

Public Inspection Copy

Return of Private Foundation

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

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

2023

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2023 or tax year beginning , and ending

Name of foundation: TARGET ALS FOUNDATION INC
A Employer identification number: 81-0756743
B Telephone number: 646-592-2541
C If exemption application is pending, check here ...
D 1. Foreign organizations, check here ...
2. Foreign organizations meeting the 85% test, check here and attach computation ...
E If private foundation status was terminated under section 507(b)(1)(A), check here ...
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 180,572,961.
J Accounting method: Accrual

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27).

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	13,772,622.	5,248,618.	5,248,618.
	2 Savings and temporary cash investments	24,429,640.	20,566,503.	20,566,503.
	3 Accounts receivable <u>37,060,511.</u>			
	Less: allowance for doubtful accounts	21,728,583.	37,060,511.	37,060,511.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable	52,487,810.	79,111,867.	79,111,867.
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	44,750.	48,235.	48,235.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock <u>STMT 5</u>	3,099,063.	38,537,227.	38,537,227.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe _____)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	115,562,468.	180,572,961.	180,572,961.	
Liabilities	17 Accounts payable and accrued expenses	13,921.	18,396.	
	18 Grants payable	1,735,469.	3,030,383.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe _____)			
23 Total liabilities (add lines 17 through 22)	1,749,390.	3,048,779.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	34,358,955.	59,872,935.	
	25 Net assets with donor restrictions	79,454,123.	117,651,247.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	113,813,078.	177,524,182.		
30 Total liabilities and net assets/fund balances	115,562,468.	180,572,961.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	113,813,078.
2 Enter amount from Part I, line 27a	2	63,711,104.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	177,524,182.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	177,524,182.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	5,671.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 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	3	5,671.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	5,671.
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	0.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	6,000.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	6,000.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	322.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	7.
11	Enter the amount of line 10 to be: Credited to 2024 estimated tax 0. Refunded	11	7.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
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: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>TARGETALS.ORG</u>		
14 The books are in care of <u>KENNETH DEVANEY</u> Telephone no. <u>646-592-2541</u> Located at <u>305 W 52 STREET APT 1H, NEW YORK, NY</u> ZIP+4 <u>10019</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
16 At any time during calendar year 2023, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b. 'Yes' column is shaded. 'No' column has 'X' marks for 1a(1), 1a(2), 1a(3), 1a(4), 1a(5), 1a(6), 1d, 2a, 3a, 4a, 4b. '1b' and '2b' are marked 'N/A'.

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		623,302.	99,577.	0.

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

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

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
KOSZYN & COMPANY - 215 PARK AVENUE SOUTH 11TH FLOOR, NEW YORK, NY 10003	DEVELOPMENT EXPENSE	0.

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

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

Part IX		Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	8,842,651.
b	Average of monthly cash balances	1b	33,137,129.
c	Fair market value of all other assets (see instructions)	1c	116,220,613.
d	Total (add lines 1a, b, and c)	1d	158,200,393.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	158,200,393.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,373,006.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	155,827,387.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	7,791,369.

Part X		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part IX, line 6	1	7,791,369.
2a	Tax on investment income for 2023 from Part V, line 5	2a	5,671.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	5,671.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,785,698.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,785,698.
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 XII, line 1	7	7,785,698.

Part XI		Qualifying Distributions (see instructions)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	15,856,237.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	15,856,237.

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				7,785,698.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018	7,596,725.			
b From 2019	5,146,749.			
c From 2020	5,113,045.			
d From 2021	6,674,498.			
e From 2022	4,848,559.			
f Total of lines 3a through e	29,379,576.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 15,856,237.				
a Applied to 2022, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				7,785,698.
e Remaining amount distributed out of corpus	8,070,539.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	37,450,115.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	7,596,725.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	29,853,390.			
10 Analysis of line 9:				
a Excess from 2019	5,146,749.			
b Excess from 2020	5,113,045.			
c Excess from 2021	6,674,498.			
d Excess from 2022	4,848,559.			
e Excess from 2023	8,070,539.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling _____

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

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

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

1 Information Regarding Foundation Managers:

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

NONE

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.

NONE

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

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

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

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

c Any submission deadlines:

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

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ATLANTA THERAPEUTICS 51 SLEEPER ST 7TH FLOOR BOSTON, MA 02110	NONE	NC	BIOMEDICAL RESEARCH	130,000.
BARROW NEUROLOGICAL INSTITUTE 350 W. THOMAS ROAD PHOENIX, AZ 85013	NONE	PC	BIOMEDICAL RESEARCH	312,520.
CASE WESTERN RESERVE UNIVERSITY 2103 CORNELL ROAD CLEVELAND, OH 44106	NONE	PC	BIOMEDICAL RESEARCH	130,000.
CEDARS-SINAI MEDICAL CENTER 127 S. SAN VICENTE BLVD AHSP SUITE A6600 LOS ANGELES, CA 90048	NONE	PC	BIOMEDICAL RESEARCH	150,000.
COLUMBIA UNIVERSITY 650 WEST 168TH STREET NEW YORK, NY 10032	NONE	PC	BIOMEDICAL RESEARCH	121,000.
Total	SEE CONTINUATION SHEET(S)			3a 10,709,339.
b Approved for future payment				
NONE				
Total				3b 0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue; 2 Membership dues and assessments; 3 Interest on savings and temporary cash investments; 4 Dividends and interest from securities; 5 Net rental income or (loss) from real estate; 6 Net rental income or (loss) from personal property; 7 Other investment income; 8 Gain or (loss) from sales of assets other than inventory; 9 Net income or (loss) from special events; 10 Gross profit or (loss) from sales of inventory; 11 Other revenue: OTHER INCOME; 12 Subtotal; 13 Total.

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

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

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
		N/A	

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of officer or trustee	Date	Title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	PATRICK J. MARTIN	PATRICK J. MARTIN	08/01/24		P00283486	
	Firm's name	KAHN, LITWIN, RENZA & CO., LTD.			Firm's EIN	05-0409384
	Firm's address	951 NORTH MAIN STREET PROVIDENCE, RI 02904			Phone no.	401-274-2001

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW WASHINGTON, DC 20057	NONE	PC	BIOMEDICAL RESEARCH	800,541.
GLADSTONES INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	NONE	PC	BIOMEDICAL RESEARCH	130,000.
INTERNATIONAL CENTRE FOR GENETIC ENGINEERING AND BIOTECHNOLOGY ARUNA ASAF ALI MARG NEW DELHI, INDIA 110067	NONE	NC	BIOMEDICAL RESEARCH	120,000.
INTERNATIONAL SCHOOL FOR ADVANCED STUDIES VIA BONOMEA 265 TRIESTE TS, ITALY 34136	NONE	PC	BIOMEDICAL RESEARCH	100,000.
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	NONE	PC	BIOMEDICAL RESEARCH	640,000.
KAROLINSKA INSTITUTET DEPT. OF CLINICAL NEUROSCIENCE STOCKHOLM, SWEDEN 171 77	NONE	PC	BIOMEDICAL RESEARCH	150,000.
KI ELEMENTS 381 HUBBARD ST STE 201 GLASTONBURY, CT 06033	NONE	NC	BIOMEDICAL RESEARCH	97,919.
LEIBNIZ-FORSCHUNGSINSTITUT FUR MOLEKULARE PHARMAKOLOGIE ROBERT ROSSLE STRABE BERLIN, GERMANY 13125	NONE	PC	BIOMEDICAL RESEARCH	130,000.
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	NONE	PC	BIOMEDICAL RESEARCH	72,208.
MAYO CLINIC - JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	NONE	PC	BIOMEDICAL RESEARCH	196,000.
Total from continuation sheets				9,865,819.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MAZE THERAPEUTICS 171 OYSTER POINT BLVD STE 300 SAN FRANCISCO, CA 94080	NONE	NC	BIOMEDICAL RESEARCH	110,000.
NATIONAL INSTITUTE OF HEALTH (NIH) 9000 ROCKVILLE PIKE BETHESDA, MD 20892	NONE	GOV	BIOMEDICAL RESEARCH	449,950.
NEW YORK GENOME CENTER 101 6TH AVENUE NEW YORK, NY 10013	NONE	PC	BIOMEDICAL RESEARCH	1,454,705.
N-LOREM FOUNDATION 2888 LOKER AVE E CARLSBAD, CA 92010	NONE	PC	BIOMEDICAL RESEARCH	477,585.
NORTHWESTERN UNIVERSITY 10 ROCKEFELLER PLAZA, #800 NEW YORK, NY 10111	NONE	PC	BIOMEDICAL RESEARCH	234,230.
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	NONE	PC	BIOMEDICAL RESEARCH	60,000.
PROSETTA BIOSCIENCES 650 5TH STREET SAN FRANCISCO, CA 94107	NONE	NC	BIOMEDICAL RESEARCH	140,000.
REGENERON PHARMACEUTICALS 2425 MATHESON BOUELVARD EAST SUITE 726 MISSISSAUGA, CANADA L4W 5K4	NONE	PC	BIOMEDICAL RESEARCH	99,257.
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	NONE	PC	BIOMEDICAL RESEARCH	130,000.
SWISS FEDERAL INSTITUTE OF TECHNOLOGY BRAIN MIND INSTITUTE SV 2511 UPMCABE LAUSANNE, SWITZERLAND VD 1015	NONE	PC	BIOMEDICAL RESEARCH	269,950.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
THE GERMAN CENTER FOR NEURODEGENERATIVE DISEASES ERKRANKUNGEN VENUSBERG CAMPUS 1 GEBAUDE 990 BONN, GERMANY 53127	NONE	PC	BIOMEDICAL RESEARCH	99,205.
THE JACKSON LABORATORY 90260 COLLECTION CENTER DRIVE CHICAGO, IL 60693	NONE	PC	BIOMEDICAL RESEARCH	130,000.
ULM UNIVERSITY CENTER FOR BIOMEDICAL RESEARCH HELMHOLTZTRASSE 8/1 ULM, GERMANY 89081	NONE	PC	BIOMEDICAL RESEARCH	118,000.
UNIVERSIT LAVAL 11 COTE DU PALAIS MONTREAL, CANADA QC G1R2J6	NONE	PC	BIOMEDICAL RESEARCH	37,803.
UNIVERSITY OF ALBERTA 116 ST & 85 AVE EDMONTON, CANADA AB T6G 2R3	NONE	NC	BIOMEDICAL RESEARCH	19,500.
UNIVERSITY OF CALIFORNIA IRVINE 419 SOUTH CIRCLE VIEW DR IRVINE, CA 92697	NONE	PC	BIOMEDICAL RESEARCH	60,000.
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	NONE	PC	BIOMEDICAL RESEARCH	622,583.
UNIVERSITY OF CALIFORNIA, LOS ANGELES 635 CHARLES E YOUNG DRIVE SOUTH LOS ANGELES, CA 90095	NONE	PC	BIOMEDICAL RESEARCH	150,000.
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	NONE	PC	BIOMEDICAL RESEARCH	390,000.
UNIVERSITY OF COLLEGE LONDON (UCL) GOWER ST LONDON, UNITED KINGDOM WC1E 6BT	NONE	PC	BIOMEDICAL RESEARCH	60,000.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Year (Continuation)				
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
UNIVERSITY OF DUNDEE DOW STREET DUNDEE, UNITED KINGDOM DD1 5EH	NONE	PC	BIOMEDICAL RESEARCH	128,251.
UNIVERSITY OF EDINBURGH OLD COLLEGE SOUTH BRIDGE EDINBURGH, UNITED KINGDOM EH89YL	NONE	NC	BIOMEDICAL RESEARCH	627,284.
UNIVERSITY OF MICHIGAN 500 S. STATE STREET ANN ARBOR, MI 48109	NONE	PC	BIOMEDICAL RESEARCH	130,000.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	NONE	PC	BIOMEDICAL RESEARCH	60,000.
UNIVERSITY OF SHEFFIELD WESTERN BANK SHEFFIELD, UNITED KINGDOM S10 2TN	NONE	PC	BIOMEDICAL RESEARCH	113,928.
UNIVERSITY OF VERONA VIA S FRANCESCO 22 VERONA, ITALY 37129	NONE	NC	BIOMEDICAL RESEARCH	113,200.
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC ST SEATTLE, WA 98195	NONE	PC	BIOMEDICAL RESEARCH	216,920.
UNIVERSITY OF ZURICH RAMISTRASSE 71 ZURICH, SWITZERLAND 8006	NONE	PC	BIOMEDICAL RESEARCH	100,000.
UTRECHT UNIVERSITY PADUALAN 8 UTRECHT, NETHERLANDS 3584CH	NONE	PC	BIOMEDICAL RESEARCH	130,000.
WASHINGTON UNIVERSITY 1 BROOKINGS DR ST. LOUIS, MO 63130	NONE	PC	BIOMEDICAL RESEARCH	86,403.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
WEIZMANN INSTITUTE OF SCIENCE 234 HERZL STREET REHOVOT, ISRAEL 7610001	NONE	PC	BIOMEDICAL RESEARCH	512,000.
WINTERLIGHT LABS 46 HAYDEN ST TORONTO, CANADA M4Y 1V8	NONE	NC	BIOMEDICAL RESEARCH	98,397.
Total from continuation sheets				

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
74	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
75	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
76	 <hr/> <hr/> <hr/>	\$ <u>220,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
77	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
78	 <hr/> <hr/> <hr/>	\$ <u>103,597.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
80	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
81	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
82	 <hr/> <hr/> <hr/>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
83	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
84	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 11,419.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
92	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
93	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
94	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
95	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
96	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
98	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
99	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
100	 <hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
101	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
102	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Donated Securities _____ _____ _____	\$ <u>1,033,047.</u>	<u>12/20/23</u>
10	Donated Securities _____ _____ _____	\$ <u>502,566.</u>	<u>12/28/23</u>
41	Donated Securities _____ _____ _____	\$ <u>253,795.</u>	<u>05/04/23</u>
47	Donated Securities _____ _____ _____	\$ <u>10,110.</u>	<u>10/19/23</u>
54	Donated Securities _____ _____ _____	\$ <u>24,814.</u>	<u>09/05/23</u>
68	Donated Securities _____ _____ _____	\$ <u>101,456.</u>	<u>12/21/23</u>

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78	Donated Securities _____ _____ _____	\$ 103,597.	06/20/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2023

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name TARGET ALS FOUNDATION INC	Employer identification number 81-0756743
--	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	5,671.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3		5,671.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		335.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5		335.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/23	06/15/23	09/15/23	12/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	84.	2,752.	1,417.	1,418.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		84.	2,836.	4,253.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		84.	2,836.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	84.	2,752.	1,417.	1,418.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			322.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) TARGET ALS FOUNDATION INC					Identifying Number 81-0756743
---	--	--	--	--	---

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/23	84.	84.	31	.000191781	
06/15/23	2,752.	2,836.	92	.000191781	50.
09/15/23	1,417.	4,253.	15	.000191781	12.
09/30/23	0.	4,253.	76	.000219178	71.
12/15/23	1,418.	5,671.	16	.000219178	20.
12/31/23	0.	5,671.	136	.000218579	169.

Penalty Due (Sum of Column F). 322.

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF		DIVIDENDS AND INTEREST FROM SECURITIES			STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST	407,954.	0.	407,954.	407,954.	
TO PART I, LINE 4	407,954.	0.	407,954.	407,954.	

FORM 990-PF		LEGAL FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL COUNSEL EXPENSE	11,099.	0.		11,099.	
TO FM 990-PF, PG 1, LN 16A	11,099.	0.		11,099.	

FORM 990-PF		OTHER PROFESSIONAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROGRAM SERVICE EXPENSE	268,748.	0.		268,748.	
RESEARCH EXPENSES	1,091,253.	0.		1,091,253.	
LOBBYING	375,000.	0.		375,000.	
TO FORM 990-PF, PG 1, LN 16C	1,735,001.	0.		1,735,001.	

FORM 990-PF		OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE SUPPLIES	19,777.	0.		19,777.	
BANK FEES	9,008.	0.		9,008.	
MARKETING	169,568.	0.		169,568.	
FUNDRAISING	320,155.	0.		320,155.	
INFORMATION TECHNOLOGY	62,951.	0.		62,951.	
TO FORM 990-PF, PG 1, LN 23	581,459.	0.		581,459.	

FORM 990-PF

CORPORATE STOCK

STATEMENT 5

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
PUBLICLY TRADED SECURITIES	38,537,227.	38,537,227.
TOTAL TO FORM 990-PF, PART II, LINE 10B	38,537,227.	38,537,227.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MANISH RAISINGHANI 14 INVERNESS COURT MONROE, NJ 08831	PRESIDENT 40.00	372,914.	54,043.	0.
KENNETH DEVANEY 305 W. 52ND STREET, 1H NEW YORK, NY 10019	TREASURER 40.00	250,388.	45,534.	0.
DANIEL L. DOCTOROFF 88 CENTRAL PARK WEST, APT. 8N NEW YORK, NY 10023	CHAIR 1.00	0.	0.	0.
JOHN DUNLOP 92 LEATHERMAN ROAD GUILFORD, CT 06437	BOARD MEMBER 1.00	0.	0.	0.
ZACH W. HALL 575 N. FALL CREEK ROAD WILSON, WY 83014	BOARD MEMBER 1.00	0.	0.	0.
STORY LANDIS PO BOX 143 SOUTH FREEPORT, ME 04078	BOARD MEMBER 1.00	0.	0.	0.
MIKE POOLE 500 FIFTH AVENUE NORTH SEATTLE, WA 98109	BOARD MEMBER 1.00	0.	0.	0.
RICHARD HARGEAVES PO BOX 1598 NEW YORK, NY 10101	BOARD MEMBER 1.00	0.	0.	0.
CAROLE HO PO BOX 1598 NEW YORK, NY 10101	BOARD MEMBER 1.00	0.	0.	0.
STACIE WENINGER PO BOX 1598 NEW YORK, NY 10101	BOARD MEMBER 1.00	0.	0.	0.

TARGET ALS FOUNDATION INC

81-0756743

SARA SHEIKH
PO BOX 1598
NEW YORK, NY 10101

BOARD MEMBER
1.00

0. 0. 0.

ALISA DOCTOROFF
88 CENTRAL PARK WEST, APT. 8N
NEW YORK, NY 10023

BOARD MEMBER
1.00

0. 0. 0.

BRAD S. KARP
PO BOX 1598
NEW YORK, NY 10101

BOARD MEMBER
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

623,302. 99,577. 0.