

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2025
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: TARGET ALS FOUNDATION INC
D Employer identification number: 81-0756743
E Telephone number: 646-592-2541
G Gross receipts \$: 48,375,695.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: TARGETALS.ORG
K Form of organization: Corporation
L Year of formation: 2015
M State of legal domicile: NY

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets.

Part II Signature Block

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.

Signature of officer: KENNETH DEVANEY, TREASURER
Preparer's name: PATRICK J. MARTIN
Preparer's signature: PATRICK J. MARTIN
Date: 04/17/26
Firm's name: KAHN, LITWIN, RENZA & CO., LTD.
Firm's EIN: 05-0409384

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO BREAK DOWN BARRIERS TO ALS RESEARCH TO FIND EFFECTIVE TREATMENTS. BY UNITING ACADEMIA, THE PHARMA AND BIOTECH INDUSTRY, GOVERNMENT, VENTURE CAPITAL, RELATED NONPROFITS, AND THE ALS COMMUNITY, WE AIM TO OVERCOME THE CHALLENGES THAT HAVE LONG HINDERED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 21,006,355. including grants of \$ 18,765,868.) (Revenue \$) RESEARCH WE FUND: TARGET ALS IS THE LARGEST AND MOST IMPACTFUL PRIVATE FUNDER OF ALS RESEARCH WORLDWIDE. THANKS TO THE GENEROUS TRUST PLACED IN US BY OUR DONORS, WE CAN DIRECT RESOURCES TO THE MOST PROMISING IDEAS AND EMERGING SCIENTIFIC LEADERS ACROSS THE GLOBE. OUR FUNDED PROJECTS HAVE A HIGH SUCCESS RATE, DELIVERING MEANINGFUL RESULTS TO ADVANCE IDEAS FROM EARLY TO LATE STAGE RESEARCH. IN 2025, WE CONTINUED TO EXPAND FUNDING OPPORTUNITIES, DRIVING NEARLY \$12M INTO INNOVATION ACROSS 151 GRANTS IN THREE CRITICAL AREAS: UNDERSTANDING ALS BIOLOGY: ADVANCING INSIGHTS INTO THE ROOT CAUSES OF DISEASE TO IDENTIFY NEW DRUG TARGETS. ACCELERATING DRUG DISCOVERY: SUPPORTING PROOF-OF-CONCEPT STUDIES THAT

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,006,355.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KENNETH DEVANEY - 646-592-2541
244 MADISON AVE #1025, NEW YORK, NY 10016

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MANISH RAISINGHANI PRESIDENT	40.00			X			404,414.	0.	40,841.	
(2) AMY EASTON VICE PRESIDENT, RESEARCH GROUPS	40.00					X	299,898.	0.	68,984.	
(3) KENNETH DEVANEY CHIEF OPERATING OFFICER	40.00			X			293,699.	0.	35,305.	
(4) JESSICA CHAPMAN CHIEF DEVELOPMENT OFFICER	40.00			X			240,468.	0.	68,984.	
(5) YULIYA RZAD CHIEF GRANTS OFFICER	40.00					X	206,142.	0.	43,617.	
(6) CHRISTINE PROUTY ARANYOS DIRECTOR OF PHILANTHROPY	40.00					X	165,242.	0.	62,251.	
(7) LAURA DUGOM ASSOCIATE DIRECTOR CLINICAL RESEARCH	40.00					X	168,857.	0.	29,063.	
(8) STEPHANIE ISHOO DIRECTOR OF MARKETING & COMMUNICATIO	40.00					X	165,555.	0.	27,314.	
(9) DANIEL L. DOCTOROFF BOARD CHAIR	1.00	X		X			0.	0.	0.	
(10) JOHN DUNLOP BOARD MEMBER	1.00	X					0.	0.	0.	
(11) BRAD S. KARP BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ZACH W. HALL BOARD MEMBER	1.00	X					0.	0.	0.	
(13) STORY LANDIS BOARD MEMBER	1.00	X					0.	0.	0.	
(14) SARAH SHEIKH BOARD MEMBER	1.00	X					0.	0.	0.	
(15) ALISA DOCTOROFF BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ALLISON JAFFIN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) ANDY BERNDT BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS HERNDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(19) RICHARD HARGREAVES BOARD MEMBER	1.00	X						0.	0.	0.
(20) CAROL HO BOARD MEMBER	1.00	X						0.	0.	0.
(21) STACY WENINGER BOARD MEMBER	1.00	X						0.	0.	0.
(22) ERIC DANE BOARD MEMBER (AS OF 12/25)	1.00	X						0.	0.	0.
1b Subtotal								1,944,275.	0.	376,359.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,944,275.	0.	376,359.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	29,724,385.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,226,324.			
	h	Total. Add lines 1a-1f		29,724,385.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,253,081.		3,253,081.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	15,396,004.			
	c	Gain or (loss)	7c	15,113,710.			
	d	Net gain or (loss)		282,294.			282,294.
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	2,225.	2,225.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			2,225.		
12	Total revenue. See instructions			33,261,985.	0.	0.	
						3,537,600.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	13,067,691.	13,067,691.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,698,177.	5,698,177.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	970,997.	350,438.	329,004.	291,555.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,080,679.	425,646.	1,249,279.	405,754.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,034.	21,282.	62,464.	20,288.
9 Other employee benefits	499,114.	77,981.	326,462.	94,671.
10 Payroll taxes	200,843.	48,967.	104,303.	47,573.
11 Fees for services (nonemployees):				
a Management				
b Legal	32,006.		32,006.	
c Accounting	91,859.		91,859.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	176,591.		176,591.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	258,252.		194,765.	63,487.
12 Advertising and promotion	802,482.			802,482.
13 Office expenses	99,032.	6,004.	76,414.	16,614.
14 Information technology				
15 Royalties				
16 Occupancy	143,162.		143,162.	
17 Travel	94,181.	20,974.	58,708.	14,499.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,299,614.	1,289,195.	8,575.	1,844.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,618,714.	21,006,355.	2,853,592.	1,758,767.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,137,916.	1	3,278,742.
	2 Savings and temporary cash investments	8,351,865.	2	4,679,056.
	3 Pledges and grants receivable, net	49,311,907.	3	45,694,945.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	250,000.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	76,751.	9	75,597.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	68,783,323.	12	83,184,297.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	128,911,762.	16	136,912,637.	
Liabilities	17 Accounts payable and accrued expenses	33,343.	17	25,316.
	18 Grants payable	4,318,332.	18	1,828,304.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,351,675.	26	1,853,620.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	81,346,621.	27	91,694,347.
	28 Net assets with donor restrictions	43,213,466.	28	43,364,670.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	124,560,087.	32	135,059,017.
33 Total liabilities and net assets/fund balances	128,911,762.	33	136,912,637.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,261,985.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,618,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,643,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,560,087.
5	Net unrealized gains (losses) on investments	5	2,855,659.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,059,017.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2025)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,884,826.	98,356,585.	79,162,687.	47,902,882.	29,724,385.	262,031,365.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,884,826.	98,356,585.	79,162,687.	47,902,882.	29,724,385.	262,031,365.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						33,043,073.
6 Public support. Subtract line 5 from line 4.						228,988,292.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	6,884,826.	98,356,585.	79,162,687.	47,902,882.	29,724,385.	262,031,365.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,174.	24,092.	407,954.	2,201,600.	955,309.	3,592,129.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	67,784.	392.			2,224.	70,400.
11 Total support. Add lines 7 through 10						265,693,894.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	86.19 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	86.67 %

16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below. Sub-rows a, b, c.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

TARGET ALS FOUNDATION INC

Employer identification number

81-0756743

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS	83,184,297.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	83,184,297.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	35,941,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,855,659.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,855,659.
3	Subtract line 2e from line 1	3	33,085,394.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	176,591.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	176,591.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	33,261,985.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	25,442,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,442,123.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	176,591.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	176,591.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,618,714.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). MANAGEMENT BELIEVES THAT THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

THE FOUNDATION ANNUALLY FILES IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THEY WERE FILED. THE FOUNDATION CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS.

Part XIII Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS, PROGRAM SERVICES	DATA ENGINE	0.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS & PROGRAM SERVICES	DATA ENGINE & POSTMORTEM TISSUE CORE	213,943.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	IN VIVO TARGET VALIDATION PROJECTS, DATA ENGINE, POSTMORTEM TISSUE CORE,	4,793,803.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS & PROGRAM SERVICES	DATA ENGINE, POSTMORTEM TISSUE CORE, REAGENTS CORE	605,978.
NORTH AMERICA	0	0	PROGRAM SERVICES	DATA ENGINE, POSTMORTEM TISSUE CORE, REAGENTS CORE	0.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS & PROGRAM SERVICES	DATA ENGINE	84,453.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DATA ENGINE	0.
3 a Subtotal	0	0			5,698,177.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,698,177.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (Rev. 12-2024)

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	95,494.	CASH	0.		
		SOUTH ASIA	SCIENTIFIC RESEARCH	42,325.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	259,400.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	50,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	120,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	229,925.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	0.		222,965.	IN VIVO TARGET VALIDAITON STUDY	FMV
		MIDDLE EAST AND NORTH AFRICA	SCIENTIFIC RESEARCH	129,979.	CASH	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 31

3 Enter total number of other organizations or entities 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	129,124.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	119,995.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	150,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	384,322.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	125,000.	CASH	0.		
		SOUTH ASIA	SCIENTIFIC RESEARCH	42,128.	CASH	0.		
		EAST ASIA AND THE PACIFIC	SCIENTIFIC RESEARCH	125,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	130,520.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	0.		108,456.	IN VIVO TARGET VALIDAITON STUDY	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SCIENTIFIC RESEARCH	67,357.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	SCIENTIFIC RESEARCH	100,000.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	SCIENTIFIC RESEARCH	140,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	215,148.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	95,844.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	0.		187,371.	IN VIVO TARGET VALIDAITON STUDY	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	342,360.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	149,896.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	387,423.	CASH	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	124,953.	CASH	0.		
		EAST ASIA AND THE PACIFIC	SCIENTIFIC RESEARCH	21,586.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	129,935.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	100,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	130,000.	CASH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	371,622.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	SCIENTIFIC RESEARCH	235,999.	CASH	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: IN VIVO TARGET VALIDATION
PROJECTS, DATA ENGINE, POSTMORTEM TISSUE CORE, LONGITUDINAL BIOFLUIDS
CORE, REAGENTS CORE

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD #2416 LOS ANGELES, CA 90048	95-1644600	501(C)3	116,550.	0.			SCIENTIFIC RESEARCH
COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	13-3948652	501(C)3	575,116.	0.			SCIENTIFIC RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)3	461,402.	0.			SCIENTIFIC RESEARCH
BANNER SUN HEALTH RESEARCH INSTITUTE - 1111 E. MCDOWELL RD - PHOENIX, AZ 85006	45-0233470	501(C)3	202,642.	0.			SCIENTIFIC RESEARCH
BAYLOR COLLEGE OF MEDICINE 1102 BATES AVENUE HOUSTON, TX 77030	74-1613878	501(C)3	60,000.	0.			SCIENTIFIC RESEARCH
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - HENRY ADMINISTRATION BUILDING - URBANA, IL 61801	37-6000511	501(C)3	200,000.	0.			SCIENTIFIC RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 36.

3 Enter total number of other organizations listed in the line 1 table 11.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENALI THERAPEUTICS 161 OYSTER POINT BLVD. SAN FRANCISCO, CA 94080	46-3872213	501(C)3	100,000.	0.			SCIENTIFIC RESEARCH
DIGNITY HEALTH 350 WEST THOMAS ROAD PHOENIX, CA 85013	94-1196203	501(C)3	800,313.	0.			SCIENTIFIC RESEARCH
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 ATLANTA, GA 30322	58-0566256	501(C)3	386,594.	0.			SCIENTIFIC RESEARCH
GEORGETOWN UNIVERSITY 3700 O ST. NW WASHINGTON, DC 20057	53-0196603	501(C)3	103,074.	0.			SCIENTIFIC RESEARCH
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)3	125,000.	0.			SCIENTIFIC RESEARCH
JOHN HOPKINS UNIVERSITY 725 WOLFE STREET BALTIMORE, MD 21205	52-0595110	501(C)3	253,263.	0.			SCIENTIFIC RESEARCH
LADDER THERAPEUTICS INC. 1030 BRITTAN AVE SAN CARLOS, CA 94070	86-1878229		140,000.	0.			SCIENTIFIC RESEARCH
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	59-3337028	501(C)3	579,510.	0.			SCIENTIFIC RESEARCH
NATIONAL INSTITUTE OF HEALTH 35A CONVENT DRIVE BETHESDA, MD 20892	52-1983273	GOVERNMENT	110,300.	0.			SCIENTIFIC RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEURAL STEM CELL INSTITUTE ONE DISCOVERY DRIVE RENSSELAER, NY 12144	20-3654626	501(C)3	49,273.	0.			SCIENTIFIC RESEARCH
NEURODEX INC 27 STRATHMORE ROAD NATICK, MA 01760	04-3230035		128,200.	0.			SCIENTIFIC RESEARCH
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET CHICAGO, IL 60208	36-2167817	501(C)3	438,968.	0.			SCIENTIFIC RESEARCH
NOVA SOUTHEASTERN UNIVERSITY 3300 S. UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328	59-1083502	501(C)3	103,087.	0.			SCIENTIFIC RESEARCH
NUCYRNA THERAPEUTICS INC 1296 WORCESTER RD. APT 2303 FRAMINGHAM, MA 01702	99-2059436		200,000.	0.			SCIENTIFIC RESEARCH
PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 445 PRINCETON, NJ 08540	21-0634501	501(C)3	60,000.	0.			SCIENTIFIC RESEARCH
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-1052049	501(C)3	60,000.	0.			SCIENTIFIC RESEARCH
QUR ALIS 35 CAMBRIDGEPARK DRIVE 300 CAMBRIDGE, MA 02140	81-4722156		200,000.	0.			SCIENTIFIC RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - 419 SOUTH CIRCLE VIEW DRIVE - IRVINE, CA 92617	95-2226406	501(C)3	200,000.	0.			SCIENTIFIC RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET SUITE 8000A - ANN ARBOR, MI 48109	38-6006309	501(C)3	255,000.	0.			SCIENTIFIC RESEARCH
REGENTS UNIVERSITY OF CALIFORNIA CHARLES E. YOUNG DRIVE WEST LOS ANGELES, CA 90095	95-6006143	501(C)3	150,000.	0.			SCIENTIFIC RESEARCH
ROME THERAPEUTICS 201 BROOKLINE AVENUE SUITE 1001 BOSTON, MA 02215	83-3633163		0.	184,701.	COST	ACTUAL COST TO INTRODUCE STUDY REPORT INVOICED BY	SCIENTIFIC RESEARCH
SAINT LOUIS UNIVERSITY 1100 SOUTH GRAND BLVD ST. LOUIS, MO 63101	43-0654872	501(C)3	125,000.	0.			SCIENTIFIC RESEARCH
STANFORD UNIVERSITY 1291 WELCH ROAD PALO ALTO, CA 94305	94-1156365	501(C)3	185,000.	0.			SCIENTIFIC RESEARCH
SYNOLIGO BIOTECHNOLOGIES 101 SOUTHCENTER COURT SUITE 800 MORRISVILLE, NC 27560	88-3196281		100,000.	0.			SCIENTIFIC RESEARCH
THE MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	04-2697983	501(C)3	375,000.	0.			SCIENTIFIC RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVE S, AB1230 - BIRMINGHAM, AL 35294	63-6005396	501(C)3	298,217.	0.			SCIENTIFIC RESEARCH
THOMAS JEFFERSON UNIVERSITY 233 SOUTH 10TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)3	89,962.	0.			SCIENTIFIC RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACE NEUROSCIENCE 750 GATEWAY BLVD. SUITE 200 SAN FRANCISCO, CA 94080	99-0762304		105,000.	0.			SCIENTIFIC RESEARCH
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 NORTH 5TH STREET - PHOENIX, AZ 85004	75-3065445	501(C)3	125,000.	0.			SCIENTIFIC RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 422 CURIE BOULEVARD - PHILADELPHIA, PA 19104	23-1352685	501(C)3	0.	210,429.	COST	ACTUAL COST TO INTRODUCE STUDY REPORT INVOICED BY	SCIENTIFIC RESEARCH
TWILIGHT NEURO 100 CUMMINGS CENTER SUITE 207-209 BEVERLY, MA 01915	92-0566170		129,400.	0.			SCIENTIFIC RESEARCH
TWIST BIOSCIENCE 681 GATEWAY BLVD SAN FRANCISCO, CA 94080	46-2058888		100,000.	0.			SCIENTIFIC RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - LOCKBOX 45339 - SAN FRANCISCO, CA 94145	94-6036493	501(C)3	731,472.	0.			SCIENTIFIC RESEARCH
UNIVERSITY OF CALIFORNIA SANTA BARBARA - 6129 BIOLOGY II - SANTA BARBARA, CA 93106	95-6006145	501(C)3	290,000.	0.			SCIENTIFIC RESEARCH
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL - 366 PLANTATION STREET - WORCESTER, MA 01605	04-3167352	501(C)3	100,000.	0.			SCIENTIFIC RESEARCH
UNIVERSITY OF PITTSBURGH 3501 FIFTH AVENUE PITTSBURGH, PA 15213	25-0965591		125,000.	0.			SCIENTIFIC RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PUERTO RICO PO BOX 365067 SAN JUAN, PR 00956	66-0433762	501(C)3	93,789.	0.			SCIENTIFIC RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST FL3 LOS ANGELES, CA 90089	95-1642394	501(C)3	260,000.	0.			SCIENTIFIC RESEARCH
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - BEAUMONT AVENUE - BURLINGTON, VT 05405	03-0179440	501(C)3	101,736.	0.			SCIENTIFIC RESEARCH
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVENUE ST. LOUIS, MO 63110	43-0653611	501(C)3	213,046.	0.			SCIENTIFIC RESEARCH
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	27-5024008	501(C)3	100,000.	0.			SCIENTIFIC RESEARCH

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION USES GRANTS MANAGEMENT SOFTWARE, WHERE ALL INFORMATION IS
 SAVED RELATING TO EACH RECEIVED APPLICATION. THIS INCLUDES THE SCOPE OF
 WORK / RESEARCH PROPOSAL, BUDGET, SIGNED CONTRACTS AND AWARD LETTERS,
 ORGANIZATIONAL INFORMATION SUCH AS EIN AND ADDRESS, PAYMENT RECORDS
 RECONCILED WITH THE ORGANIZATION'S FINANCIAL SYSTEM, AND SCORED REVIEWS BY
 ITS INDEPENDENT REVIEW COMMITTEE.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ROME THERAPEUTICS
 (G) DESCRIPTION OF NON-CASH ASSISTANCE: ACTUAL COST TO INTRODUCE STUDY
 REPORT INVOICED BY VENDOR

NAME OF ORGANIZATION OR GOVERNMENT:

TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
 (G) DESCRIPTION OF NON-CASH ASSISTANCE: ACTUAL COST TO INTRODUCE STUDY
 REPORT INVOICED BY VENDOR

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MANISH RAISINGHANI PRESIDENT	(i)	404,414.	0.	0.	20,221.	20,620.	445,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY EASTON VICE PRESIDENT, RESEARCH GROUPS	(i)	299,898.	0.	0.	14,995.	53,989.	368,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KENNETH DEVANEY CHIEF OPERATING OFFICER	(i)	293,699.	0.	0.	14,685.	20,620.	329,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA CHAPMAN CHIEF DEVELOPMENT OFFICER	(i)	240,468.	0.	0.	14,995.	53,989.	309,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YULIYA RZAD CHIEF GRANTS OFFICER	(i)	206,142.	0.	0.	10,307.	33,310.	249,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINE PROUTY ARANYOS DIRECTOR OF PHILANTHROPY	(i)	165,242.	0.	0.	8,262.	53,989.	227,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA DUGOM ASSOCIATE DIRECTOR CLINICAL RESEARCH	(i)	168,857.	0.	0.	8,443.	20,620.	197,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHANIE ISHOO DIRECTOR OF MARKETING & COMMUNICATIO	(i)	165,555.	0.	0.	8,278.	19,036.	192,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	6,226,324. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

TARGET ALS FOUNDATION INC

Employer identification number

81-0756743

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACADEMIA, THE PHARMA AND BIOTECH INDUSTRY, GOVERNMENT, VENTURE CAPITAL,
RELATED NONPROFITS, AND THE ALS COMMUNITY, WE AIM TO OVERCOME THE
CHALLENGES THAT HAVE LONG HINDERED PROGRESS, BRINGING HOPE AND TANGIBLE
ADVANCEMENTS TO THOSE AFFECTED BY THIS DEVASTATING DISEASE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRESS, BRINGING HOPE AND TANGIBLE ADVANCEMENTS TO THOSE AFFECTED BY
THIS DEVASTATING DISEASE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PAVE THE WAY TOWARD CLINICAL TRIALS.

DEVELOPING BIOMARKERS: ENABLING EARLIER DIAGNOSIS, IDENTIFYING ALS
SUBTYPES, AND MONITORING DISEASE PROGRESSION WITH PRECISION

EVERY GRANT THAT TARGET ALS FUNDS IS TIED TO A DELIBERATE STRATEGY AND
A LONG-RANGE VISION FOR THE FIELD, ENSURING THAT PROMISING IDEAS MOVE
THROUGH THE FULL RESEARCH PATHWAY: UNCOVERING DISEASE BIOLOGY,
IDENTIFYING AND REFINING NEW THERAPEUTIC TARGETS OR BIOMARKERS,
VALIDATING THEM IN RIGOROUS MODELS, GENERATING TRANSLATIONAL DATA, AND
PREPARING THE STRONGEST CANDIDATES FOR CLINICAL DEVELOPMENT. OUR
FUNDING ALLOCATION REFLECTS WHERE THE STRONGEST IDEAS EMERGE. THE
DISTRIBUTION OF OUR FUNDING ISN'T SET BY QUOTAS OR PERCENTAGES. IT'S
SHAPED BY WHERE THE MOST COMPELLING SCIENCE IS HAPPENING. EACH YEAR, WE
INVEST IN THE PROPOSALS WITH THE CLEAREST BIOLOGICAL RATIONALE, THE
STRONGEST EVIDENCE, AND THE GREATEST POTENTIAL TO ADVANCE THE FIELD.

RESEARCH WE ENABLE:

TARGET ALS CONTINUES TO BREAK DOWN BARRIERS TO PROGRESS BY OFFERING
NO-STRINGS-ATTACHED ACCESS TO CRITICAL TOOLS AND RESOURCES THROUGH OUR
RESEARCH CORES. THESE SHARED RESOURCES ADDRESS LONGSTANDING CHALLENGES
IN ALS RESEARCH THAT HAVE HISTORICALLY SLOWED DISCOVERY: LIMITED
ACCESS, HIGH COSTS, AND LACK OF STANDARDIZATION.

THE RESEARCH CORES ACCELERATE DRUG DISCOVERY AND BIOMARKER DEVELOPMENT
WHILE FOSTERING COLLABORATION ACROSS THE GLOBAL ALS COMMUNITY. IN 2025,
TARGET ALS INVESTED OVER \$8M TO EMPOWER SCIENTISTS WITH THE MATERIALS,
DATA, AND INFRASTRUCTURE THEY NEED TO DRIVE PROGRESS FROM THE BENCH TO
THE CLINIC. FROM OUR POSTMORTEM TISSUE CORE TO THE LONGITUDINAL
BIOFLUIDS CORE POWERED BY OUR GLOBAL NATURAL HISTORY STUDY (GNHS) AND
OPEN-ACCESS DATA ENGINE, TARGET ALS PROVIDES RESEARCHERS WORLDWIDE WITH
STATE-OF-THE-ART BIOSAMPLES, DATASETS, ANTIBODIES, AND MORE, WITH NO
REACHTHROUGH ON INTELLECTUAL PROPERTY (IP). THESE TOOLS ARE AVAILABLE
TO BOTH ACADEMIA AND INDUSTRY, ENSURING THAT SCIENTIFIC BREAKTHROUGHS
CAN MOVE SWIFTLY AND COLLABORATIVELY TOWARD THERAPIES FOR PEOPLE LIVING
WITH ALS.

TO DATE, MORE THAN 1,750 PROJECTS HAVE RELIED ON THESE RESOURCES,
SPANNING BASIC BIOLOGY, TARGET VALIDATION, BIOMARKER DISCOVERY, AND
THERAPEUTIC DEVELOPMENT. AND THE MOMENTUM IS ONLY GROWING: OVER 500
RESEARCHERS HAVE ACCESSED OUR DATA ENGINE, WHILE GLOBAL CONSORTIA OF
PREEMINENT SCIENTISTS ARE WORKING TOGETHER WITH TARGET ALS FUNDS TO

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

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

SHARE DATA, REPLICATE FINDINGS, AND AMPLIFY IMPACT.

RESEARCH WE CONDUCT:

ALS IS A DISEASE THAT AFFECTS PEOPLE OF EVERY RACE AND ETHNICITY AROUND THE WORLD. HOWEVER, CLINICAL TRIALS ENROLL PRIMARILY PEOPLE OF WHITE, EUROPEAN DESCENT RESULTING IN A BIASED, INCOMPLETE VIEW OF DISEASE BIOLOGY ACROSS THE ALS GLOBAL POPULATION. THE ALS GLOBAL RESEARCH INITIATIVE (AGRI) IS THE ONLY COMPREHENSIVE, GLOBAL RESEARCH EFFORT THAT BRINGS TOGETHER TWO COMPLEMENTARY CLINICAL STUDIES DESIGNED TO UNCOVER THE CAUSES OF ALS AND IDENTIFY NEW BIOMARKERS THAT CAN DIAGNOSE THE DISEASE EARLIER, TRACK ITS PROGRESSION, AND PREDICT OUTCOMES.

THESE STUDIES PROVIDE RESEARCHERS UNPRECEDENTED ACCESS TO PATIENT DATA AND BIOSAMPLES WORLDWIDE, RAPIDLY ACCELERATING NEW DISCOVERIES AND DRIVING PROGRESS TOWARD MORE EFFECTIVE THERAPIES. ULTIMATELY, INCLUSIVE RESEARCH STRENGTHENS SCIENTIFIC VALIDITY, IMPROVES PATIENT OUTCOMES, AND HELPS ENSURE THAT BREAKTHROUGHS BENEFIT EVERYONE, NOT JUST A SUBSET OF THE POPULATION.

THROUGHOUT THE YEAR, WE INVESTED OVER \$1.5M, WHICH FUELED AGRI'S BOLD GOAL: BRING THE WORLD TOGETHER TO TACKLE ALS FROM EVERY ANGLE. THROUGH OUR GLOBAL NATURAL HISTORY STUDY (GNHS) AND COMMUNITYBASED POP-UP CLINICS, WE'RE MAKING ALS RESEARCH MORE INCLUSIVE, MORE IMMEDIATE, AND MORE COLLABORATIVE THAN EVER BEFORE.

FORM 990, PART VI, SECTION A, LINE 2:

TWO INDIVIDUALS SERVING AS OFFICERS/DIRECTORS OF THE ORGANIZATION ARE SPOUSES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD EXECUTIVE COMMITTEE MEMBERS FOR THEIR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS ARE ASKED ANNUALLY TO REVIEW THE CONFLICT OF INTEREST POLICY, DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AND SIGN-OFF THAT THEY UNDERSTAND THEIR OBLIGATIONS AS A MEMBER OF THE BOARD. THE CONFLICT OF INTEREST POLICY STATES THAT PERIODIC REVIEW BE PERFORMED EVALUATING WHETHER PARTNERSHIP, JOINT VENTURES OR THE LIKE CONFORM WITH THE ORGANIZATION'S WRITTEN POLICIES REGARDING UNAUTHORIZED PRIVATE BENEFIT AND EXCESS BENEFIT TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE PRESIDENT & CEO. THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION. THIS PROCESS INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OF COMPARABLE POSITIONS OBTAINED FROM COMPENSATION SURVEYS. THE BOARD'S DELIBERATION AND DECISION IS DISCUSSED IN EXECUTIVE SESSION.

THE PRESIDENT & CEO ESTABLISHES THE COMPENSATION OF THE SENIOR MANAGEMENT TEAM AND REVIEWS THE PERFORMANCE EVALUATIONS AND RECOMMENDED COMPENSATION WITH THE BOARD. THE EVALUATIONS AND COMPENSATION ARE DISCUSSED WITH THE BOARD ALTHOUGH NO VOTE OF APPROVAL OF THE PRESIDENT & CEO'S DECISION IS REQUIRED.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS) AVAILABLE UPON REQUEST BY ELECTRONIC MAIL. THE TARGET ALS CONFLICT OF INTEREST POLICY IS AVAILABLE ON OUR WEBSITE: [HTTPS://TARGETALS.ORG/OUR-TEAM/](https://targetals.org/our-team/). SIMILARLY, ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE HERE: [HTTPS://TARGETALS.ORG/FINANCIAL-REPORTS/](https://targetals.org/financial-reports/).