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EXTENDED TO NOVEMBER 15, 2018

Form **990-PF** **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning , and ending

Name of foundation TARA HEALTH FOUNDATION	A Employer identification number 46-5645300
Number and street (or P O box number if mail is not delivered to street address) — Room/suite C/O 1818 OLIVER AVENUE SOUTH	B Telephone number (415) 547-9025
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55405	C If exemption application is pending, check here ▶ ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change	D 1. Foreign organizations, check here ▶ ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐
H Check type of organization: [X] Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 83,206,441. — J Accounting method: ☐ Cash [X] Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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Part I **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

	Line	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	145,000.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,835,758.	2,835,758.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	287,911.			
	b Gross sales price for all assets on line 6a 22,054,805.				
	7 Capital gain net income (from Part IV, line 2)		287,911.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	55,441.	0.		STATEMENT 2
	12 Total Add lines 1 through 11	3,324,110.	3,123,669.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	25,000.	0.		12,500.
	14 Other employee salaries and wages	327,251.	0.		141,776.
	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	20,616.	0.		0.
	b Accounting fees STMT 4	25,230.	0.		0.
	c Other professional fees STMT 5	510,460.	0.		360,360.
	17 Interest				
	18 Taxes STMT 6	190,512.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy	27,923.	0.		13,962.
	21 Travel, conferences, and meetings	70,718.	0.		35,359.
	22 Printing and publications				
	23 Other expenses STMT 7	819,536.	400,212.		359,402.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,017,246.	400,212.		923,359.
	25 Contributions, gifts, grants paid	2,291,888.			4,383,599.
	26 Total expenses and disbursements. Add lines 24 and 25	4,309,134.	400,212.		5,306,958.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-985,024.			
	b Net investment income (if negative, enter -0-)		2,723,457.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions Form **990-PF** (2017)

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11071102 756877 83130-T11 2017.04030 TARA HEALTH FOUNDATION 83130-01

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	560,627.	1,269,398.	1,269,398.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 1,577,636.			
	Less: allowance for doubtful accounts ▶ 0.	985,888.	1,577,636.	1,577,636.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	23,664.	33,725.	33,725.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	76,349,169.	80,277,749.	80,277,749.
	14 Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ ACCRUED INTEREST)	49,985.	47,933.	47,933.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	77,969,333.	83,206,441.	83,206,441.
Liabilities	17 Accounts payable and accrued expenses	18,134.	44,019.	
	18 Grants payable	4,287,019.	2,195,308.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 10)	0.	136,096.	
	23 **Total liabilities** (add lines 17 through 22)	4,305,153.	2,375,423.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [X] and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	73,664,180.	80,831,018.	
	30 **Total net assets or fund balances**	73,664,180.	80,831,018.	
	31 **Total liabilities and net assets/fund balances**	77,969,333.	83,206,441.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	73,664,180.
2	Enter amount from Part I, line 27a	2	-985,024.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 8	3	8,154,525.
4	Add lines 1, 2, and 3	4	80,833,681.
5	Decreases not included in line 2 (itemize) ▶ BOOK/TAX DIFFERENCE	5	2,663.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	80,831,018.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	SEE ATTACHED STATEMENT			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e	22,054,805.		21,766,894.	287,911.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				287,911.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7; If (loss), enter -0- in Part I, line 7 } — 2 — 287,911.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c).
If (loss), enter -0- in Part I, line 8 — 3 — N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	5,039,857.	47,574,782.	.105935
2015	1,325,215.	8,923,234.	.148513
2014	245,000.	9,627,026.	.025449
2013			
2012			

2	**Total** of line 1, column (d)	2	.279897
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.093299
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	80,036,905.
5	Multiply line 4 by line 3	5	7,467,363.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	27,235.
7	Add lines 5 and 6	7	7,494,598.
8	Enter qualifying distributions from Part XII, line 4	8	5,706,958.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ____ (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	54,469.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3	Add lines 1 and 2		3	54,469.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	54,469.
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a 71,441.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 20,000.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments. Add lines 6a through 6d		7	91,441.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	0.
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	36,972.
11	Enter the amount of line 10 to be: **Credited to 2018 estimated tax** ▶ 36,972.	**Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

		Line	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0. **(2)** On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ CA,DE			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 11	10	X	

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Part VII-A Statements Regarding Activities *(continued)*

		Line	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ HTTP://WWW.TARAHEALTHFOUNDATION.ORG/

14 The books are in care of ▶ FAMILY PHILANTHROPY ADVISORS Telephone no. ▶ (612)377-8400

Located at ▶ 1818 OLIVER AVENUE SOUTH, MINNEAPOLIS, MN ZIP+4 ▶ 55405

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ | 15 | N/A

		Line	Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Line	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ No			
	If "Yes," list the years ▶ ____, ____, ____, ____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ ____, ____, ____, ____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2017 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

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

			Yes	No
5a During the year, did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	[ ] Yes [X] No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	[ ] Yes [X] No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	[ ] Yes [X] No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	[X] Yes [ ] No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	[ ] Yes [X] No			
b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b		X
Organizations relying on a current notice regarding disaster assistance, check here ▶ [ ]				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? SEE STATEMENT 12	[X] Yes [ ] No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	[ ] Yes [X] No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	[ ] Yes [X] No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RUTH SHABER C/O 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	PRESIDENT 30.00	2,817.	0.	0.
RIVKA GORDON C/O 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	SECRETARY 2.00	25,000.	0.	0.
EMIKO HIGASHI C/O 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	TREASURER 2.00	0.	0.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LISA A MOLINARO - 3935 WEBSTER STREET, OAKLAND, CA 94609	INVESTMENT OFFICER 40.00	127,232.	0.	0.
ELISE K BELUSA - 370 ORANGE STREET, #105, OAKLAND, CA 94610	STRATEGY OFFICER 40.00	114,287.	0.	0.
LISA B HAMMANN 385 BRANDON WAY, MENLO PARK, CA 94025	CHIEF OPERATING OFFICER 40.00	54,977.	0.	0.

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 JACARANDA HEALTH LIMITED - PROGRAM RELATED INVESTMENT TO IMPROVE MATERNAL HEALTH IN EAST AFRICA	400,000.
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	400,000.

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	80,549,731.
b	Average of monthly cash balances		1b	706,010.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	81,255,741.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	81,255,741.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,218,836.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	80,036,905.
6	**Minimum investment return.** Enter 5% of line 5		6	4,001,845.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6		1	4,001,845.
2a	Tax on investment income for 2017 from Part VI, line 5	2a 54,469.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	54,469.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	3,947,376.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	3,947,376.
6	Deduction from distributable amount (see instructions)		6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	3,947,376.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,306,958.
b	Program-related investments - total from Part IX-B	1b	400,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions** Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,706,958.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,706,958.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7					3,947,376.
2 Undistributed income, if any, as of the end of 2017					
a Enter amount for 2016 only				0.	
b Total for prior years: ____, ____, ____			0.		
3 Excess distributions carryover, if any, to 2017:					
a From 2012					
b From 2013					
c From 2014	229,053.				
d From 2015	897,463.				
e From 2016	4,198,128.				
f Total of lines 3a through e		5,324,644.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ $ 5,706,958.					
a Applied to 2016, but not more than line 2a				0.	
b Applied to undistributed income of prior years (Election required - see instructions)			0.		
c Treated as distributions out of corpus (Election required - see instructions)		0.			
d Applied to 2017 distributable amount					3,947,376.
e Remaining amount distributed out of corpus		1,759,582.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)		0.			0.
6 **Enter the net total of each column as indicated below:**					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		7,084,226.			
b Prior years' undistributed income. Subtract line 4b from line 2b			0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions			0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.				0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018					0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)		0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7		0.			
9 **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a		7,084,226.			
10 Analysis of line 9:					
a Excess from 2013					
b Excess from 2014	229,053.				
c Excess from 2015	897,463.				
d Excess from 2016	4,198,128.				
e Excess from 2017	1,759,582.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

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

	Tax year (a) 2017	Prior 3 years (b) 2016	(c) 2015	(d) 2014	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

RUTH SHABER

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

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

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

c Any submission deadlines:

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

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a *Paid during the year*				
ABORTION CARE NETWORK P.O. BOX 16323 MINNEAPOLIS, MN 55416	NONE	501(C)(3)	GENERAL OPERATING	20,000.
ASSOC OF RH PROFESSIONALS 1300 19TH STREET, NW, SUITE 200 WASHINGTON, DC 20036	NONE	501(C)(3)	SUPPORT BIRTHRIGHT SCREENING AT NAFFP	23,000.
ASSOC OF RH PROFESSIONALS 1300 19TH STREET, NW, SUITE 200 WASHINGTON, DC 20036	NONE	501(C)(3)	GENERAL OPERATING	2,000.
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	NONE	501(C)(3)	GENERAL OPERATING	50,000.
COMMUNITY PARTNERS INTERNATIONAL 2560 NINTH STREET, SUITE 315 B BERKELEY, CA 94710	NONE	501(C)(3)	IN SUPPORT OF ROHINGYA REFUGEE CRISIS APPEAL	25,000.
Total SEE CONTINUATION SHEET(S)			▶ 3a	4,383,599.
b *Approved for future payment*				
CENTER FOR YOUTH WELLNESS 3450 3RD STREET, #201 SAN FRANCISCO, CA 94124	NONE	501(C)(3)	IN SUPPORT OF THE BAY AREA RESEARCH CONSOTIUM ON TOXIC STRESS AND HEALTH	753,597.
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 43RD STREET NEW YORK, NY 10001	NONE	501(C)(3)	CENTER FOR OUTCOMES RESEARCH AND EDUCATION	500,000.
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 43RD STREET NEW YORK, NY 10001	NONE	501(C)(3)	CENTER FOR OUTCOMES RESEARCH AND EDUCATION	500,000.
Total SEE CONTINUATION SHEET(S)			▶ 3b	2,253,597.

723611 01-03-18 ** SEE PURPOSE OF GRANT CONTINUATIONS

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

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	2,835,758.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	287,911.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01	55,441.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		3,179,110.	0.

13 **Total** Add line 12, columns (b), (d), and (e) 13 3,179,110.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B **Relationship of Activities to the Accomplishment of Exempt Purposes**

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

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

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

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

▶ [signature] | 11-13-18 | ▶ PRESIDENT

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below? See instr ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KAREN VALLADAO	[signature]	11/02/18		P00534214

Firm's name ▶ FRANK, RIMERMAN & CO. LLP — Firm's EIN ▶ 94-1341042

Firm's address ▶ 1801 PAGE MILL ROAD
PALO ALTO, CA 94304 — Phone no. (650) 845-8100

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization	Employer identification number
TARA HEALTH FOUNDATION	46-5645300

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000, or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
TARA HEALTH FOUNDATION	46-5645300

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE SUSAN THOMPSON BUFFET FOUNDATION 3555 FARNAM STREET, #222 OMAHA, NE 68131	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	COMPTON FOUNDATION 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
3	DRAPER RICHARDS KAPLAN FOUNDATION 1600 EL CAMINO REAL, SUITE 155 MENLO PARK, CA 94025	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
4	THE EDUCATIONAL FOUNDATION OF AMERICA 55 WALLS DRIVE, 3RD FLOOR FAIRFIELD, CT 81611	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
5	JACQUELINE MERRILL 278 OAK RIDGE DRIVE ASPEN, CO 81611	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: TARA HEALTH FOUNDATION

Employer identification number: 46-5645300

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

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

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

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

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

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

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

Name of organization: TARA HEALTH FOUNDATION

Employer identification number: 46-5645300

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

Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	ML #02214 - SEE STATEMENT ATTACHED	P	11/16/17	12/12/17
b	ML #02214 - SEE STATEMENT ATTACHED	P	09/12/14	12/12/17
c	TIAA CREF SOCIAL CHOICE EQUITY FUND	P	12/23/16	10/24/17
d	ML #02041 - SEE STATEMENT ATTACHED	P	09/30/16	07/03/17
e	ML #02041 - SEE STATEMENT ATTACHED	P	09/27/16	12/01/17
f	ML #02256 - SEE STATEMENT ATTACHED	P	03/06/17	12/13/17
g	ML #02256 - SEE STATEMENT ATTACHED	P	09/09/16	12/13/17
h				
i				
j				
k				
l				
m				
n				
o				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	12,176,185.		12,330,375.	-154,190.
b	5,161,269.		5,052,135.	109,134.
c	1.			1.
d	1,237,974.		1,239,511.	-1,537.
e	641,416.		643,335.	-1,919.
f	1,739,059.		1,628,016.	111,043.
g	1,098,901.		873,522.	225,379.
h				
i				
j				
k				
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				-154,190.
b				109,134.
c				1.
d				-1,537.
e				-1,919.
f				111,043.
g				225,379.
h				
i				
j				
k				
l				
m				
n				
o				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	287,911.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

723591
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CRITERION INSTITUTE 81 CHURCH HILL ROAD HADDAM, CT 06438	NONE	501(C)(3)	IN SUPPORT OF THE CREATION OF A MODEL PORTFOLIO OF COMPANIES WITH DIRECT, POSITIVE IMPACT ON GENDER-BASED	100,000.
GROUNDSWELL PO BOX 71642 OAKLAND, CA 94612	NONE	501(C)(3)	GENERAL OPERATING	50,000.
GYNUNITY HEALTH PROJECTS 15 EAST 26TH STREET, 8TH FLOOR NEW YORK, NY 10010	NONE	501(C)(3)	IN SUPPORT OF TELABORTION DEMONSTRATION PROJECT	280,000.
HOPEWELL FUND 1201 CONNECTICUT AVE NW, SUITE 300 WASHINGTON, DC 20036	NONE	501(C)(3)	IN SUPPORT OF RESOURCES FOR ABORTION DELIVERY	200,000.
IMPACT ASSETS 7315 WISCONSIN AVE, SUITE 1000W BETHESDA, MD 20814	NONE	501(C)(3)	GLOBAL GENDER LENS INVESTING SUMMIT	25,000.
INNOVATIONS FOR POVERTY ACTION 101 WHITNEY AVENUE NEW HAVEN, CT 06510	NONE	501(C)(3)	GENERAL OPERATING	5,000.
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624	NONE	501(C)(3)	IN SUPPORT OF HUMAN RIGHTS HEALTH SERVICES PROJECT/ALL FAMILIES HEALTHCARE	5,000.
NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH STREET NW, SUITE 700 WASHINGTON, DC 20005	NONE	501(C)(3)	GENERAL OPERATING	250,000.
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH 14 WALL ST, STE 3B NEW YORK, NY 10005	NONE	501(C)(3)	GENERAL OPERATING	50,000.
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 170280 BOSTON, MA 02117	NONE	501(C)(3)	IN SUPPORT OF ACCESS REPRODUCTIVE CARE - SOUTHEAST	300.
Total from continuation sheets				4,263,599.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RUDOLF STEINER FOUNDATION 1002 O'REILLY AVENUE SAN FRANCISCO, CA 94129	NONE	501(C)(3)	IN SUPPORT OF THE WOMEN'S CAPITAL COLLABORATIVE	45,000.
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	NONE	501(C)(3)	IN SUPPORT OF SIA LEGAL TEAM	50,000.
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	NONE	501(C)(3)	IN SUPPORT OF THE LAWYERING PROJECT	250,000.
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	NONE	501(C)(3)	IN SUPPORT OF EQUILEAP GENDER EQUALITY SCORECARD PROJECT	105,306.
WOMEN'S LAW PROJECT 125 SOUTH 9TH STREET, #300 PHILADELPHIA, PA 19107	NONE	501(C)(3)	GENERAL OPERATING	50,000.
EVERYTOWN FOR GUN SAFETY SUPPORT FUND PO BOX 3886 NEW YORK, NY 10163	NONE	501(C)(3)	GENERAL OPERATING	10,000.
PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET, 10TH FLOOR NEW YORK, NY 10038	NONE	501(C)(3)	IN SUPPORT OF BUILDING AND CULTIVATING CORPORATE RELATIONS	85,000.
PLANNED PARENTHOOD MAR MONTE 1691 AND 1746 THE ALAMEDA SAN JOSE, CA 95126	NONE	501(C)(3)	EVENT SUPPORT	5,000.
PLANNED PARENTHOOD NOR CAL 2185 PACHECO STREET CONCORD, CA 94520	NONE	501(C)(3)	2ND CENTURY FUND	20,000.
PLANNED PARENTHOOD SOUTH ATLANTIC STATES RALEIGH HEALTH CENTER 100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	NONE	501(C)(3)	GENERAL OPERATING	3,000.
Total from continuation sheets				

723631
04-01-17

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CENTER FOR YOUTH WELLNESS 3450 3RD STREET, #201 SAN FRANCISCO, CA 94124	NONE	501(C)(3)	BAY AREA RESEARCH CONSORTIUM ON TOXIC STRESS AND HEALTH	1,658,493.
PHYSICIANS FOR REPRODUCTIVE HEALTH 55 WEST 39TH STREET, SUITE 1001 NEW YORK, NY 10018	NONE	501(C)(3)	IN SUPPORT OF NATIONAL STORYTELLING HUB FOR REPRODUCTIVE HEALTH PROJECT	135,000.
WHOLE WOMAN'S HEALTH ALLIANCE 84012 NORTH I-35, SUITE 1-A AUSTIN, TX 78753	NONE	501(C)(3)	SOUTH BEND, IN CLINIC CONSTRUCTION	50,000.
PHYSICIANS FOR REPRODUCTIVE HEALTH 1430 BROADWAY, SUITE 1614 NEW YORK, NY 10018	NONE	501(C)(3)	GLOBAL DOCTORS FOR CHOICE	30,000.
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	NONE	501(C)(3)	REPRODUCTIVE FREEDOM PROJECT	160,000.
IPAS 300 MARKET STREET, SUITE 200 CHAPEL HILL, NC 27516	NONE	501(C)(3)	GENERAL OPERATING	60,000.
IPAS 300 MARKET STREET, SUITE 200 CHAPEL HILL, NC 27516	NONE	501(C)(3)	EVENT SUPPORT	1,500.
TONIIC INSTITUTE 101 MISSION STREET, SUITE 1115 SAN FRANCISCO, CA 94105	NONE	501(C)(3)	IN SUPPORT OF THE T100 PROJECT	30,000.
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 43RD STREET NEW YORK, NY 10001	NONE	501(C)(3)	CENTER FOR OUTCOMES RESEARCH AND EDUCATION	500,000.
IBIS REPRODUCTIVE HEALTH 2067 MASSACHUSETTS AVENUE, SUITE 320 CAMBRIDGE, MA 02140	NONE	501(C)(3)	GENERAL OPERATING	50,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 43RD STREET NEW YORK, NY 10001	NONE	501(C)(3)	CENTER FOR OUTCOMES RESEARCH AND EDUCATION	500,000.
Total from continuation sheets				500,000.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CRITERION INSTITUE

IN SUPPORT OF THE CREATION OF A MODEL PORTFOLIO OF COMPANIES WITH

DIRECT, POSITIVE IMPACT ON GENDER-BASED VIOLENCE

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MERRILL LYNCH INTEREST AND DIV	2,835,758.	0.	2,835,758.	2,835,758.	
TO PART I, LINE 4	2,835,758.	0.	2,835,758.	2,835,758.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	55,441.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	55,441.	0.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	20,616.	0.		0.
TO FM 990-PF, PG 1, LN 16A	20,616.	0.		0.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	25,230.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	25,230.	0.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL SERVICES	215,460.	0.		65,360.
CONSULTANTS	175,000.	0.		175,000.
FOUNDATION MANAGEMENT	120,000.	0.		120,000.
TO FORM 990-PF, PG 1, LN 16C	510,460.	0.		360,360.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	190,512.	0.		0.
TO FORM 990-PF, PG 1, LN 18	190,512.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT EXPENSES	400,212.	400,212.		0.
FILM COSTS	359,402.	0.		359,402.
MISCELLANEOUS	59,922.	0.		0.
TO FORM 990-PF, PG 1, LN 23	819,536.	400,212.		359,402.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 8

DESCRIPTION	AMOUNT
GAAP FMV ADJUST - UNREALIZED GAIN/LOSS	8,154,525.
TOTAL TO FORM 990-PF, PART III, LINE 3	8,154,525.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH - SECURITIES AT FMV	COST	80,277,749.	80,277,749.
TOTAL TO FORM 990-PF, PART II, LINE 13		80,277,749.	80,277,749.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 10

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAX LIABILITY	0.	136,096.
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	136,096.

FORM 990-PF — LIST OF SUBSTANTIAL CONTRIBUTORS — STATEMENT 11
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
RUTH E. SHABER	C/O 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT STATEMENT 12
PART VII-B, LINE 5C

GRANTEE'S NAME

GYNUNITY HEALTH PROJECTS

GRANTEE'S ADDRESS

15 EAST 26TH STREET, 8TH FLOOR
NEW YORK, NY 10010

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
280,000.	12/27/17	114,725.

PURPOSE OF GRANT

IN SUPPORT OF TELABORTION DEMONSTRATION PROJECT

DATES OF REPORTS BY GRANTEE

04/01/2018, 06/01/2018, 09/27/2018

ANY DIVERSION BY GRANTEE

N/A

GRANTEE'S NAME

JACARANDA HEALTH LIMITED

GRANTEE'S ADDRESS

PO BOX 52595-00100
NAIROBI, KENYA

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
400,000.	10/10/17	400,000.

PURPOSE OF GRANT

PROGRAM RELATED INVESTMENT TO IMPROVE MATERNAL HEALTH IN EAST AFRICA

DATES OF REPORTS BY GRANTEE

06/19/2018, 09/26/2018

ANY DIVERSION BY GRANTEE

N/A