# 990-PF

Internal Revenue Service

## **Return of Private Foundation**

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

**Open to Public** 

OMB No. 1545-0047

► Do not enter social security numbers on this form as it may be made public. ► Go to <a href="https://www.irs.gov/form990PF">www.irs.gov/form990PF</a> for instructions and the latest information.

						Inspection
		ndar year 2022, or tax year beginning 01-0	1-2022	, and ending 1		
		ındation LS FOUNDATION INC		A Employer ide	entification numbe	r
	ber and D BOX 1	d street (or P.O. box number if mail is not delivered to street address) .598	Room/suite	<b>B</b> Telephone nur	nber (see instruction	s)
				(646) 592-2541		
		i, state or province, country, and ZIP or foreign postal code NY 101011598		<b>C</b> If exemption a	application is pending	g, check here
G Ch	neck al		ormer public charity	D 1 Foreign ord	janizations, check he	uro =
		Final return Amended return	,		ganizations, check he	▶
		Address change Name change			here and attach con	
<b>H</b> Ch	eck ty	pe of organization: VSection 501(c)(3) exempt private	foundation		ndation status was to n 507(b)(1)(A), chec	
S	ection	4947(a)(1) nonexempt charitable trust Other taxable				
		ket value of all assets at end from Part II, col. (c),	Cash 🗸 Accrua	. 1	tion is in a 60-month n 507(b)(1)(B), chec	
		rrom Part II, col. (c),  \$\frac{115,562,468}{(Part I, column (d) must be added to the column of the	pe on cash basis.)		(-), // //	
	T				I	(4) Dishumanasa
Ра	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		necessarily equal the amounts in column (a) (see	books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	98,356,585			
	2	Check if the foundation is not required to attach	30,330,363			
	2	Sch. B				
	3	Interest on savings and temporary cash investments	24,092	24,092		
	4	Dividends and interest from securities				
•	5a b	Gross rents				
	6a	Net gain or (loss) from sale of assets not on line 10				
E	b	Gross sales price for all assets on line 6a				
Revenue	_	·		0		
~	7 8	Capital gain net income (from Part IV, line 2)				
	9	Income modifications			392	
	10a	Gross sales less returns and				
		allowances Less: Cost of goods sold				
	b	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	<b>9</b> 392	0		
	12	Total. Add lines 1 through 11	98,381,069	24,092	392	
Se	13	Compensation of officers, directors, trustees, etc.	530,050	0		530,050
Sus	14	Other employee salaries and wages	449,975	0		449,975
X	15	Pension plans, employee benefits	245,916	0		245,916
le E	16a	Legal fees (attach schedule)	4,681	0		4,681
rativ	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	<b>574,403</b>	0		574,403
and Administrative Expenses	17	Interest	574,403			374,403
<u>m</u>	17	Taxes (attach schedule) (see instructions)				
Ac	18 19	Depreciation (attach schedule) and depletion				
and	20	Occupancy				
DG.	21	Travel, conferences, and meetings	514,788	0		514,788
Operating	22	Printing and publications				
Ope	23	Other expenses (attach schedule)	<b>9</b> 881,377	0		881,377
_	24	Total operating and administrative expenses.	3 201 100	0		3 201 100
	25	Add lines 13 through 23	3,201,190 6,070,799			3,201,190 6,070,799
	26	Total expenses and disbursements. Add lines 24 and 25				=70.07.33
		And all all all all all all all all all al	9,271,989	0		9,271,989
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements  Net investment income (if pegative enter =0=)	89,109,080			
	ь	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)		24,092		

Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f year
			should be for end-or-year amounts only. (See Instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		est-bearing	2,067,409		13,772,622
	2	Savings and tem	porary cash investments	9,295,729	24,429,640	24,429,640
	3	Accounts receive	able 21,728,583			
		Less: allowance f	for doubtful accounts	12,582,300	21,728,583	21,728,583
	4		ole •			
			for doubtful accounts	484,443		
	5	Grants receivable	e		52,487,810	52,487,810
	6	Receivables due	from officers, directors, trustees, and other			
		disqualified perso	ons (attach schedule) (see instructions)			
	7	Other notes and	loans receivable (attach schedule)			
	*		reactivable (accaen senedate) p			
		Less: allowance f	for doubtful accounts 🕨			
	8	Inventories for s	ale or use			
		D		81,727	44,750	44,750
sts	9	Prepaid expenses	s and deferred charges	01,727	44,750	44,750
Assets	10a	Investments—U.S	S. and state government obligations (attach			
A		schedule)	_			
	b	Investments—co	rporate stock (attach schedule)	2,015,656	3,099,063	3,099,063
	С	Investments—co	rporate bonds (attach schedule)			
		111100011101110				
	11	Investments—lan	id, buildings, and equipment: basis			
		Lagar pagumulata	ad depresiation (attach ashedula)			
		Less: accumulate	ed depreciation (attach schedule)			
	12	Investments-mo	- ortgage loans			
	13	Investments—oth	ner (attach schedule)			
	14	Land, buildings, a	and equipment: basis			
			ed depreciation (attach schedule)			
	15	Other assets (de	scribe)			
	16	Total assets (to	be completed by all filers—see the			
		instructions. Also	o, see page 1, item I)	26,527,264	115,562,468	115,562,468
	17	Accounts payable	e and accrued expenses	24,675	13,921	
				4 476 027	4 725 460	
	18	Grants payable	-	1,476,927	1,735,469	
Liabilities	19		e			
≝	20	Loans from office persons	ers, directors, trustees, and other disqualified			
ia	21	•	ther notes payable (attach schedule)			
_						
	22	Other liabilities (	(describe)			
	23	Total liabilities(a	dd lines 17 through 22)	1,501,602	1,749,390	
		Foundations that	follow FASB ASC 958, check here 🕨 🔽			
35		and complete line	es 24, 25, 29 and 30.			
or Fund Balances	24	•	ut donor restrictions	4,579,135	34,358,955	
ala						
ä	25	Net assets with o	donor restrictions	20,446,527	79,454,123	
E						
丘			t do not follow FASB ASC 958, check here			
0		•	es 26 through 30.			
ets	26	Capital stock, tru	est principal, or current funds			
Net Assets	27	Paid-in or capital	surplus, or land, bldg., and equipment fund			
t A	28	•	s, accumulated income, endowment, or other funds			
ž	29	_	or fund balances (see instructions)	25,025,662	113,813,078	
	30		nd net assets/fund balances (see instructions).	26,527,264	115,562,468	
P۵	30 rt 111		Changes in Net Assets or Fund Balances	1,1 ,10	, , , , ,	
			d balances at beginning of year—Part II, column (a),	line 20 (must sares :	with	
1			orted on prior year's return)		. <b>1</b>	25,025,662
2		r amount from Par	, ,		. 2	89,109,080
3	Othe	er increases not inc	cluded in line 2 (itemize)		3	0
4	Add	lines 1, 2, and 3			i i	114,134,742
5			d in line 2 (itemize) 🕨	<u> </u>	5	321,664
6	Tota	I net assets or fun-	d balances at end of year (line 4 minus line 5)—Part	II, column (b), line 29	9. 6	113,813,078

in Part I, line 8

Page 3

	ind(s) of property sold (e.g., real e e; or common stock, 200 shs. ML0	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.		
<u>1a</u>						
b						
<u>c</u>						
<u>d</u>						
<u>e</u>						
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	( <b>g)</b> other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)	
<u> </u>						
Complete only for assets showing	ng gain in column (h) and owned b	y the foundation	n on 12/31/69		I)	
(i) F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col. (i) . (j), if any	Gains (Col. (h) gain minus col. (k), but not less than -0-) Losses (from col.(h))		
Capital gain net income or (	1 3	, also enter in F s), enter -0- in	,	2		
, ,	or (loss) as defined in sections 122	( ) ( )				
ir gain, also enter in Part I,	line 8, column (c) (see instructions	). 11 (10SS), ente	er -u-			

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

and addresses.

Form **990-PF** (2022)

Website address ► TARGETALS.ORG  (646) 592- The books are in care of ► KENNETH DEVANEY  Located at ► 305 W 52 STREET APT 1H NEW YORK NY  10019  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here		
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		
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		
advisory privileges? If "Yes," attach statement. See instructions  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address TARGETALS.ORG   14  The books are in care of KENNETH DEVANEY  Located at 305 W 52 STREET APT 1H NEW YORK NY  10019  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 — check here.  and enter the amount of tax-exempt interest received or accrued during the year.  be a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes", enter the name of the foreign  Part V1-8 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.  1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address TARGETALS.ORG  14 The books are in care of KENNETH DEVANEY  Located at 305 W 52 STREET APT 1H NEW YORK NY  10019  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here.  At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?.  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign  Part VISE 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.  1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?.  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?.  1a(2)  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
Website address TARGETALS.ORG  14 The books are in care of KENNETH DEVANEY  Located at 305 W 52 STREET APT 1H NEW YORK NY 10019  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here		No
The books are in care of KENNETH DEVANEY  The books are in care of KENNETH DEVANEY  The books are in care of KENNETH DEVANEY  Located at 305 W 52 STREET APT 1H NEW YORK NY 2IP+4  10019  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	Yes	
The books are in care of KENNETH DEVANEY  Located at 305 W 52 STREET APT 1H NEW YORK NY  10019  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here		
Located at 305 W 52 STREET APT 1H NEW YORK NY 10019  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here		
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		
and enter the amount of tax-exempt interest received or accrued during the year		•
a bank, securities, or other financial account in a foreign country?		
a bank, securities, or other financial account in a foreign country?	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign  Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?		No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
1a During the year did the foundation (either directly or indirectly):       Image: Imag		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		
a disqualified person?		No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
(c) a since great, as well as (c) a seep a since year and a seep a since year and a seep a se		No
		No
		No
(5) Transfer any income or assets to a disqualified person (or make any of either available		
for the benefit or use of a disqualified person)?		No
(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.)		No
<b>b</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		
c Organizations relying on a current notice regarding disaster assistance check here		
<b>d</b> 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 2022?		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)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d		
and 6e) for tax year(s) beginning before 2022?		No
If "Yes," list the years 20		
<b>b</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.)		
<b>c</b> 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 <u> </u>		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at		
any time during the year?		No
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation		
or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b>		
the lapse of the 10-, 15-, or 20-year first phase holding period?( <i>Use Schedule C, Form 4720, to determine</i>		
if the foundation had excess business holdings in 2022.)		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a		N-
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Į.	No

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?

5a	<b>(1)</b> Carry on propaganda, or other		·	gislation (section 4945(	e))?		5a(1)	Yes	No No
	(2) Influence the outcome of any	•	,	* *	•		<b>5</b> (2)		
	on, directly or indirectly, any v		3			•	5a(2) 5a(3)		No
	<ul><li>(3) Provide a grant to an individua</li><li>(4) Provide a grant to an organiza</li></ul>		• • • • • • • • • • • • • • • • • • • •			•	34(3)		No
	in section 4945(d)(4)(A)? See		·	,			5a(4)		No
	(5) Provide for any purpose other	than'	religious, charltable, sci	entific, literary, or					
	educational purposes, or for th		•				5a(5)		No
b	,	If any answer is "Yes" to 5a(1)-(5); did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions					5b		
С	•	t notice regarding disaster assistance: See instructions					30		
d	If the answer is "Yes" to question	5a(4	, does the foundation cl	aim exemption from the	2				
	tax because it maintained expend						5d		
<b>6</b> -	If "Yes," attach the statement requi		_						
6a	Did the foundation, during the yea a personal benefit contract?		, , , , ,	,, , , ,			6a		No
b	Did the foundation, during the yea						6b		No
	If "Yes" to 6b, file Form 8870.								
7a -	At any time during the tax year, w			·			7a		No
ь 8	If "Yes", did the foundation receiv Is the foundation subject to the s		•				7b		
	excess parachute payment during		. , ,	, , , , , , , , , , , , , , , , , , , ,			8		No
Da	Information About	Òff	icers, Directors, Ti	rustėes, Foundatio	n Managers, Highly	Paid	Emp	loye	es,
Pa	and Contractors								
1	List all officers, directors, trustees	, fou	ndation managers and t	heir compensation. See					
	(a) Name and address	(	<ul><li>b) Title, and average hours per week devoted to position</li></ul>	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		Expenother a		
MANIS	SH RAISINGHANI	PRES	IDENT	312,178	45,24	1		-	(
		40.00	,						
KENN	ETH DEVANEY	TREA	SURER	217,872	38,984	4			(
		40.00	,						
DANIE	EL L DOCTOROFF	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
JOHN	DUNLOP	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
ZACH W HALL		BOARD MEMBER 1.00		0	(	0			(
		1.00							
STOR	/ LANDIS	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
MIKE	POOLE	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
RICHA	ARD HARGEAVES	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
CARO	LE HO	BOARD MEMBER		0	(	0			(
		1.00							
STAC	E WENINGER	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
SARA	SHEIKH		D MEMBER	0	(	)			(
		1.00							
ALISA	DOCTOROFF	BOAF 1.00	D MEMBER	0	(	)			(
		1.00							
2	Compensation of five highest-paid	emp	loyees (other than those	e included on line 1—sec	e instructions). If none, en	ter "	NONE.	1	
(a)	Name and address of each employ paid more than \$50,000	/ee	<b>(b)</b> Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		Expens ther all		
NON	E				p				
							_	_	
Tota	I number of other employees paid o	ver:	50,000	<u> </u>					0
						Form	n <b>990</b>	-PF (	2022

Part VII Information About Officers, Directors, T and Contractors (continued)	rustees, Foundation Managers, Hi	Page 7 ghly Paid Employees,
3 Five highest-paid independent contractors for professional ser	vices (see instructions). If none, enter "NOI	 NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
KOSZYN & COMPANY	DEVELOPMENT EXPENSE	261,000
215 PARK AVENUE SOUTH 11TH FLOOR NEW YORK,NY 10003		
<b>Total</b> number of others receiving over \$50,000 for professional ser	vices	•

Part VIII- Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the number of Expenses
1	
2	
3	
4	
Part VIII- 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
	Form <b>990-PF</b> (2022)

For	m 990-PF (2022)					Page <b>9</b>
-	art XIII Undistributed	Income (see insti	ructions)			
			(a)	(b)	(c)	(d)
	Distributable amount for 2022 f	from Part V line 7	Corpus	Years prior to 2021	2021	2022
	Undistributed income, if any, as	· ·				1,123,130
	Enter amount for 2021 only.				0	
b	Total for prior years: 20			0		
3	Excess distributions carryover,					
а	From 2017	7,200,840				
b	From 2018	7,596,725				
С	From 2019	5,146,749				
d	From 2020	5,113,045				
	From 2021	6,674,498	21 721 057			
	<b>Total</b> of lines 3a through e		31,731,857			
4	Qualifying distributions for 2022					
_	XI, line 4: \( \) \$ Applied to 2021, but not more t	9,271,989			0	
	Applied to 2021, but not more to Applied to undistributed income			0	Ŭ	
"	(Election required—see instruct			•		
С	Treated as distributions out of orequired—see instructions)	corpus (Election	0			
d	Applied to 2022 distributable a					4,423,430
	Remaining amount distributed of	•	4,848,559			
5	Excess distributions carryover	• •	0			0
	(If an amount appears in column same amount must be show					
6	Enter the net total of each colu indicated below:	ımn as				
a	Corpus. Add lines 3f, 4c, and 4e	Subtract line 5	36,580,416			
	Prior years' undistributed incom	e. Subtract		0		
_	line 4b from line 2b Enter the amount of prior years'			•		
١	income for which a notice of de					
	been issued, or on which the se	` '		0		
	tax has been previously assess	sed		O		
٠, ١	Subtract line 6c from line 6b. To	axable amount				
"	—see instructions			0		
е	Undistributed income for 2021.	Subtract line				
	4a from line 2a. Taxable amoun				0	
f	instructions				-	
	lines 4d and 5 from line 1. This					
	be distributed in 2023					0
٠	Amounts treated as distribution	a out of				
l '	Amounts treated as distribution corpus to satisfy requirements					
	section 170(b)(1)(F) or 4942(g	• •				
	be required - see instructions) .		0			
8	8 Excess distributions carryover from 2017 not		7,200,840			
١	applied on line 5 or line 7 (see instructions)					
	9 Excess distributions carryover to 2023.					
	Subtract lines 7 and 8 from line		29,379,576			
	Applysis of line O.					
	Analysis of line 9: Excess from 2018	7,596,725				
I . a	LACESS HUIH ZUIO	,,550,725				

5,146,749

5,113,045

6,674,498

4,848,559

**b** Excess from 2019

d Excess from 2021

e Excess from 2022

**c** Excess from 2020. . . .

Form **990-PF** (2022)

ng or determination lettive for 2022, enter the dairganization is a private  Tax year  (a) 2022	ate of the ruling	▶∟	on 4942(j)(3)	or 🗌 4942(j)(
Tax year  (a) 2022	operating foundation	described in section	on 4942(j)(3)	or 🗌 4942(j)(
(a) 2022	<b>(b)</b> 2021	Prior 3 years		
1 (a) 2022	<b>(b)</b> 2021			(a) Tatal
each •		(c) 2020	(d) 2019	(e) Total
•				
tly				
- , -				
• •				
		the foundation	n had \$5,000 or	more in
	: mstructions.)			
t t t	uring the year—see Managers:	mation (Complete this part only if aring the year—see instructions.)	mation (Complete this part only if the foundation tring the year—see instructions.)	mation (Complete this part only if the foundation had \$5,000 or paring the year—see instructions.)

c Any submission deadlines:

- 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.
- Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here  $\blacktriangleright \overline{V}$  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:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2022)  Part Supplementary Inform	mation (continued)			Page <b>11</b>
3 Grants and Contributions Paid	· · · · · · · · · · · · · · · · · · ·	nroved for F	uture Payment	Ţ
Recipient	If recipient is an individual,	Ī		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
AC IMMUNE SA	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	130,000
EPLF INNOVATION PARK LAUSANNE 8006 SZ				
COLUMBIA UNIVERSITY	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	631,122
650 WEST 168TH STREET NEW YORK,NY 10032				
DIGNITY HEALTH - ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	563,873
350 W THOMAS ROAD PHOENIX,AZ 85013				
FONDAZIONE ITALIAN INSTITUTE OF TECHNOLOGY	NONE	N C	BIOMEDICAL RESEARCH	129,450
VIA MOREGO 30 GENOVA 16163 IT				
GEORGETOWN UNIVERSITY MEDICAL CENTER	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	287,372
4000 RESERVOIR ROAD NW WASHINGTON, DC 20057				
GERMAN CENTER FOR NEURODEGENERATIVE DISEASES ERKRANKUNGEN	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	99,656
VENUSBERG CAMPUS 1 GEBAUDE 990				

11211 10111, 11 10032				
DIGNITY HEALTH - ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	_	PUBLIC CHARITY	BIOMEDICAL RESEARCH	563,873
350 W THOMAS ROAD PHOENIX,AZ 85013				
FONDAZIONE ITALIAN INSTITUTE OF TECHNOLOGY	NONE	N C	BIOMEDICAL RESEARCH	129,450
VIA MOREGO 30 GENOVA 16163 IT				
GEORGETOWN UNIVERSITY MEDICAL CENTER	_	PUBLIC CHARITY	BIOMEDICAL RESEARCH	287,372
4000 RESERVOIR ROAD NW WASHINGTON, DC 20057				
GERMAN CENTER FOR NEURODEGENERATIVE DISEASES ERKRANKUNGEN	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	99,656
VENUSBERG CAMPUS 1 GEBAUDE 990 BONN 53127 GM				
	NONE	GOVERNMENT	BIOMEDICAL RESEARCH	156.625

350 W THOMAS ROAD PHOENIX,AZ 85013				
FONDAZIONE ITALIAN INSTITUTE OF TECHNOLOGY	NONE	N C	BIOMEDICAL RESEARCH	129,450
VIA MOREGO 30 GENOVA 16163 IT				
GEORGETOWN UNIVERSITY MEDICAL CENTER	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	287,372
4000 RESERVOIR ROAD NW WASHINGTON, DC 20057				
GERMAN CENTER FOR NEURODEGENERATIVE DISEASES ERKRANKUNGEN	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	99,656
VENUSBERG CAMPUS 1 GEBAUDE 990 BONN 53127 GM				
INSERM	NONE	GOVERNMENT	BIOMEDICAL RESEARCH	156,625
101 RUE DE TOLBIAC PARIS 75013 FR				
INTERNATIONAL CENTRE FOR GENETIC ENGINEERING AND BIOTECHNOLOGY	NONE	N C	BIOMEDICAL RESEARCH	120,000
ARUNA ASAF ALI MARG NEW DELHI 110067 IN				
INTERNATIONAL SCHOOL FOR ADVANCED STUDIES	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	100,000
VIA BONOMEA 265 TRIESTE TS 34136 IT				
KANSAS CITY UNIVERSITY	NONE	N C	BIOMEDICAL RESEARCH	120,000
1750 INDEPENDENCE AVE KANSAS CITY, M O 64106				
KI ELEMENTS	NONE	N C	BIOMEDICAL RESEARCH	98,001

Ι II G B A N I Ι 1 KI ELEMENTS 381 HUBBARD ST STE 201 GLASTONBURY,CT 06033 PUBLIC BIOMEDICAL RESEARCH 28,919 NONE

MASSACHUSETTS GENERAL CHARITY HOSPITAL 55 FRUIT STREET BOSTON,MA 02114 BIOMEDICAL RESEARCH 543,752 NONE PUBLIC

CHARITY

MAYO CLINIC - JACKSONVILLE

FLORIDA

4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224				
MCGILL UNIVERSITY	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	89,338
845 SHERBROOKE ST W MONTREAL, QUEBEC 4MAOGA CA				
NEURO DEX	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	60,150
38 PARK AVENUE EXT ARLINGTON,MA 02474				
NEW YORK GENOME CENTER	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	239,562
101 6TH AVENUE NEW YORK,NY 10013				
N-LOREM FOUNDATION	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	300,000
2888 LOKER AVE E CARLSBAD, CA 92010				
STANFORD UNIVERSITY	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	124,500
450 SERRA MALL STANFORD, CA 94305				
THE CHILDRENS HOSPITAL OF PHILADELPHIA	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	124,999
3615 CIVIC CENTER BLVD PHILADELPHIA,PA 19104				
THE UNIVERSITY OF SHEFFIELD	NONE	N C	BIOMEDICAL RESEARCH	124,514
SHEFFIELD S10 2TN UK				
UNIVERSITY OF ABERDEEN	NONE	N C	BIOMEDICAL RESEARCH	113,055
KINGS COLLEGE ABERDEEN AB24 3FX UK				
UNIVERSITY OF ALBERTA	NONE	N C	BIOMEDICAL RESEARCH	192,756
116 ST 85 AVE EDMONTON AB T6G 2R3 C A				
UNIVERSITY OF CALIFORNIA SAN DIEGO	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	98,929
9500 GILMAN DRIVE LA JOLLA,CA 92093				
UNIVERSITY OF COLLEGE LONDON	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	224,251
GOWER ST LONDON WC1E 6BT UK				
UNIVERSITY OF EDINBURGH	NONE	N C	BIOMEDICAL RESEARCH	138,442
OLD COLLEGE SOUTH BRIDGE EDINBURGH EH89YL UK				
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	438,693
55 NORTH LAKE AVENUE WORCESTER, MA 01655				
UNIVERSITY OF MUNICH	NONE	N C	BIOMEDICAL RESEARCH	130,000
ZIEMSSENSTRABE 5 MUNCHEN 80336 GM				
UNIVERSITY OF VERONA	NONE	N C	BIOMEDICAL RESEARCH	86,800
VIA S FRANCESCO 22 VERONA 37129 IT				
	NONE	PUBLIC	BIOMEDICAL RESEARCH	100,000

UNIVERSITY OF ZURICH		CHARITY		
RAMISTRASSE 71 ZURICH 8006 SZ				
VIVID SCIENCES	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	25,000
PO BOX 41632 MINNEAPOLIS,MN 55441				
VRIJE UNIVERSITY AMSTERDAM	NONE	N C	BIOMEDICAL RESEARCH	80,000
DE BOELELAAN 1105 AMSTERDAM 1081 HV NL				
WASHINGTON UNIVERSITY	NONE	PUBLIC CHARITY	BIOMEDICAL RESEARCH	272,495
1 BROOKINGS DR ST LOUIS,MO 63130				
WINTERLIGHT LABS	NONE	N C	BIOMEDICAL RESEARCH	98,545
46 HAYDEN ST TORONTO M4Y 1V8 CA				
Total		<del></del>	<b>&gt;</b> 3a	6,070,799
b Approved for future payment			▶ 3a	6,070,799

0 Form **990-PF** (2022)

er gross amounts unless otherwise indicated.	Unrelated b	ousiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exemp
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b					
c					
e					
f					
<b>g</b> Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash					
investments			14	24,092	
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal					
perty Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory Other revenue:					
Other revenue.  OTHER INCOME			01	392	
b					
с					
d					
de Subtotal. Add columns (b), (d), and (e)		0		24,484	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		_		24,484 <b>3</b>	
e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify care.)	alculations.)		1	3	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify cart XV-B  Relationship of Activities to	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify cart XV-B  Relationship of Activities to  Explain below how each activity for which accomplishment of the foundation's each activity for which accomplish the foundation's each accomplished the foundation accomplished the foundation a	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify cart XV-B  Relationship of Activities to  Explain below how each activity for which accomplishment of the foundation's each activity for which accomplish the foundation's each accomplished the foundation accomplished the foundation a	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify cart XV-B  Relationship of Activities to  Explain below how each activity for which accomplishment of the foundation's each activity for which accomplish the foundation's each accomplished the foundation accomplished the foundation a	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call the No.  Explain below how each activity for which the accomplishment of the foundation's each subtraction.	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to
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Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call the No.  Explain below how each activity for which the accomplishment of the foundation's each subtraction.	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to
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Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify cart XV-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's each activity for which accomplishment with the foundation which accomplishment with the foundation which accomplish the foundati	the Accom	plishment of E	<b>Exempt Purpos</b> e) of Part XV-A conf	3es	24,48 y to

Phone no. (401) 274-2001

Form **990-PF** (2022)

	-	
Ί		formation Regarding Transfers To and Transactions and Relationships With ncharitable Exempt Organizations

Pa	rt XVI	Information R Noncharitable	-		nsfers To and Tran Inizations	sactions	and Rela	tionships W	ith			
		janization directly or	indirectly en	gage	in any of the following vanizations) or in section						Yes	No
		. , .	. , ,		haritable exempt organiz	•	,	J				
					, -					1a(1)		No
-	-	assets								1a(2)		No
<b>b</b> 0	, ther tran	sactions:								` ′		
			aritable exen	npt or	ganization					1b(1)		No
•	•	ases of assets from a			-					1b(2)		No
-	•				ts					1b(3)		No
•	•	, , ,	•							1b(4)		No
-	-	_							•	1b(5)		No
•	•	-			ndraising solicitations.					1b(6)		No
•	•		•		er assets, or paid emplo					1c		No
	_		_		ete the following schedu	-					lue	140
					ne reporting foundation. n column <b>(d)</b> the value						!	
<b>(a)</b> Lii	ne No.	(b) Amount involved	(c) Name of r	noncha	ritable exempt organization	(d) Des	cription of tran	nsfers, transactions	s, and shar	ing arrar	igement	ts
de	escribed	•	her than sec		ith, or related to, one or folic)(3)) or in section				Yes	<b>✓</b> N o	)	
		(a) Name of organization			(b) Type of organiz	ation		(c) Descriptio	n of relatio	nship		
										•		
Sigr Her	the b		and belief, it	is tru	nave examined this returner, correct, and complete edge.	e. Declaratio		-	May the I	) is bas	ed on	all
		ignature of officer or	trustee		Date	Pτ	itle		See instru	reparer shuctions.	Yes	_
		Print/Type prepare	r's name	Prep	parer's Signature	Date		heck if self- mployed •	PTIN	P0028	3486	
Paid Pre	l parer	PATRICK J MAR		D E N =	A 0 CO LTD			. —	Financia	ETN BA	F 041	2020:
e		Firm's name KA	HN LITWIN I	KENZ	A & CU LID				Firm's	⊏1IN <b>►</b> 0	5-04(	J9384

Firm's address ▶ 951 NORTH MAIN STREET

PROVIDENCE, RI 02904

**Additional Data** Return to Form Software ID: Software Version: Form 990PF - Special Condition Description: **Special Condition Description** 

## Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** TARGET ALS FOUNDATION INC 81-0756743 Organization type (check one): Filers of: Section: Form 990 or 990-F7 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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

**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) (2022) Page 2 Name of organization **Employer identification number** TARGET ALS FOUNDATION INC 81-0756743 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (b) (d) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 Г **Pavroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** \$ 10,000 Noncash (Complete Part II for noncash contri<u>butions.)</u> (a) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person Payroll \$ 5,000  $\Box$ Noncash (Complete Part II for noncash (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Г **Payroll** \$ 150,000 Г Noncash (Complete Part II for noncash contributions.) (d) (b) (a) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person 5  $\Gamma$ **Payroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution No. Total contributions Person **Payroll** \$ 25,000 Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) **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. Contributors (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 7 Г **Payroll** \$ 30,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 8 Г **Payroll** \$ 5,025,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 9 **Payroll** \$ 250,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 10 **Payroll** \$ 10,000  $\Box$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 11 Payroll \$ 15,046,000  $\Box$ Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person  $\Gamma$ Payroll \$ 150,000 Г Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) 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. Contributors (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 13 **Payroll** \$ 200,000 Noncash (Complete Part II for noncash contributions.) (d) (b) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Г **Payroll** \$ 500,000 Noncash (Complete Part II for noncash contributions.) (d) (b) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 15 **Payroll** \$ 1,000,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 16 **Payroll** \$ 1,000,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 17 **Payroll** \$ 25,000 Г Noncash (Complete Part II for noncash (d) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Person 18 Payroll \$ 25,000 Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) 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. Contributors (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. Total contributions  $\Box$ Person 19 **Payroll** \$ 100,000 Г Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person 20 **Payroll** \$ 2,310,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 21  $\Box$ **Payroll** \$ 500,000 Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 22  $\Box$ **Payroll** \$ 100,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 23 **Pavroll** \$ 180,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 24 Г **Payroll** \$ 50,000  $\Box$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) Name of organization **Employer identification number** TARGET ALS FOUNDATION INC 81-0756743 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Г Person 25  $\Gamma$ **Payroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Person 26 **Pavroll** \$ 5.000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 27 **Payroll** \$ 255,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 28 **Payroll** \$ 50,000 Noncash NEW YORK, NY 10022 (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 29 Г **Payroll** \$ 500,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 30 **Payroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) **Employer identification number** Name of organization TARGET ALS FOUNDATION INC 81-0756743 Part I  $\textbf{Contributors} \ \ \text{(see instructions)}. \ \ \textbf{Use duplicate copies of Part I if additional space is needed}.$ Contributors (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Г Person 31 Г **Payroll** \$ 11,000 Г Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person  $\Gamma$ Payroll \$ 37,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.  $\Box$ Person 33 **Payroll** \$ 200,000 Г Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person 34 **Payroll** \$ 700,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 35 **Payroll** \$ 50,000 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 36 Г Payroll \$ 5,000 Noncash (Complete Part II for noncash contributions ) Schedule B (Form 990) (2022) Name of organization **Employer identification number** TARGET ALS FOUNDATION INC 81-0756743 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 No. **Total contributions** Person 37 Г **Payroll** \$ 500,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person 38 Г **Payroll** \$ 10,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person  $\Box$ **Payroll** \$ 50,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Person 40 **Pavroll** \$ 18 000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions**  $\Box$ Person 41 **Payroll** \$ 10,000 Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 42  $\Box$ **Payroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) 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. Contributors (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 43 **Pavroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 44 Г Payroll \$ 10,000 Noncash (Complete Part II for noncash (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person <u>45</u> Payroll \$ 250,000 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Г **Payroll** \$ 1,000,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ 5,000,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person <u>48</u> **Payroll** \$ 1,035,596 Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) Name of organization **Employer identification number** TARGET ALS FOUNDATION INC 81-0756743 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 49  $\Box$ **Payroll** \$ 25,590 Noncash (Complete Part II for noncash contributions.) (d) (a) (c) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Г **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

(d)

Date received

2022-11-23

(d)

Date received

2022-12-13

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

Schedule B (Form 990) (2022)

**Employer identification number** 

\$ 1.035.593

\$ 25,590

81-0756743

(c)

FMV (or estimate)

(See instructions)

Page 3

Schedule B (Form 990) (2022)

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

(b)

(b)

(b)

Description of noncash property given

Part II (a) No. from Part I

Description of noncash property given Donated Securities

(a)

Description of noncash property given

No. from Part I Donated Securities

(a) No. from Part I

(a) No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

TY 2022 IRS 990 e-File Render

Name: TARGET ALS FOUNDATION INC

FIN: 81-0756743

Name of Stock	End of Year Book Value	End of Year Fair Market Value

3,099,063

3,099,063

PUBLICLY TRADED SECURITIES

TY 2022 IRS 990 e-File Render

LEGAL COUNSEL EXPENSE

Name: TARGET ALS FOUNDATION INC

4,681

**EIN:** 81-0756743

Category	Amount	Net Investment
		Income

**Adjusted Net** Disbursements for Charitable Income

Purposes

/ 2022 IRS 990 e-File Render					
N	lame:	TARGET ALS FOUNDATION INC			

**EIN:** 81-0756743

Description

PRIOR PERIOD ADJUSTMENT

**Amount** 

TY 2022 IRS 990 e-File Render

Description

MARKETING

**FUNDRAISING** 

INFORMATION TECHNOLOGY

Name: TARGET ALS FOUNDATION INC

	Description	Expenses per Books	Income	Income	Charitable Purposes
	OFFICE SUPPLIES	33,481	0		33,481
I	BANK FEES	2,443	0		2,443
	BUSINESS LOSS EXPENSE	298,686	0		298,686

Adjusted Net

Dishursements for

184,839

324,104

37,824

Revenue and	Net Investment
Expenses per Books	Income

184,839

324,104 37,824

**EIN:** 81-0756743

### TY 2022 IRS 990 e-File Render

OTHER INCOME

Name: TARGET ALS FOUNDATION INC

FTN: 81-0756743

Description	Revenue And

Net Investment Income

**Adjusted Net** 

Income

**Expenses Per Books** 

TY 2022 IRS 990 e-File Render Name: TARGET ALS FOUNDATION INC

FTN: 81-0756743

	<b>22.11.</b> 01 0/30/13	
Category	Amount	Net Investment Income

PROGRAM SERVICE EXPENSE

PUBLIC RELATIONS SERVICES

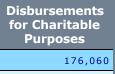
RESEARCH EXPENSES

176,060

392,959

5,384

**Adjusted Net** Income



392,959

5,384