

m 990-PF

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2023**Open to Public Inspection

For ca	alen	dar year 2023 or tax year beginning		, and er	nding		
Nam	e of	foundation				A Employer identification	number
		GET ALS FOUNDATION INC				81-0756743	
		nd street (or P.O. box number if mail is not delivered to street a ${ t BOX} \ 1598$	ddress)		Room/suite	B Telephone number 646-592-25	41
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is pe	
NE	₫W	YORK, NY 10101-1598					
G Ch	ieck	all that apply: Initial return	Initial return of a fo	ormer public c	harity	D 1. Foreign organizations	s, check here
		Final return	Amended return			Foreign organizations mecheck here and attach contacts	eting the 85% test,
П С	2001	type of organization: X Section 501(c)(3) ex	Name change				
n 0			Other taxable private founda	tion		E If private foundation star under section 507(b)(1)	
I Fair		arket value of all assets at end of year J Accounti		X Accr	ual	F If the foundation is in a	•
		Part II. col. (c), line 16)	ther (specify)			under section 507(b)(1)	
•	\$	180,572,961. (Part I, colur	nn (d), must be on cash basi	is.)		()()	
Pai	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net in inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	79,162,687.			N/A	
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	407,954.	40	7,954.		STATEMENT 1
		Gross rents					
		Net rental income or (loss)					
e	oa b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
Revenue		assets on line 6a Capital gain net income (from Part IV, line 2)			0.		
8	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
		Less: Cost of goods sold					
		Gross profit or (loss)					
	11 12	Other income Total. Add lines 1 through 11	79,570,641.	40'	7,954.		
-	13	Compensation of officers, directors, trustees, etc.	623,302.		0.		623,302.
	14	Other employee salaries and wages	962,640.		0.		959,340.
	15	Pension plans, employee benefits	434,291.		0.		434,291.
ω	16a	Legal fees STMT 2	11,099.		0.		11,099.
Sens	b	Accounting fees Other professional fees STMT 3	1 525 001				1 505 001
Ä			1,735,001.		0.		1,735,001.
ţ <u>i</u>		Interest					
stra		Taxes					
ij		Occupancy					
늙		Travel, conferences, and meetings	802,406.		0.		802,406.
	22	Printing and publications					
ng a	23	Other expenses STMT 4	581,459.		0.		581,459.
rati	24	Total operating and administrative	F 150 100		0		F 146 000
Operating	0.5	expenses. Add lines 13 through 23	5,150,198.		0.		5,146,898. 10,709,339.
- 1		Contributions, gifts, grants paid	10,/09,339.				10,/09,339.
	۷2	Add lines 24 and 25	15,859,537.		0.		15,856,237.
1	27	Subtract line 26 from line 12:			<u>~ • • </u>		_5,555,257.
		Excess of revenue over expenses and disbursements	63,711,104.				
		Net investment income (if negative, enter -0-)		40'	7,954.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	t year
•	ui t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	13,772,622.	5,248,618.	5,248,618.
		Savings and temporary cash investments	24,429,640.	20,566,503.	
		Accounts receivable 37,060,511.	21/125/0101	20/300/3031	20/300/3031
	٥		21,728,583.	37,060,511.	37,060,511.
		Less: allowance for doubtful accounts	21,720,303.	37,000,311.	37,000,311.
	4	Pledges receivable			
		Less: allowance for doubtful accounts	F0 407 010	70 111 067	70 111 067
		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			
Ŋ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	44,750.	48,235.	48,235.
As	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	3,099,063.	38,537,227.	38,537,227.
	С	Investments - corporate bonds			-
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
		Investments - other			
		Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the			
	10	, , , , , , , , , , , , , , , , , , , ,	115 562 468	180,572,961.	180 572 961
	17	instructions. Also, see page 1, item I) Accounts payable and accrued expenses	13,921.		100,512,501.
			1,735,469.		
	19	Grants payable	1,755,405	3,030,3031	
jes		Deferred revenue			
≣		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable			
	22	Other liabilities (describe)			
	00	Tatal liabilities (add lines 17 through 99)	1,749,390.	3,048,779.	
	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	1,749,390•	3,040,773.	
ces		and complete lines 24, 25, 29, and 30.	24 250 055	59,872,935.	
		Net assets without donor restrictions			
Fund Balan	25	Net assets with donor restrictions	19,454,125.	117,651,247.	
둳		Foundations that do not follow FASB ASC 958, check here			
		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
ssets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds \dots	112 012 050	100 504 100	
Net A	29	Total net assets or fund balances	113,813,078.	177,524,182.	
Z			115 560 460	100 550 061	
	30	Total liabilities and net assets/fund balances	115,562,468.	180,572,961.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
=	Total	not posets or fund holoppos at hoginains of year. Post II. solvers (a) list	20		
1		net assets or fund balances at beginning of year - Part II, column (a), line t agree with end-of-year figure reported on prior year's return)			113,813,078.
•					63,711,104.
		amount from Part I, line 27a			03,711,104.
		increases not included in line 2 (itemize)			177,524,182.
4	Auu Door	ines 1, 2, and 3 eases not included in line 2 (itemize)		4	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 20	5	177,524,182.
0	rutal	net assets of fution balances at end of year (fille 4 fillings line 5) - Part II, Co	עט, וווופ בא	b	Form 990-PF (2023)
					1 01111 000 • • (2023)

Part IV Capital Gains	and Losses for Tax on In	vestment Income			· ·
(a) List and describe 2-story brick w	the kind(s) of property sold (for example arehouse; or common stock, 200 shs	mple, real estate, s. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b NC	NE				
C					
<u>d</u>					
е			1		<u> </u>
(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	
<u>a</u>					
<u>b</u>					
<u>C</u>					
Complete only for assets showing	I ng gain in column (h) and owned by t	L the foundation on 12/31/69.		(I) Gains (Col. (h) gain	minue
(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	C	col. (k), but not less tha Losses (from col. (n -0-) or
a					
b					
С					
d					
<u>e</u>					
	apital loss)	in Part I, line 7	} 2		
	sed on Investment Incom	e (Section 4940(a), 4	940(b), or 4948	- see instructio	ns)
Date of ruling or determination b All other domestic foundations	described in section 4940(d)(2), che letter: (at enter 1.39% (0.0139) of line 27b. Ex l. (b)	tach copy of letter if necessal cempt foreign organizations, er	y - see instructions) nter	1	5,671.
2 Tax under section 511 (domes	tic section 4947(a)(1) trusts and taxa	able foundations only; others, e	enter -0-)	2	0.
				3	5,671.
4 Subtitle A (income) tax (dome:	stic section 4947(a)(1) trusts and tax	able foundations only; others,	enter -0-)		0.
	me. Subtract line 4 from line 3. If ze	ro or less, enter -0-		5	5,671.
6 Credits/Payments:		. 1.1			
	and 2022 overpayment credited to 20			0.	
	tax withheld at source		6,00	<u> </u>	
	ktension of time to file (Form 8868) ly withheld			0.	
7 Total credits and payments. Ac		<u>, </u>		- 	6,000.
	yment of estimated tax. Check here \llbracket	X if Form 2220 is attached			322.
	and 8 is more than line 7, enter amo				
	e than the total of lines 5 and 8, enter				7.
	be: Credited to 2024 estimated tax		0 • Refund		7.

	THE VITA		l	NI -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		_X_
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
J				
	If "Yes," attach the statement required by <i>General Instruction T</i> .			
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or Producted logicalities that effectively amond the governing instrument as that no mandatory divertions that conflict with the state law.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		v	
_	remain in the governing instrument?	6	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	7	Δ	
_				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NY			
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)		37	
	of each state as required by General Instruction G? If "No," attach explanation	8b	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	9		<u>X</u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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	11		_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	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address TARGETALS . ORG			
14	The books are in care of KENNETH DEVANEY Telephone no. 646-59		541	
	Located at 305 W 52 STREET APT 1H, NEW YORK, NY ZIP+4 10	019		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
	Fo	rm 99 0)-PF	(2023)

323531 12-20-23

Fait VI-D	Statements negariting Activities for which I offit 4720 May be nequired				
File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the	year, did the foundation (either directly or indirectly):				
(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
(2) Borrov	money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqı	ialified person?		1a(2)		X
(3) Furnis	n goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(5) Transf	er any income or assets to a disqualified person (or make any of either available				
for the	benefit or use of a disqualified person)?		1a(5)		_X_
(6) Agree	to pay money or property to a government official? (Exception. Check "No"				
if the f	oundation agreed to make a grant to or to employ the official for a period after				
termin	ation of government service, if terminating within 90 days.)		1a(6)	igsqcut	X
	er is "Yes" to 1a(1)-(6), did any 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	N/A	1b		<u> </u>
	ns relying on a current notice regarding disaster assistance, check here				
d Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the	irst day of the tax year beginning in 2023?		1d		X
2 Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in s	ection 4942(j)(3) or 4942(j)(5)):				
a At the end	of tax year 2023, did the foundation have any undistributed income (Part XII, lines				
6d and 6e)	for tax year(s) beginning before 2023?		2a	\square	X
If "Yes," list	the years , , , , ,				
	ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
valuation o	assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	see instructions.)	N/A	2b	\square	
c If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the			3a		X
	it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after				
	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispo	se			
	acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	/-			
	, to determine if the foundation had excess business holdings in 2023.)		3b	\longmapsto	
	ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the	at			
had not be	en removed from jeopardy before the first day of the tax year beginning in 2023?		4b		X
		Fo	orm 990	J-PF	(2023)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (scontinued)	Form 990-PF (2023) TARGET ALS FOUNDATION INC			81-0756	743		Page 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e)!)? (2) Influence the outcome of any specific policil electrion (see section 4955) or to carry on, directly or indirectly, sary voter registration devel (4) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide or apart to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(c)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruitly to children or animate? 5495(A) I are assert in Section (4) and any of the transactions tall to quality under the ecopyloris electrical in Regulations sections 53.949 or in a current notice regarding diseases assistance, flocks here d if the answer is "No" to quastion 54(1), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? if "Yes," to the transaction for the surface of control of the provision of the surface of control of the surface of control of the surface of surface of surface of surface of the surface of sur	-	orm 4/20 May Be R	equirea _{(contini}	ued)		Vaa	Na
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any other spistable in the by experiments of the provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4955(4)-447. See instructions (6) Provide for any purpose other than religious, charitable, solentific, literary, or educational purposes, or for the prevention of crueby to other ceparing diseases assistance, sheek here of the exceptions described in Regulations section \$3.4945 for in a current notice regarding diseases assistance, sheek here of the submitted of the statement required by Regulations section \$3.4945 for in a current notice regarding diseases assistance, sheek here of the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (5) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (6) If Yes, did the foundation, during the year, year, year premiums, directly or indirectly, to pay premiums on a personal benefit contract? (6) If Yes, did the foundation, during the year, year, year premiums, directly or indirectly, on a personal benefit contract? (7) If year, did the foundation treceive any processes or have any net income attributable to the transaction? (7) If year, did the foundation receive any processes or have any net income attributable to the transaction? (8) If year, did the foundation receive any processes or have any net income attributable to the transaction? (9) If year, did the foundation or receive any processes or have any net income attributable to the transaction? (9) If year, did the foundation or receive any processes or have any net income attributable to the transaction? (1) If year, did the foundation or tra		40.45(-)\0			F-/4)	res	
any voter registration drive? 38(3) X 49 Provide a grant to an individual for travel, study, or other similar purposes? 49 AS(0)(4)(A)? See instructions 58 Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of relety to children or animals? 8 It may answer of KYes 156 (1)(-5) (did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, which has compliant to the secret of the					5a(1)		
(4) Provide a grant to an organization other than a charitable, etc., organization disscribed in section 495(G/6)(A/R) See instructions (5) Provide for any purpose other than religious charitable, scientific, library, or educational purposes, or for the prevention of crueity to different or animals? 8 It if any answer is "set to Sci (1)-(5), did any of the formaticions tall to qualify under the exceptions described in Regulations section SCI 4976 or in a current notice regarding dissalers assistance, check here 1 If the answer is "set to set of the command of the foundation claim exemption from the tax because it maintained expendenture responsibility for the grant? If Yes, attach the statement required by Regulations section SCI 4945-5(c). 8 Did the foundation, during the year, review any trunch, receively or indirectly, on ap premiums on a personal benefit contract? 8 Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 Did the foundation charge they year, year premiums, directly or indirectly, on a personal benefit contract? 1 Did the foundation abused to the section 4980 tax on appearent(s) of more than \$1,000,000 in errumentation or section and the personal power of the contraction or section and the personal power of the foundation aparty to a prohibited tax shelter transaction? 1 List all officers, directors, trustees, and foundation managers and their compensation. 1 Did the foundation abused to the section 4980 tax on appearent(s) of more than \$1,000,000 in errumentation or sections, trustees, and contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. 1 Did the foundation of five highest-paid employees (other than those included on line 1). If mone, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If mone, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If mone, enter "NONE." 3 (e) Compens					5a(2)		x
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(4)/49/5 Sen instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 3 If any ariswes is "Se" to saty-1-56, did any of the transactions tall to qualify under the exceptions described in Regulations section 53.495 or in a current notice regarding diseaser assistance, check here 4 If the answer is "Se" to usestion 54(4), does the foundation calcular exemption from the fax because it maintained opponiture regionability for the grant? If "Yes," attach the statement required by Regulations section 53.494-5-(6). 8 Did the foundation, during the year, receive any through, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1 If "Yes" to 6b, file Form 8870. 7 A At any time during the tax year, yeas the foundation a party to a prohibited tax shelter transaction? 7 A If you time during the tax year, yeas the foundation aparty to a prohibited tax shelter transaction? 8 Is the foundation subject to the section 4960 two nayment(s) of more than \$1,000,000 in renuencation or process paractive payment(s) eliminating the year? 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 of each employees (other than those included on line. 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line. 1). If none, enter "NONE." (b) Tiles, and average flowers and the compensation. (c) Compensation of the highest-paid employees (other than those included on line. 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than th	(3) Provide a grant to an individual for travel, study, or other similar purposes?	?					
4945(d)(4)(A) For Event than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 1 If any answer is "Yes" to 56(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4946 or in a current notice regarding disaster assistance, check here 1 of the answer is "Yes" to qualify for the grant? 2 of the representation of the properties of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 b If I'ves, a dark the statement required by Regulations section 53.4946-5(d). 5 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5 b I'ves, did the foundation upday to the STI. 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 a At any time during the text year, was the foundation aparty to a prohibited tax shelter transaction? 8 is the foundation subject to the section 4960 tax on payment(s) during the year? 1 List all officers, directors, frustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average (c) Compensation (d) compensation (d) compensation (d) compensation (d) compensation (d) compensation (d) compensation (e) Compensation (d) compensation (e) Compensation (d) contractors (e) Compensation (d) contractors (e) Compensation (e) Compensati					(-)		
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Part VII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, High	nly	
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.
	4		
	4		
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities			0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produce.			Expenses
1 N/A	, oto:		
1 21/22			
2			
3			
4			
Dort VIII B Common of December Deleted Investments			
Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line.	200 1 and 0		Amount
27/2	ies i aliu z.		Amount
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3			0.

P	art IX Minimum Investment Return (All domestic foundation	ons must c	complete this part. Foreign fo	undatio	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out chari	table, etc., p	urposes:		
а	Average monthly fair market value of securities			1a	8,842,651.
	Average of monthly cash balances			1b	33,137,129.
C	Fair market value of all other assets (see instructions)			1c	116,220,613.
	Total (add lines 1a, b, and c)			1d	158,200,393.
е	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 greate	r amount, se	ee 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.
P	art X Distributable Amount (see instructions) (Section 4942(j	(3) and (j)(5) private operating foundations	and certa	ain
	foreign organizations, check here 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			
	Add lines 2a and 2b			2c	5,671. 7,785,698.
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 F	art XII, line	1	7	7,785,698.
Р	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	ourposes:			
а	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 char	itable, etc.,	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line			4	15,856,237.

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,	оограз	Tours prior to 2022	LULL	
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.		
Excess distributions carryover, if any, to 2023:		0.		
106 -0-				
F 146 740				
E 112 04E				
C C74 400				
5 0000 A 040 FEO				
f Total of lines 3a through e	29,379,576.			
4 Qualifying distributions for 2023 from	23/3/3/3/01			
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	0.			0.
must be shown in column (a).) 6 Enter the net total of each column as	0.			0.
indicated below:	27 450 115			
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.	20 052 202			
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.				
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
e Excess from 2023 8,070,539.				Form 990-PF (2022)

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Form 990-F		ALS FOUNDAT			81-07	56743 Page 10
Part XI	II Private Operating Fo	oundations (see in	structions and Part VI-	A, question 9)	N/A	
	foundation has received a ruling or					
found	ation, and the ruling is effective for	2023, enter the date of t	he ruling			
b Check	box to indicate whether the found	ation is a private operatir	g foundation described i	n section	4942(j)(3) or 49)42(j)(5)
2 a Enter	the lesser of the adjusted net	Tax year		Prior 3 years		
incon	ne from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
inves	tment return from Part IX for					
each	year listed					
b 85%	(0.85) of line 2a					
c Qualit	ying distributions from Part XI,					
line 4	, for each year listed					
d Amou	ınts included in line 2c not					
used	directly for active conduct of					
exem	pt activities					
e Qualit	ying distributions made directly					
for ac	tive conduct of exempt activities.					
Subtr	act line 2d from line 2c					
	olete 3a, b, or c for the ative test relied upon:					
	ts" alternative test - enter:					
(1) \	/alue of all assets					
(2) \	Value of assets qualifying					
	inder section 4942(j)(3)(B)(i) wment" alternative test - enter					
	f minimum investment return					
	n in Part IX, line 6, for each year					
	ort" alternative test - enter:					
	otal support other than gross nvestment income (interest,					
	lividends, rents, payments on					
	ecurities loans (section					
	112(a)(5)), or royalties)					
	Support from general public and 5 or more exempt					
	organizations as provided in					
	ection 4942(j)(3)(B)(iii)					
` ,	• 11					
	n exempt organization					
Part XI	Gross investment income V Supplementary Info	rmation (Comple	le this part only i	l f the foundation	had \$5,000 or mor	e in assets
	at any time during the				, . ,	
1 Infor	mation Regarding Foundation	n Managers:	•			
	ny managers of the foundation who	-	than 2% of the total contr	ibutions received by the	e foundation before the clos	e of any tax
	but only if they have contributed m			is a control of the control of the		o or any tax
NONE						
	ny managers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large port	ion of the ownership of a pa	rtnership or
other	entity) of which the foundation has	a 10% or greater interes	st.			·
NONE						
2 Infor	mation Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check	k here X if the foundation	only makes contribution	s to preselected charitab	e organizations and do	es not accept unsolicited rec	quests for funds. If
the fo	undation makes gifts, grants, etc.,	to individuals or organiza	tions under other conditi	ons, complete items 2a	, b, c, and d.	
a The n	ame, address, and telephone numb	er or email address of th	e person to whom applic	ations should be addres	ssed:	
b The fo	orm in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
c Any s	ubmission deadlines:					
d Δnvr	estrictions or limitations on awards	e such as hy deodraphica	u areas, charitable fields	kinds of institutions or	other tactors.	

Supplementary information	(continued)			
3 Grants and Contributions Paid During the Ye		Payment	_	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ATALANTA THERAPEUTICS 51 SLEEPER ST 7TH FLOOR	NONE	NC	BIOMEDICAL RESEARCH	120 000
BOSTON, MA 02110				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.
CHIVELIND, OIL 44100				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 CON	TINUATION SHEE	T(S)		10,709,339.
b Approved for future payment				, ,
NONE				
Total				0.

Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	407,954.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01		
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		407,954.	
13 Total. Add line 12, columns (b), (d), and (e)				13	407,954.
(See worksheet in line 13 instructions to verify calculations.)					

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

FaitA	relationship of Activities to the Accomplishment of Exempt Fulposes					
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).					
-						

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TARGET ALS FOUNDATION INC Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVI **Exempt Organizations**

1	Did the o	rganization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in sect	ion 501(c)		Yes	No
	•	. , , , -	•	· · · · · · · ·	to political organizations?					
а		s from the reporting founda						4-74		v
										X
h		nsactions:						Ια(Σ)		
-			ble exempt organizat	tion				1b(1)		х
										Х
										Х
										X
	(5) Loar	ns or loan guarantees						1b(5)		X
					ns					X
					ployees					X
d		•		_	dule. Column (b) should al	-		- '	ets,	
		es given by the reporting to (d) the value of the goods, (ed less than fair market valu	ie in any transaction	or snaring arrang	gement, snow in		
(a) i	ne no.	(b) Amount involved			e exempt organization	(d) Description	n of transfers transac	ctions, and sharing arra	angemen	
(4)-		(b) / iiii daile iii voivod	(b) Hame of	N/A	oxompt organization	(u) Besonpuel	Tor danorors, danoac	out on a mig arre	angemen	
2a		•	•	•	or more tax-exempt organ					_
				ction 527?				Yes	X	No
<u>b</u>	If "Yes," (complete the following scho (a) Name of org			(b) Type of organization		(c) Description o	f relationshin		
		N/A	janization		(b) Type of organization		(c) Description o	Treiationship		
		14/11								
٠.					g accompanying schedules and n taxpayer) is based on all inform			May the IRS of		
Siç He	gn				I			return with the	? See ins	
110		unatura of officer or trustee			D-1-	TREASURI	<u>sr</u>	X Yes		_ No
	Sig	nature of officer or trustee Print/Type preparer's na		Preparer's si	Date	Title Date	Check it	f PTIN		
		Trilliv Type preparer 5 lia	11116	Trieparer 3 31	gnature	Date	self- employed	T T T T T T T T T T T T T T T T T T T		
Paid		PATRICK J.	MARTTN	PATRIC'	K J. MARTIN	08/01/24	- 5 5piojou	P00283	486	
Pr	eparer				& CO., LTD.	/ / - -	Firm's EIN 0	5-040938		
Us	e Only		·							
		Firm's address 951	NORTH MA	IN STR	EET					
		PRO	VIDENCE,	RI 029	04		Phone no. 4	01-274-2		
								Form 99 0)-PF	(2023)

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Part XIV Supplementary Information	on			
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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
GEORGETOWN UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
37TH AND O STREETS, NW				000 541
WASHINGTON, DC 20057				800,541.
GLADSTONES INSTITUTES	NONE	PC	BIOMEDICAL RESEARCH	
1650 OWENS STREET				100.000
SAN FRANCISCO, CA 94158				130,000.
INTERNATIONAL CENTRE FOR GENETIC	NONE	NC	BIOMEDICAL RESEARCH	
ENGINEERING AND BIOTECHNOLOGY				
ARUNA ASAF ALI MARG				
NEW DELHI, INDIA 110067				120,000.
INTERNATIONAL SCHOOL FOR ADVANCED	NONE	PC	BIOMEDICAL RESEARCH	
STUDIES	NONE		BIOMBDICHE RESEMEN	
VIA BONOMEA 265				
TRIESTE TS, ITALY 34136				100,000.
TOUNG HODEING INTERPRETARY	NONE	D.C.	DIOMEDICAL DEGEARCH	
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET	NONE	PC	BIOMEDICAL RESEARCH	
BALTIMORE, MD 21218				640,000.
				010,000.
KAROLINSKA INSTITUTET	NONE	PC	BIOMEDICAL RESEARCH	
DEPT. OF CLINICAL NEUROSCIENCE				150 000
STOCKHOLM, SWEDEN 171 77				150,000.
KI ELEMENTS	NONE	NC	BIOMEDICAL RESEARCH	
381 HUBBARD ST STE 201				
GLASTONBURY, CT 06033				97,919.
LEIBNIZ-FORSCHUNGSINSTITUT FUR	NONE	PC	BIOMEDICAL RESEARCH	
MOLEKULARE PHARMAKOLOGIE				
ROBERT ROSSLE STRABE				
BERLIN, GERMANY 13125				130,000.
MASSACHUSETTS GENERAL HOSPITAL	NONE	PC	BIOMEDICAL RESEARCH	
55 FRUIT STREET	[
BOSTON, MA 02114				72,208.
MANO OLINIO TAGUGONUTTI E ELOPICA	NONE	D.C.	DIOMEDICAL DECESSOR	
MAYO CLINIC - JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD SOUTH	NONE	PC	BIOMEDICAL RESEARCH	
JACKSONVILLE, FL 32224				196,000.
Total from continuation sheets		<u>.</u>	1	9,865,819.

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor MAZE THERAPEUTICS NONE NC BIOMEDICAL RESEARCH 171 OYSTER POINT BLVD STE 300 110,000. SAN FRANCISCO, CA 94080 NATIONAL INSTITUTE OF HEALTH (NIH) NONE GOV BIOMEDICAL RESEARCH 9000 ROCKVILLE PIKE BETHESDA, MD 20892 449,950. NEW YORK GENOME CENTER PC BIOMEDICAL RESEARCH NONE 101 6TH AVENUE NEW YORK, NY 10013 1,454,705. N-LOREM FOUNDATION NONE PC BIOMEDICAL RESEARCH 2888 LOKER AVE E CARLSBAD, CA 92010 477,585. NORTHWESTERN UNIVERSITY NONE PC BIOMEDICAL RESEARCH 10 ROCKEFELLER PLAZA, #800 NEW YORK, NY 10111 234,230. OREGON HEALTH AND SCIENCE UNIVERSITY NONE PC BIOMEDICAL RESEARCH 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239 60,000. PROSETTA BIOSCIENCES NONE NC BIOMEDICAL RESEARCH 650 5TH STREET SAN FRANCISCO, CA 94107 140,000. REGENERON PHARMACEUTICALS NONE PC BIOMEDICAL RESEARCH 2425 MATHESON BOUELVARD EAST SUITE 726 MISSISSAUGA, CANADA L4W 5K4 99,257. STANFORD UNIVERSITY NONE PC BIOMEDICAL RESEARCH 450 SERRA MALL STANFORD, CA 94305 130,000. SWISS FEDERAL INSTITUTE OF TECHNOLOGY NONE PC BIOMEDICAL RESEARCH

BRAIN MIND INSTITUTE SV 2511 UPMCABE

LAUSANNE, SWITZERLAND VD 1015

Total from continuation sheets

269,950.

Part XIV Supplementary Information					
3 Grants and Contributions Paid During the	/ear (Continuation)	_			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
THE GERMAN CENTER FOR	NONE	PC	BIOMEDICAL RESEARCH		
NEURODEGENERATIVE DISEASES					
ERKRANKUNGEN VENUSBERG CAMPUS 1 GEBAUDE 990					
BONN, GERMANY 53127				99,205.	
				,	
THE LACKGON LABORATION	NOVE	7.0	DIOMEDICAL DEGENDON		
THE JACKSON LABORATORY 90260 COLLECTION CENTER DRIVE	NONE	PC	BIOMEDICAL RESEARCH		
CHICAGO, IL 60693				130,000.	
				200,000.	
ULM UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH		
CENTER FOR BIOMEDICAL RESEARCH					
HELMHOLTZTRASSE 8/1 ULM, GERMANY				440.000	
89081				118,000.	
UNIVERSIT LAVAL	NONE	PC	BIOMEDICAL RESEARCH		
11 COTE DU PALAIS					
MONTREAL, CANADA QC G1R2J6				37,803.	
UNIVERSITY OF ALBERTA	NONE	NC	BIOMEDICAL RESEARCH		
116 ST & 85 AVE					
EDMONTON, CANADA AB T6G 2R3				19,500.	
UNIVERSITY OF CALIFORNIA IRVINE	NONE	PC	BIOMEDICAL RESEARCH		
419 SOUTH CIRCLE VIEW DR					
IRVINE, CA 92697				60,000.	
UNIVERSITY OF CALIFORNIA SAN DIEGO	NONE	PC	BIOMEDICAL RESEARCH		
9500 GILMAN DRIVE					
LA JOLLA, CA 92093				622,583.	
UNIVERSITY OF CALIFORNIA, LOS ANGELES	NONE	PC	BIOMEDICAL RESEARCH		
635 CHARLES E YOUNG DRIVE	10112				
SOUTH LOS ANGELES, CA 90095				150,000.	
UNIVERSITY OF CALIFORNIA, SAN	NONE	PC	BIOMEDICAL RESEARCH		
FRANCISCO 505 PARNASSUS AVE					
SAN FRANCISCO, CA 94143				390,000.	
				,	
UNIVERSITY OF COLLEGE LONDON (UCL)	NONE	PC	BIOMEDICAL RESEARCH		
GOWER ST LONDON, UNITED KINGDOM WC1E 6BT				60,000.	
Total from continuation sheets	1	I	1		

Part XIV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
UNIVERSITY OF DUNDEE	NONE	PC	BIOMEDICAL RESEARCH	
DOW STREET DUNDEE, UNITED KINGDOM DD1 5EH				128,251.
UNIVERSITY OF EDINBURGH	NONE	NC	BIOMEDICAL RESEARCH	
OLD COLLEGE SOUTH BRIDGE				
EDINBURGH, UNITED KINGDOM EH89YL				627,284.
UNIVERSITY OF MICHIGAN	NONE	PC	BIOMEDICAL RESEARCH	
500 S. STATE STREET				120 000
ANN ARBOR, MI 48109				130,000.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST	NONE	PC	BIOMEDICAL RESEARCH	
PHILADELPHIA, PA 19104				60,000.
UNIVERSITY OF SHEFFIELD	NONE	PC	BIOMEDICAL RESEARCH	
WESTERN BANK				
SHEFFIELD, UNITED KINGDOM S10 2TN				113,928.
UNIVERSITY OF VERONA	NONE	NC	BIOMEDICAL RESEARCH	
VIA S FRANCESCO 22 VERONA, ITALY 37129				113,200.
VENOVA, ITABI 3/125				113,200.
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC ST	NONE	PC	BIOMEDICAL RESEARCH	
SEATTLE, WA 98195				216,920.
UNIVERSITY OF ZURICH	NONE	PC	BIOMEDICAL RESEARCH	
RAMISTRASSE 71				
ZURICH, SWITZERLAND 8006				100,000.
UTRECHT UNIVERSITY PADUALAN 8	NONE	PC	BIOMEDICAL RESEARCH	
UTRECHT, NETHERLANDS 3584CH				130,000.
·				•
WASHINGTON UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
1 BROOKINGS DR				
ST. LOUIS, MO 63130				86,403.
Total from continuation sheets				

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient WEIZMANN INSTITUTE OF SCIENCE NONE PC BIOMEDICAL RESEARCH 234 HERZL STREET REHOVOT, ISRAEL 7610001 512,000. NONE WINTERLIGHT LABS NC BIOMEDICAL RESEARCH 46 HAYDEN ST TORONTO, CANADA M4Y 1V8 98,397. Total from continuation sheets

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	Nume, dudiess, and Zii + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
76	Name, address, and ZIP + 4	\$ 220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$103,597.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

(a)	Contributors (see instructions). Use duplicate copies of Part I i (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	Hame, address, and Zii + +	\$ 10,000.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000 .	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	Turney accessed, and all 1 T	\$ 11,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
88	Name, address, and ZIP + 4	* \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ssss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	Name, address, and Zir + +	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	* \$ 1 , 500 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I i		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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		
		\$1,033,047.	12/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1.0	Donated Securities		
10_		\$\$02,566.	12/28/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	Donated Securities		
41_		\$\$	05/04/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	Donated Securities		
		\$10,110.	10/19/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	Donated Securities		
		\$\$24,814.	09/05/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Donated Securities		
68			
202452 42.00		\$ <u>101,456.</u>	12/21/23

Name of organization Employer identification number

TARGET ALS FOUNDATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadala P. (Faura 200) (2002)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** TARGET ALS FOUNDATION INC 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) I lee of gift (d) Description of how gift is held

Part I	(b) i dipose oi giit	(0) 000 01 911	(a) Bescription of now gire is not

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Department of the Treasury

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

Internal Revenue Service

Name

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

OMB No. 1545-0123 **2023**

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.

1 Total tax (see instructions) 1 5, 671. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	F	Part I Required Annual Payment								
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1										F 684
b Look-back interest included on line 1 under section 460(h)(n)(or for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2c 2d 3d 4d 101al. Add filmse 2a through 2c 2d 3S abtract 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. 1 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 or line 5 4 335. 1 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, orter the amount from line 3 or line 4. If the corporation is required to skip line 4, orter the amount from line 3 or line 4. If the corporation is using the annualized income installment method. 1 The corporation is using the annualized income installment method. 2 In the corporation is using the annualized income installment method. 3 The corporation is a "bray corporation" flouring its first required installment based on the prior year's tax. 1 In the payment of the day for many line 1 in the payment of the day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12m months of the corporation is tax year above is checked, enter the amounts from 5ch 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. 12 Eintra and 12 In the amount from line 11 on line 15. See instructions 13 Add lines 11 and 12 In the amount from line 13 from line 14. Add amounts on lines 15 and 17 of the preceding column 15 subtract line 16 from line 10. Then go to line 12 of the next column. 14 Add amounts on lines 15 and 17 of the preceding column 15 subtract line 16 from line 10. Then go to line 12 of the next column. 15 Complete lines 12 through 18 of one column before the prior the set of the	1	Total tax (see instructions)							1	5,671.
b Look-back interest included on line 1 under section 460(h)(n)(or for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2c 2d 3d 4d 101al. Add filmse 2a through 2c 2d 3S abtract 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. 1 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 or line 5 4 335. 1 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, orter the amount from line 3 or line 4. If the corporation is required to skip line 4, orter the amount from line 3 or line 4. If the corporation is using the annualized income installment method. 1 The corporation is using the annualized income installment method. 2 In the corporation is using the annualized income installment method. 3 The corporation is a "bray corporation" flouring its first required installment based on the prior year's tax. 1 In the payment of the day for many line 1 in the payment of the day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12m months of the corporation is tax year above is checked, enter the amounts from 5ch 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. 12 Eintra and 12 In the amount from line 11 on line 15. See instructions 13 Add lines 11 and 12 In the amount from line 13 from line 14. Add amounts on lines 15 and 17 of the preceding column 15 subtract line 16 from line 10. Then go to line 12 of the next column. 14 Add amounts on lines 15 and 17 of the preceding column 15 subtract line 16 from line 10. Then go to line 12 of the next column. 15 Complete lines 12 through 18 of one column before the prior the set of the	۰.	December helding company toy (Schodula DU /Form 1190) lin	o 06)	included on line 1		ا م	l			
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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 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 enter 25% (0.25) of line 5 above in each column (a) only, enter the amount from line 11 on line 15. See instructions 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 Add lines 11 and 12	_	u.t.m gag a.o o.ao.payo.a		(a)		/h)		(0)		(4)
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6th, 9th, and 12th months of the corporation's tax year 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 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 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 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. 18	J	. ,								
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For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
9	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				
0	Number of days from due date of installment on line 9 to the					
_	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
4	Underpayment on line 17 x Number of days on line 23 x 7% (0.07)	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25				
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEI	E ATTACHED	WORKSHEET	
В	Underpayment on line 17 x Number of days on line 27 x 8% (0.08)	28	\$	\$	\$	\$
)	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
)	Underpayment on line 17 x Number of days on line 29 x *% 366	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
1	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
3	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$

^{*} 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 **2220** (2023)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
TARGET ALS	FOUNDATION I	NC		81-07	56743
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	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.
enalty Due (Sum of Colur	mn F).				322.

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

312511 04-01-23

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES S'	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT 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		LEGAI	FEI	ES	S	TATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL COUNSEL EXPEN	SE	11,099	,	0.		11,099
TO FM 990-PF, PG 1,	LN 16A	11,099		0.		11,099.
FORM 990-PF	ОТ	HER PROFES	SSIO	NAL FEES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM SERVICE EXP RESEARCH EXPENSES LOBBYING		268,748. 1,091,253. 375,000.)	0. 0. 0.		268,748, 1,091,253, 375,000
TO FORM 990-PF, PG	1, LN 16C	1,735,001	 - =	0.		1,735,001
FORM 990-PF		OTHER E	 יים סצי			TATEMENT 4
						TAIBMBNI 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES		19,777	•	0.		19,777 9,008 169,568
BANK FEES MARKETING FUNDRAISING INFORMATION TECHNOL	OGY	169,568. 320,155. 62,951.	•	0. 0. 0.		320,155 62,951

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED SECURITIES	-	38,537,227.	38,537,227.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	38,537,227.	38,537,227.

	PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
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.