII, line 4: ► \$ 7,004,450			
а	Applied to 2019, but not more than line 2a			0
	Applied to undistributed income of prior years		0	
	(Election required—see instructions)			
С	Treated as distributions out of corpus (Election	0		
	required—see instructions).			
	Applied to 2020 distributable amount.			
	Remaining amount distributed out of corpus	5,113,045		
5	Excess distributions carryover applied to 2020.	0		
	(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			
Ŭ	indicated below:			
а	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	
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has			
	been issued, or on which the section 4942(a)			
	tax has been previously assessed.		0	
d	Subtract line 6c from line 6b. Taxable amount			
	-see instructions		0	
е	Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see			
				0
f	Undistributed income for 2021. Subtract			
	lines 4d and 5 from line 1. This amount must			
-	be distributed in 2020			
/	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	0		
~	applied on line 5 or line 7 (see instructions)	, , , , , , , , , , , , , , , , , , ,		
9	Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	26,846,571		
10	Analysis of line 9:			
	Excess from 2016 1,789,212			
b	Excess from 2017 7,200,840			
с	Excess from 2018 7,596,725			
d	Excess from 2019 5,146,749			
е	Excess from 2020 5,113,045			

1,891,405

1,891,405

0

0

**(d)** 2020

Form **990-PF** (2020)

For	m 990-PF (2020)					Page <b>10</b>	
	Part XIV Private Operating Found	l <b>ations</b> (see instru	uctions and Part \	VII-A, question 9)			
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating			
<b>b</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	Tax year		Prior 3 years		(e) Total	
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017		
b	85% of line 2a						
с	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:						
а	"Assets" alternative test—enter:						
	<ol> <li>Value of all assets</li> <li>Value of assets qualifying</li> <li>Value of assets qualifying</li> </ol>						
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3						
	of minimum investment return shown in Part X, line 6 for each year listed.						
С	"Support" alternative test—enter:						
	<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>						
	<ul><li>(2) Support from general public and 5 or more exempt</li></ul>						
	organizations as provided in section 4942(j)(3)(B)(iii).						
	(3) Largest amount of support from an exempt organization						
	(4) Gross investment income						
Pa	Supplementary Information			foundation had	<b>\$5,000 or more</b> i	in	
1	assets at any time during th Information Regarding Foundation Man		ructions.)				
	List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n	
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the		
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scł	nolarship, etc., Pr	ograms:			
	Check here ► ☑ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tes contributions to p tion makes gifts, gra	preselected charitab ants, etc. to individu	le organizations and			

**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:

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

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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total	· · · · · · · · · · · ·		<b>Þ</b> 3a	5,041,352
<b>b</b> Approved for future payment				
Total		· · · · · ·	<b>&gt;</b> 3b	0
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Form **990-PF** (2020)

orm	990-PF	(2020)	
OTH	990-FI	(2020)	

Part XVI-A Analysis of Income-Producing	) Activities				5
Enter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt function income
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	(See instructions.)
a					
b					
c					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash					
investments			14	5,611	
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate:</li></ul>					
a Debt-financed property.					
<b>b</b> Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			10	12 512	
<b>9</b> Net income or (loss) from special events:			18	12,513	
<b>10</b> Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01	5,479	
b					
c d					
e					
<b>12</b> Subtotal. Add columns (b), (d), and (e).		0		23,603	; (
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the set of the			1	3	23,603
Part XVI-B       Relationship of Activities to the second se	income is report	ed in column (e) o:	f Part XVI-A contribu		

Par

+ X/1/TT	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
t XVII	Exempt Organizations

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
а	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
с	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

🗹 No

**b** If "Yes," complete the following schedule.

	(	(a) Name of organization	(1	) Type of organiz	ation		(c) Description	on of relationship
Sign Here	of my k which p ***	penalties of perjury, I declare tha nowledge and belief, it is true, co reparer has any knowledge. **** nature of officer or trustee						
Paid	P	Print/Type preparer's name PATRICK J MARTIN	Preparer's Sigr	nature	Date		Check if self- employed ▶ □	PTIN P00283486
Prepar Use Or							Firm's EIN ▶05-0409384	
		irm's address ► 951 NORTH MA PROVIDENCE, I						Phone no. (401) 274-2001

## 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

		_		-
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
· · · · ·	or substantial contributor			
<b>a</b> Paid during the year				
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	5,041,352			

		-		-
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
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	5,041,352			

		-				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
<b>a</b> Paid during the year						
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	Total					

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
<b>a</b> Paid during the year				
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	5,041,352			

		_		-
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
<b>a</b> Paid during the year				
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			5,041,352	

#### Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SCRIPPS RESEARCH NONE 200,000 PUBLIC. BIOMEDICAL RESEARCH 10550 N TORREY PINES RD CHARITY LA JOLLA, CA 92037 TEMPLE UNIVERSITY1801 N BROAD ST NONE PUBLIC BIOMEDICAL RESEARCH 88,385 PHILADELPHIA, PA 19122 CHARITY THOMAS JEFFERSON UNIVERSITY NONE PUBLIC BIOMEDICAL RESEARCH 80,000 901 WALNUT ST CHARITY PHILADELPHIA, PA 19107 3a 5,041,352

	1			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
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				5,041,352

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
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				5,041,352

	1	-		
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
<b>a</b> Paid during the year				
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				5,041,352

## **TY 2020 Investments Corporate Stock Schedule**

# Name: TARGET ALS FOUNDATION INCEIN: 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

#### DLN: 93491113001011

## 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

DLN: 93491113001011

## **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

#### DLN: 93491113001011

## 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

### DLN: 93491113001011

## **TY 2020 Other Increases Schedule**

## Name: TARGET ALS FOUNDATION INC EIN: 81-0756743

#### Other Increases Schedule

Description	Amount
UNREALIZED GAIN	28,734

DLN: 93491113001011

## **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

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491113001011
Schedule B (Form 990, 990-EZ,		Schedu	ule of Contributors		OMB No. 1545-0047
or 990-PF)		Attach to	Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury Internal Revenue Service	► Go to <u>www.irs.gov/Form990</u> for the latest information.				2020
Name of the organization				Employer id	entification number
TARGET ALS FOUNDATIC	DN INC			81-0756743	
Organization type (ch	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)( )	(enter number) c	organization		
	☐ 4947(a)(1	) nonexempt chai	ritable trust <b>not</b> treated as a private	foundation	
	☐ 527 politic	al organization			
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation		
	☐ 4947(a)(1	) nonexempt chai	ritable trust treated as a private foun	Idation	
	☐ 501(c)(3)	taxable private fo	undation		

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 33<sup>1</sup>/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).

Schedule B	(Form 990	, 990-EZ, or	990-PF)	(2020)
------------	-----------	--------------	---------	--------

Page 2 **Employer identification number** Name of organization TARGET ALS FOUNDATION INC 81-0756743 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (C) Type of **Total contributions** No. Name, address, and ZIP + 4 contribution Person See Additional Data Table Payroll Noncash \$ (Complete Part II for noncash contribution.) (d) (a) (b) (C) Type of **Total contributions** No. Name, address, and ZIP + 4 contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution.) (d) (a) (b) (c) Type of No. Name, address, and ZIP + 4 **Total contributions** contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution.) (d) (a) (b) (C) Type of Name, address, and ZIP + 4 **Total contributions** No. contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution.) (d) (a) (b) (C) Type of **Total contributions** Name, address, and ZIP + 4 No. contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution.) (d) (b) (C) (a) Type of No. Name, address, and ZIP + 4 **Total contributions** contribution Person Payroll

\$

contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Noncash

(Complete Part II for noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	
Name of organization	
TARGET ALS FOUNDATION INC	

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
	rganization LS FOUNDATION INC			nployer identification number
Part III	than \$1,000 for the year from any one con	ributor. Complete co total of exclusively instructions.) ► \$	ations described ir blumns (a) through	section 501(c)(7), (8), or (10) that total more
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	( )	sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and	· · ·	sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and	· · /	sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and		sfer of gift Relatio	nship of transferor to transferee
			Sch	edule B (Form 990, 990-EZ, or 990-PF) (2020)

## **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
_			Person 🗸
<u>1</u>			Payroll
		\$ 25,000,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
2			Person 🗸
<u>2</u>			Payroll
		\$ 100,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
2			Person 🗸
<u>3</u>			Payroll
		\$ 1,000,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
4			Person 🗸
<u>4</u>			Payroll
		\$ 625,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
<u>5</u>			Person 🗸
5			Payroll
		\$ 5,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
<u>6</u>			Person 🗸
5			Payroll
		\$ 5,000	Noncash 🗌
			(Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person 🗸
<u>7</u>			Payroll
		\$ 25,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
9			Person 🗸
<u>8</u>			Payroll
		\$ 10,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
0			Person 🗸
<u>9</u>			Payroll 🗌
		\$ 5,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
10			Person 🗸
<u>10</u>			Payroll 🗌
		\$ 5,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
11			Person 🗸
<u>11</u>			Payroll
		\$ 5,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
10			Person 🗸
<u>12</u>		1	Payroll 🗌
		\$ 5,000	Noncash 🗌
			(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
12			Person 🗸
<u>13</u>			Payroll
		\$ 10,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
14			Person 🗸
<u>14</u>			Payroll
		\$ 10,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
15			Person 🗸
<u>15</u>			Payroll
		\$ 50,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
16			Person 🗸
<u>16</u>			Payroll
		\$ 25,000	Noncash 🗌
			(Complete Part II for noncash contribution.)
17			Person 🗸
<u>17</u>			Payroll
		\$ 200,000	Noncash 🗌
			(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.