Form 990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

For	caler	ndar year 2017 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	number
. <u>T</u>	ΗE	SLOAN FOUNDATION	-		91-1799087	
Nur	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	30	1 FIFTH AVENUE, SUITE 3	000		(206)340-1	818
Cit	or t	own, state or province, country, and ZIP or foreign p	ostal code	,	C If exemption application is p	ending, check here
S	EΑ	TTLE, WA 98101)	
G	Check	call that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change	. 1	2 Foreign organizations me check here and attach co	eting the 85% test, mputation
H (heck	type of organization: X Section 501(c)(3) ex	kempt private foundation	1)4	E If private foundation sta	his was terminated
] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
I Fa	ur ma	arket value of all assets at end of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
(fı	om F	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)	
	\$	19,199,084. (Part I, colun	nn (d) must be on cash bas	is)		
Pa	ĭřţŧ l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	Income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	4,687,000.		/ N/A	
	2	Check I if the foundation is not required to attach Sch. B			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	225,626.	225,626.		STATEMENT 1
9	5a	Gross rents				
2019	b	Net rental income or (loss)		Charle Shelff		
. Ca	6a	Net gain or (loss) from sale of assets not on line 10	178,978.	为2000年8月1日		
ر ا	b	Gross sales price for all assets on line 6a 1,758,176.				
~ š	7	Capital gain net income (from Part IV, line 2)		178,978.		
FEB 26 Revenue	8	Net short-term capital gain	WERE STATES	HARRIE BERTHER		经产品的基本的
<u>-</u>	9	Income modifications		SHERE WAS A STATE OF THE SHEET		
	10a	Gross sales less returns and allowances	新作品的"特外部的影响	"这些多数的影",这些	は統領語の語の語を被	
SCANNED 	Ь	Less Cost of goods sold	MOET WILLIAM	经工作的 。 第44章	维加州的人家是四届的 式	等地工作的现在分
5	C	Gross profit or (loss)		李3000000000000000000000000000000000000		
₹	11	Other income	220,569.	220,569.		STATEMENT 2
^ر	12	Total Add lines 1 through 11	5,312,173.	625,173.		
9	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages:				
	15	Pension plans, employee benefits				
xbenses	16a	Legal fees				
Jen	b	Accounting fees STMT 3	3,670.	1,835.		1,835.
Ä	С	Other professional fees				
Š Š	凸	#MCIVED				
Ĭ,	18	STMT 4	5,800.	5,800.		0.
ન્ટ્રિ		Depreciation and depleting				HOUSE STATE OF THE
福	201	10c Yupancy 2018		,		
100	21	Travel, conferences, and metings				
a P	22	Pennagana publications				
L <u>ö</u>	23	STMT 5	65,709.	65,691.		18.
aţ	24	Total operating and administrative				
Operatı		expenses. Add lines 13 through 23	75,179.	73,326.		1,853.
0	25	Contributions, gifts, grants paid	861,250.		ATTAGE THE SAME	861,250.
	26	Total expenses and disbursements				
		Add lines 24 and 25	936,429.	73,326.		863,103.
	27	Subtract line 26 from line 12			Prince Review	
	a	Excess of revenue over expenses and disbursements	4,375,744.		的自己的發展機能	
	Ь	Net investment income (if negative, enter -0-)	数据数字字 等于	551,847.	(1) かいときを変え	第二次的
	c	Adjusted net income (if negative enter -0-)	※では、「あることが、	である。	N/A	是一个的人。这个对于
7235	01 01	-03-18 LHA For Paperwork Reduction Act Notice	e, see instructions			Form 990-PF (2017)



L – :	17	99	0	87	
d o	Ves	r	_		_

_	3/5/07° (Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End	of year
, J	art	column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	704,900.	699,565.	699,565.
	2	Savings and temporary cash investments			
		Accounts receivable ► 23,584.		2/4/4/4/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	
		Less; allowance for doubtful accounts	616,485.	23,584.	23,584.
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts	Maria da V. O. s Maria da Sala da Maria d	Strange Color Selection and Strange Color Selection and Se	A STATE OF THE PARTY SETTING THE STATE OF THE PARTY OF TH
	5	Grants receivable			
	1	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons			
	7	Other notes and loans receivable	COMMUNICATION OF THE PROPERTY		SPARISE WAY TO THE
	•	Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	١	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	13,149,389.	18,475,935.	18,475,935.
	1	Land, buildings, and equipment, basis	NAMES OF THE STATE		SPECIAL CONTROL
	``	Less accumulated depreciation		10 4 May 20 10 24 10 10 10 10 10 10 10 10 10 10 10 10 10	
	15	Other assets (describe >			
	1	Total assets (to be completed by all filers - see the			
•	"	instructions. Also, see page 1, item I)	14,470,774.	19,199,084.	19.199.084.
_	17	Accounts payable and accrued expenses			19,199,084.
	18	Grants payable			
G	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons		•	
Liabilities	21	Mortgages and other notes payable		-	
Ë		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	٥.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted	14,470,774.	19,199,084.	
alances		Temporarily restricted	,,		
Bal		Permanently restricted .			
5		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Ba		and complete lines 27 through 31	¥		
ō	27	Capital stock, trust principal, or current funds			
šets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
ĕ	30	Total net assets or fund balances	14,470,774.	19,199,084.	1. 经企业的企业的
~				,	
	31	Total liabilities and net assets/fund balances	14,470,774.	19,199,084.	
<u> </u>	_		·		The second of second of the said of Agrantic
P	art	Analysis of Changes in Net Assets or Fund B	aiances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		· · · · · · · · · · · · · · · · · · ·
		st agree with end-of-year figure reported on prior year's return)		ĺí	14,470,774.
	-	amount from Part I, line 27a		2	4,375,744.
		r increases not included in line 2 (itemize) BOOK/TAX DI	FFERENCES	3	352,566.
		lines 1, 2, and 3		4	19,199,084.
		eases not included in line 2 (itemize)		<u> </u>	0.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

P	art IV Capital Gains	and Lo	sses for Tax on In	vestmen	t Income						
	(a) List and describe 2-story brick wa	the kind(s arehouse;) of property sold (for exar or common stock, 200 shs	nple, real esta MLC Co.)	te,	IΡ	How ac - Purc - Don	cquired hase ation		acquired lay, yr)	(d) Date sold (mo., day, yr.)
1a											
_b	SEE ATTACHED	STA	TEMENTS								
<u>C</u>						ļ. <u></u> -					
_d	· · · · · · · · · · · · · · · · · · ·										
e		1 40.5	Name at a second	/-\ O		١			(h) C	()	<u> </u>
	(e) Gross sales price	(1) [Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
_a											
_ <u>b</u>						-			-		· · · · · · · · · · · · · · · · · · ·
d			· · - · · · · · · · · · · · · · · · 								
_	1,758,176.				1,579,19	R					178,978.
_е	Complete only for assets showing	n nam in i	rolumn (h) and owned by t			٠.			Gaine (C	Col. (h) gain	
	Complete only for assets shown	, ,	j) Adjusted basis		cess of col. (i)				(k), but r	not less tha	n -0-) or
	(i) FMV as of 12/31/69	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	as of 12/31/69		col. (j), if any	_	_		Losses	(from col. ((h))
_a											
_ <u>b</u>											
<u>c</u>						\dashv					-
d											178,978.
е								Τ			1/0,3/0.
2	Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				178,978.
3	Net short-term capital gain or (los	ss) as defi	ned in sections 1222(5) an	d (6):							
	If gain, also enter in Part I, line 8,	column (d	:).							/-	
_	If (loss), enter -0- in Part I, line 8		1040/-\	Date	Tana and Mad		3			N/A	
ᆫ			ection 4940(e) for					nent inc	ome		
(Fo	r optional use by domestic private	e foundatio	ons subject to the section 4	940(a) tax on	net investment in	come	3)				
If s	ection 4940(d)(2) applies, leave th	his part bla	ank								
	. , , , , ,	•				. 10					Yes X No
	s the foundation liable for the sec Yes," the foundation doesn't qualit					100 /					Yes _ANO
	Enter the appropriate amount in					ntries					
<u>.</u>	(a)	T		1311 00110113 00	iore making any e				1		(d)
,	Base periód years Calendar year (or tax year beginni	na m)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchai		use assets		Distrit	oùtión ratio vided by col. (c))
_	2016	119 111)		4,296.				3,986		(cor (b) are	.041747
	2015	+		0,243.				$\frac{3,333}{0,372}$.074621
_	2013	-		2,694.				6,052			.074126
_	2013	-	71	0,324.				4,095		-	.053755
_	2012			0,141.				9,008		-	.057976
	2012			<u> </u>			/ = ·				
2	Total of line 1, column (d)								2		.302225
	Average distribution ratio for the	5-vear has	e nerind - divide the total o	n line 2 hv 5 (O or by the numb	er of	vears		<u> </u>		
	the foundation has been in existe	•	•	// IIII	o, o. o,		, our o		3		.060445
	the realitation has been in existe-	1100 11 1000	man o youro								
4	Enter the net value of noncharitat	ole-use ass	sets for 2017 from Part X, I	ine 5					4	1	6,758,301.
5	Multiply line 4 by line 3								5		1,012,956.
	., ,										
6	Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6		5,518.
		-	•								
7	Add lines 5 and 6								7		1,018,474.
	Enter qualifying distributions from								8		863,103.
	If line 8 is equal to or greater than See the Part VI instructions	i line 7, ch	eck the box in Part VI, line	1b, and comp	elete that part usin	g a 1	% tax	rate			

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Part VI Excise Tax Based on Investment Income (Section 494			
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and e		388.24 *(KS)	*/-4560E/63800N
Date of ruling or determination letter. (attach copy of letter if ned			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	11,037.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 49	% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of		2	0.
3 Add lines 1 and 2	•	3	11,037.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; o	others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	11,037.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 5,615.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 1,000.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	6,615.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	iched	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEI	E STATEMENT 7 ▶	9	4,422.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded ►	11	
Rart VII A Statements Regarding Activities			1 x m//a a 1 a a
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene	ın	Yes No
any political campaign?			1a X
b Old it spend more than \$100 during the year (either directly or indirectly) for political purpor		ition	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	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	_		
(1) On the foundation. ► \$ 0. (2) On foundation managers			
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed on foundation		
managers. ►\$ 0.	DC0		2 X
2 Has the foundation engaged in any activities that have not previously been reported to the II	H21		2 X
If "Yes," attach a detailed description of the activities	and transport or trades of an organization of	_	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	instrument, articles of incorporation, c	ır	3 X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ur?		4a X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the yea b if "Yes," has it filed a tax return on Form 990-T for this year?	,	N/A	4a 22 4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?)	11/11	5 X
If "Yes," attach the statement required by General Instruction T			112
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ither		
By language in the governing instrument, or	inter		
By state legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with the state	law	
remain in the governing instrument?	y directions that dominat than the state		6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	plete Part II, col. (c), and Part XV		7 X
. Sid the teambation have at load popular in addition at any time during the year. If 100, doing	and a service of the		995 1995 1988 TO
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ons >		
WA	<u> </u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	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 se	ection 4942(j)(3) or 4942(j)(5) for cale	ndar	
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," com			9 X

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

ָּבֶּיגָ	Statements Regarding Activities (continued)			
-			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 ► N/A			
14	The books are in care of ► JAN HOOVER Telephone no ► (206)		-18	18
	Located at ► 1301 FIFTH AVENUE, SUITE 3000, SEATTLE, WA ZIP+4 ►98	101		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		7)(
	foreign country >			
Pà	irt 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.	於鄉	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	%\$ 4 5		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	74.03		
	for the benefit or use of a disqualified person)?	1000		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 5		
	If the foundation agreed to make a grant to or to employ the official for a period after	200		
		200	i de la	
		777		
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	508512	A (25% 1
	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	سنتسا	<u>~~~~</u>	X
_	before the first day of the tax year beginning in 2017?	1c	5% 85%	Λ. Υ. ευ ευ
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))			
а	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	\$10,00°		
	before 2017? Yes X No			
	If "Yes," list the years	* %*\}; :5-:5-5-		3 (E)
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	3000		النكة
	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			
	>		8.31	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	~ 1255.	2.4	
	during the year? \overline{X} Yes $\overline{\ }$ No	1, 5		
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	. ફુલું	3 24	3.20
	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	(a)		多統
	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.)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	8. 48	e zak Kiriria	£30,
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	· · · · · · · · · · · · · · · · · · ·	rm 990	LDE /	(2017)

		Required (contin		
5a During the year, did the foundation pay or incur any amount to:			2	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No 🕼	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,	<u> </u>	
any voter registration drive?		Y	es 💢 No 🙎	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No 🎇	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				
4945(d)(4)(A)? See instructions		Y	es 🗶 No 🖇	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourposes, or f			
the prevention of cruelty to children or animals?	•		es 🗶 No 🕃	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance? See instr		ga.a	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check				CHARACTER I
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?			es 🔲 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	nay nramiume on		,	
	pay premiums on		es 🗶 No 🖁	
a personal benefit contract?	account honofit contract?		344	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		83	00 A
If "Yes" to 6b, file Form 8870.	shalter transcribens		es 🗶 No 💈	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		· · · · · · · · · · · · · · · · · · ·		7b
b If "Yes," did the foundation receive any proceeds or have any net income attributions of the second of the secon		Uinbl		70
Part Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, nigni	У	
List all officers, directors, trustees, and foundation managers and t	heir compensation			
List all officers, all octors, a discussion and realist managers and	<u> </u>	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
COULD DO M CLOSE	to position	enter -0-)	compensation	allowalices
STUART M. SLOAN	PRESIDENT			
1301 FIFTH AVENUE, SUITE 3000	1 00	_	_	
SEATTLE, WA 98101	1.00	0.	0.	0.
MARGARET E. WEILAND	SECRETARY			
1301 FIFTH AVENUE, SUITE 3000				
	1 1 00	_	_	_
SEATTLE, WA 98101	1.00	0.	0.	0.
SEATTLE, WA 90101	1.00	0.	0.	0.
SEATTLE, WA 90101	1.00	0.	0.	0.
SEATTHE, WA 90101	1.00	0.	0.	0.
SEATTHE, WA 90101	1.00	0.	0.	0.
SEATTLE, WA 90101	1.00	0.	0.	0.
			0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,			
	cluded on line 1). If none, (b) Title, and average hours per week			(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense
Compensation of five highest-paid employees (other than those inc.)	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."		(e) Expense account, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	ıly	
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 se	rvice	(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
37/3		
1 N/A		
2		
3	i	
4		
DOLLIN D. L.		
Part IX-B Summary of Program-Related Investments		Amayat
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions		•
3		
	—	
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		· · · · · · · · · · · · · · · · · · ·
·	Average monthly fair market value of securities	1a	15,647,660.
	Average of monthly cash balances	1b	15,647,660. 1,365,844.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	17,013,504.
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	17,013,504.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	255,203.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,758,301.
6	Minimum investment return. Enter 5% of line 5	6	837,915.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations ar	d certain	
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	837,915.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	11,037.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	826,878.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	826,878.
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	826,878.
P	art XII Qualifying Distributions (see instructions)		,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		062 102
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	863,103.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	7 7	3a	
þ	Cash distribution test (attach the required schedule)	3ь	0.62 1.02
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	863,103.
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	863,103.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

Form **990-PF** (2017)

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,		<u> </u>		
line 7				826,878.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	1
b Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2017.				
a From 2012 146,899				į
bFrom 2013 51,681				
c From 2014 358,997				
dFrom 2015 378,022	.			
e From 2016				
f Total of lines 3a through e	935,599.]
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 863,103				
a Applied to 2016, but not more than line 2a	7		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.			Į.
d Applied to 2017 distributable amount				826,878.
e Remaining amount distributed out of corpus	36,225.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			·	
6 Enter the net total of each column as indicated below;				,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	971,824.			ŀ
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.		ı
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	146,899.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	824,925.			
O Analysis of line 9.				
a Excess from 2013 51,681				
b Excess from 2014 358,997				
c Excess from 2015 378,022				
d Excess from 2016	_]			
e Excess from 2017 36,225	•			
				Corm 000 DE (0017)

Part,XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	T	Payment	· _Y =·	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BEHIND THE BADGE FOUNDATION	N/A	PUBLIC CHARITY	OPERATIONS	
PO BOX 2047				
ISSAQUAH, WA 98027				500.
FRIENDS OF THE ISRAEL DEFENCE FORCE	N/A	PUBLIC CHARITY	OPERATIONS	
6505 WILSHIRE BLVD., SUITE 625				
LOS ANGELES, CA 90048				50,000.
		,		
GO CAMPAIGN	N/A	PUBLIC CHARITY	OPERATIONS	
2461 SANTA MONICA BLVD., #437	[,,			
SANTA MONICA, CA 90404				10,000.
GUIDE DOGS FOR THE BLIND	N/A	PUBLIC CHARITY	OPERATIONS	
PO BOX 151200	[","			
SAN RAFAEL, CA 94903				1,000.
			-	
WILLEY DOUBLE WITCH FOR TOWIGH LIFE AM	7/3	DUDI TO CUADITA	ODEDAMIONO	
HILLEL FOUNDATION FOR JEWISH LIFE AT THE UNIVERSITY OF WASHINGTON	N/A	PUBLIC CHARITY	DEBRATIONS	
4745 17TH AVENUE NE				
SEATTLE, WA 98105		<u></u>		250.
Total SEE CON	TINUATION SHEE	T(S)	► 3a	861,250.
b Approved for future payment				
NONE				
2.02.12				
		1		
Total	 		▶ 3b	0.

Part'XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	Unrelated business income		by section 512, 513, or 514	(e)	
	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion code	Amount	function income	
a						
h	-		+			
d			-			
			+			
g Fees and contracts from government agencies	- 		+++			
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	225,626.		
			1 1 1	223,020.		
5 Net rental income or (loss) from real estate	1		+ +			
a Debt-financed property	1		++			
b Not debt-financed property			+-+			
6 Net rental income or (loss) from personal property						
7 Other investment income		·	14	220,569.	• •	
8 Gain or (loss) from sales of assets other			1			
than inventory			18	178,978.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory	-					
11 Other revenue:						
a						
b						
C	-					
d						
e	_		 			
12 Subtotal Add columns (b), (d), and (e)	-	C).	625,173.		
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	625,17	
(See worksheet in line 13 instructions to verify calculations	1				, - , -	

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)
	NOT APPLICABLE

Form 99	J-PF (2	UI/) THE S	LOAN FOUL	NDATION	·			91-	1/9908/	Ра	ige 13
Part :	XVII	Information Re Exempt Organ	-	nsfers to a	and Transactions a	nd Rela	ationsh	ips With No	ncharitable	;	
1 Did	the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organizati	on describe	ed in section	on 501(c)		Yes	No
(ot	her thai	n section 501(c)(3) organ	nizations) or in secti	on 527, relatın	g to political organizations?	ı					
a Tra	nsfers	from the reporting found:	ation to a noncharita	able exempt or	ganization of:						
(1)	Cash	_							1a(1)		X
	Other	assets							1a(2)		Х
		sactions,									
		of assets to a noncharita	hle exempt organiza	ation					10(1)		X
									16(2)		X
٠,	(3) Rental of facilities, equipment, or other assets										X
	(4) Reimbursement arrangements										X
· · · · · · · · · · · · · · · · · · ·										-	X
(6) Performance of services or membership or fundraising solicitations 1b(X
٠,			•	_					10(6)	-	X
	-	facilities, equipment, ma					. 46 - 60	مطفئه منامي فماسم			
		•		-	edule. Column (b) should al	-			-	seis,	
		s given by the reporting to) the value of the goods,			red less than fair market valu	ue in any tr	ansaction	or snaring arrange	ement, snow in		
(a)Line n	<u>`</u>	(b) Amount involved			e exempt organization	(d)	Description	of transfers, transaction	ons, and sharing ar	rangeme	nts
	1	.,		N/A							
					•			•			
							-				
	_					<u> </u>					
		-									
	1										
	1										
	_				·-···	_					
	_		-			+		· · · · · · · · · · · · · · · · · · ·			
	+										
						-					
	+	· ·	·			+					
											
2a ist	he foun	dation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	zations des	scribed				
		501(c) (other than section	-		, •				Yes	X] No
		mplete the following sch									
		(a) Name of org			(b) Type of organization		(c) Description of ri	elationship		
		N/A									
-											
									•		
				_			· · · · · · · · · · · · · · · · · · ·				
•	Under	penalties of perjury, I declare	that I have examined th	ns return, includir	I ng accompanying schedules and	statements,	and to the b	pest of my knowledge			
Sign	and be	lief, it is tue, correct, and con	nplete Declaration of p	reparer (other tha	in taxpayer) is based on all inform	nation of whit	ch preparer	has any knowledge	return with th	e prepar	er
Here		THINT	h/ /	Pro m	_ 1111217 <i>0</i>)18	TΈ	RUSTE	E	Shown below Yes		ገ !
	Sinn	ature of officer or trustee		·····	Date	Title					J No
		Print/Type preparer's na		Preparer's s		Date	ī	Check If	I PTIN		
		JEFFREY N.		7	M//	00.0		self- employed	'		
Paid			FIUM,	MIT	7/1/100	اءارا	7010		P00534	505	
Prepa	ror	CPA SWE	ENEY CONF		H D COUL	1.12	ا 10 عم	Firm's EIN ▶ 9			
Hea (Firm's name ► SWE	ENEI CONF	WD 41.9	•	- 1		rimsenv > 3	T-T30T0	14	

Phone no (425) 629-1990

Firm's address ► 2606 116TH AVENUE NE, SUITE 200 BELLEVUE, WA 98004-1422

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2017

	ТН	E SLOAN FOUND	ATION	91-1799087
Organi	zation type (check o	e)		
Filers	f:	Section:		
Form 99	90 or 990-EZ	501(c)() (enter r	number) organization	
		4947(a)(1) nonexemp	pt charitable trust not treated as a private found	ation
		527 political organiza	ation	
Form 99	90-PF	X 501(c)(3) exempt pri	vate foundation	
		4947(a)(1) nonexemp	pt charitable trust treated as a private foundation	1
		501(c)(3) taxable priv	vate foundation	
		covered by the General R i), (8), or (10) organization o	ule or a Special Rule. can check boxes for both the General Rule and	special Rule See instructions
Genera	l Rule			
X	•	•	990-PF that received, during the year, contribut Parts I and II See instructions for determining a	
Special	Rules			
	sections 509(a)(1) any one contributo	nd 170(b)(1)(A)(vi), that che	c)(3) filing Form 990 or 990-EZ that met the 33 1/ecked Schedule A (Form 990 or 990-EZ), Part II, tributions of the greater of (1) \$5,000, or (2) 2% d II	ine 13, 16a, or 16b, and that received from
	year, total contribu	ons of more than \$1,000 e	c)(7), (8), or (10) filing Form 990 or 990 EZ that resexclusively for religious, charitable, scientific, liter is Complete Parts I, II, and III	
	year, contributions is checked, enter h purpose Don't cor	exclusively for religious, chains re the total contributions to the parts unless	(7), (8), or (10) filing Form 990 or 990-EZ that recardable, etc., purposes, but no such contribution hat were received during the year for an <i>exclusion</i> ss the General Rule applies to this organization \$\$5,000 or more during the year	is totaled more than \$1,000. If this box rely religious, charitable, etc.,
but it m	ust answer "No" on	art IV, line 2, of its Form 99	eral Rule and/or the Special Rules doesn't file So 90, or check the box on line H of its Form 990-E. hedule B (Form 990, 990-EZ, or 990 PF)	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization 91-1799087 THE SLOAN FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STUART M SLOAN 1301 FIFTH AVENUE, SUITE 3000 SEATTLE, WA 98101	\$4,687,000.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Employer identification number

THE SLOAN FOUNDATION

91-1799087

(a) No. from Part I 1 — —	(b) Description of noncash property given 100,000 SHARES OF JUNO	(c) FMV (or estimate) (See instructions.)	(d)
—	00,000 SHARES OF JUNO	(See maductions.)	Date received
-			
		\$ 4,687,000.	12/28/17
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
— -			
-		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
-			
-		\$	
(a) No.	/h)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
-			
_			
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
-			
-		\$	
(a)		(c)	1.35
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
_			
-		\$	

Name of org	ganization		Employer identification number	<u> </u>
THE SI	LOAN FOUNDATION		91-1799087	
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ibutions to organizations described olumns (a) through (e) and the follo	I in section 501(c)(/), (8), or (10) that total more than \$1,000 for the entry. For organizations	or
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or	or less for the year (Enter this info once) \$	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				_
}		(e) Transfer of gif	tt	
-	Transferee's name, address, an	IG 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 gif		
	Transferee's name, address, an	Id 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 gif	tt	
-	Transferee's name, address, an	d 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 gif	it	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
				_

91-1799087 THE SLOAN FOUNDATION PAGE 1 OF Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g , real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) D - Donation 1a CHARLES SCHWAB #3437 P 01/01/1607/01/17 01/01/1707/01/17 b CHARLES SCHWAB #3437 P P 01/20/1501/18/17 c AMERICAN EXPRESS d GEORGIA MUN ELE P 07/03/1301/01/17 e NATL RURAL UTILS P 06/24/1304/10/17 P 06/25/1305/08/17 f CHEVRON g CALIFORNIA ST P 07/08/1305/08/17 h FORT LAUDERDALE P 06/04/1405/08/17 06/24/1307/24/17 | BANK AMER CORP P CVS HEALTH CORP 07/14/1507/28/17 P k FL HURRICANE/CATS P 06/24/1308/22/07 06/24/1308/22/17 P | FNMA PL 745832 m PROV OF ONTARIO P 06/25/1308/22/17 06/26/1308/22/17 n BP CAPITAL P 06/27/1308/22/17 P O CUYAHOGA CTNY (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 500,166. 322,832. 177,334. a b 3. 3. 25,292. 25,460. -168. C 26,015. -1,015. 25,000. d 25,000. 28,249. -3,249.814. 25,711. 24,897. -1,756. 27,772. 29,528. 25,540. 25,804. -264. h 25,639. 22,992. 2,647. 24,131. 22,799. 1,332. 35,926. 33,859. 2,067. 1,786. 1,868. -82. 40,676. 39,148. 1,528. m 27,796. 27,756. 40. n 25,775. 26,932. -1,157. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F.M.V as of 12/31/69 as of 12/31/69 over col. (j), if any 177,334. a 3. b -168. С -1.015. d -3,249. е 814. -1,756. -264. h 2,647. 1,332. 2,067. -82. 1,528. m 40. n -1,157. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss)

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

1a METROPOLITAN WA

c KANSAS CITY

e FHLMC G12655

h FHLMC G13336

, AUSTIN TX CCLG

f SOLANO CCD

| APPLE INC.

d UNIV OK

b PENNSYLVANIA CMMWEALTH

g NY ST DORMITORY AUTHORITY

Capital Gains and Losses for Tax on Investment Income

Part IV

k TEXAS A&M UNI			P 01/07/1508/22/17
FREDDIE MAC			P 04/30/1508/22/17
m FHLMC G12959			P 06/30/1508/22/17
n GEORGIA ST GO	···		P 06/30/1508/22/17
O COMCAST CORPOR	ATION		P 08/06/1508/22/17
(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 26,776.		25,393.	1,383.
b 27,643.		27,812.	-169.
c 25,738.		25,074.	664.
d 30,191.		30,144.	47.
e 7,561.		7,864.	-303.
f 25,000.		25,015.	-15.
g 25,185.		24,219.	966.
h 4,861.		5,063.	-202.
25,156.		24,423.	733.
25,744.		25,065.	679.
k 25,588.		25,192.	396.
1 25,679.		25,750.	-71.
m 11,078.	-	11,621.	-543.
n 25,734.		25,024.	710.
0 27,666.		28,656.	-990.
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Losses (from col (h))
(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	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a	-		1,383.
b		*****	-169.
С			664.
d			47.
е			-303.
f			-15.
g	.,		966.
h			-202.
ı			733.
1			679.
k			396.
1			-71.
m			-543.
n			710.
0			-990.
2 Capital gain net income or (net ca	ipital loss) { If gain, also enter If (loss), enter "-C	r in Part I, line 7)-" in Part I, line 7	2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Dort W Control Color and La			, , ,	
	sses for Tax on Investment income		1/h\lla	
(a) List and 2-story br	describe the kind(s) of property solo ick warehouse, or common stock, 20	d, e.g , real estate, 00 shs MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr)
1a FEDERAL NATL M'	TG ASSN		P	08/31/1508/22/17
b FNMA PL 897936			P	09/14/1508/22/17
c FNMA			P	11/05/1508/22/17
d FREDDIE MAC G1	4273		P	01/20/1608/22/17
e ANHEUSER-BUSCH			P	04/08/1608/22/17
f FHLB			P	07/31/1608/22/17
9 NYC NY TRAN AU	TH		P	07/31/1608/22/17
h WELLS FARGO BK			P	08/05/1608/22/17
FHLB			P	08/18/1608/22/17
FREDDIE MAC G	13344		P	08/31/1608/22/17
k MORGAN STANLEY			P	10/20/1608/22/17
I JP MORGAN CHAS	E		P	10/01/1608/22/17
m ROYAL BANK CAN	ADA		P	11/04/1608/22/17
n ANTELOPE VALLE			P	01/13/1708/22/17
o GOLDMAN SACHS	GROUP	<u> </u>	P	01/19/1708/22/17
(-) ((f) Depreciation allowed	(g) Cost or other basis	(1	n) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)
a 25,031.		25,058.		-27.
b 10,271.		10,741.		-470.
c 25,051.		24,941.		110.
d 19,381.		19,760.		-379.
e 25,928.		26,575.		-647.
f 29,400.		29,837.		-437.
g 24,766.		25,688.		-922.
h 25,145.		25,263.		-118.
29,394.		30,018.		-624.
23,547.		24,067.		-520.
k 26,460.		26,990.		-530.
25,091.		25,177.		-86.
m 40,392.		40,531.		-139.
n 36,063.		35,295.		768.
0 27,880.		28,076.		-196.
Complete only for assets showing	ig gain in column (h) and owned by t	he foundation on 12/31/69		sses (from col. (h))
(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		of col. (h) gain over col. (k), not less than "-0-")
a				-27.
b				-470.
С				110.
d				-379.
е				-647.
f				-437.
g				-922.
h				-118.
I				-624.
ı				-520.
k				-530.
				-86.
m				-139.
n				768.
0				-196.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	ın Part I, line 7 -" ın Part I, line 7	2	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	d (6):	3	
(1033), cittor -0- 111 art 1, line c	·		<u> </u>	

Capital dams and Los	35C3 TOT TAX OII TIIVCSTIIICIII IIICOIIIC				
	describe the kind(s) of property soluck warehouse; or common stock, 20		(b) How acquire P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a ORACLE CORPORA	TION		P	04/17/17	08/22/17
b VISA INC			P P	05/11/17	
c WI ST GEN FND	ADD DEV		P		08/22/17
	APR REV				
d QUALCOMM INC			P	05/26/17	
e BANK OF AMERICA	Α		P		08/22/17
f MICROSOFT			P	07/25/17	08/22/17
g CAPITAL GAINS	DIVIDENDS				
h					
1				T T	
	· · · · · · · · · · · · · · · · · · ·				i
k					
1	· · · · · · · · · · · · · · · · · · ·		-		
m	· · · · · · · · · · · · · · · · · ·			1	
					
n				 	
0		(10.1			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)	
30 220	(or anomable)	29,845.	- (0	- F.30 (./00 (g/	384.
a 30,229.		30,736.		· ···	42.
b 30,778.					
c 40,855.		40,359.			496.
d 30,412.		30,220.			192.
e 29,649.		29,620.			29.
1 25,957.		25,947.			10.
g 683.					683.
h					
1					
]				<u> </u>	
k					
1			-		
m					
n					
0					· · · · · ·
	g gain in column (h) and owned by	the foundation on 12/31/69	/111	osses (from col (h))	
Complete only for assets showing		(k) Excess of col. (i)		s of col (h) gain ove	
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any		not less than "-0-")	()
		()), a			384.
a					364. 42.
b					
С					496.
d					192.
е	<u> </u>				29.
1					10.
g					683.
h					
I					
]					
k					
1					
m					
n -			-		
0					
<u> </u>	<u> </u>	-			
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7	2		178,978.
	·	, I	-		,,,,,,
3 Net short-term capital gain or (los		d (6):			
If gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8		ſ I	3	N/A	
1.000), 0 0 11.1 0.1.1, 1110 0		, , , , , , , , , , , , , , , , , , ,	~ i	/	

THE SLOAN FOUNDATION

Part XV Supplementary Informatio				
3 · Grants and Contributions Paid During the		· ·	_	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (name or business)	or substantial contributor	recipient		
HUALALAI OHANA FOUNDATION	N/A	PUBLIC CHARITY	OPERATIONS	
PO BOX 5227				2 500
KAILUA KONA, HI 96745				2,500.
JEWISH FEDERATION OF GREATER SEATTLE	N/A	PUBLIC CHARITY	OPERATIONS	
2031 THIRD AVE				50,000.
SEATTLE, WA 98121				30,000.
LYNNE COHEN FOUNDATION	N/A	FOUNDATION	DVARIAN CANCER RESEARCH	
1112 MONTANA AVENUE, SUITE 861 SANTA MONICA, CA 90403			RESEARCH	10,000.
<u> </u>		 		
		L		
RIVKIN CENTER FOR OVARIAN CANCER 801 BROADWAY, SUITE 701	N/A	PUBLIC CHARITY	DPERATIONS	
SEATTLE, WA 98122				5,000.
ON THER THE	N/A	PUBLIC CHARITY	ODERATIONS	
OBLITERIDE 1100 FAIRVIEW AVE. N. LM-120 PO BOX	N/A	PUBLIC CHARIII	DERATIONS	
19024 SEATTLE, WA 98109-1024				715,000.
PLYMOUTH HOUSING GROUP	N/A	PUBLIC CHARITY	OPERATION	
2113 THIRD AVENUE				
SEATTLE, WA 98121				5,000.
PROSTATE CANCER FOUNDATION	N/A	PUBLIC CHARITY	OPERATIONS	
1250 FOURTH STREET				
SANTA MONICA, CA 90401				5,000.
SWEDISH MEDICAL CENTER FOUNDATION	N/A	FOUNDATION	OPERATIONS	
747 BROADWAY				1,000.
SEATTLE, WA 98122-4307	<u> </u>			1,000.
UNITED WAY	N/A	PUBLIC CHARITY	OPERATIONS	
720 2ND AVE SEATTLE WA 98104				5,000.
				1
	.,,	DUDI TO CUADANI	ODERACIONO	
YMCA OF GREATER SEATTLE 909 FOURTH AVENUE	N/A	PUBLIC CHARITY	OPERATIONS	
SEATTLE, WA 98104				1,000.
Total from continuation sheets				799,500.

FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM SEC	URITIES	STATEMENT
GROSS SOURCE AMOUNT				(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO	
FARALLON SCHWAB - 3437 SCHWAB - 5741 SCHWAB - 5741 ACCRUED INTEREST	766. 65,477. 30,351.		0. 683. 0.	766 64,794 30,351	4. 64,79	
PAID THOROFARE US BANCORP	-9,508. 139,083. 140.		0. 0. 0.	-9,508 139,083 140	3. 139,08	
TO PART I, LINE 4	226,309.		683.	225,626	225,62	6.
FORM 990-PF		ОТНЕ	R INCO	ME		STATEMENT
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	
FROM K-1: FARALLON	E EOUTEV LO	NC		91,876.	91,876	•
FROM K-1: BBR ACTIV ONLY	E EQUITY LO	NG		128,693.	128,693	•
TOTAL TO FORM 990-P	F, PART I, 1	LINE 11		220,569.	220,569	-
FORM 990-PF		ACCOU	NTING :	FEES		STATEMENT
DESCRIPTION		(A) EXPENSE PER BOO		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES		3,6	70.	1,835		1,835
TO FORM 990-PF, PG	 1, LN 16B	3,6	70.	1,835	•	1,835

FORM 990-PF		TAX:	ES			STA'	rement 4
DESCRIPTION	(A) EXPENSE PER BOO		(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX BASED ON INVESTMENT INCOME	5,8	00.	5 ,	,800.			0.
TO FORM 990-PF, PG 1, LN 18 =	5,8	00.	5 ,	800.			0.
FORM 990-PF	ОТНЕ	R E	XPENSES			STA'	rement 5
DESCRIPTION	(A) EXPENSE PER BOO		(B) NET INVE MENT INC		(C) ADJUSTEI NET INCON		(D) CHARITABLE PURPOSES
LICENSE FEE OTHER FEES INVESTMENT FEES		10. 25. 74.	65,	5. 12. 674.			5. 13. 0.
TO FORM 990-PF, PG 1, LN 23	65,7	09.	65	691.			18.
FORM 990-PF	OTHER	INV	ESTMENTS			STA'	rement 6
DESCRIPTION			LUATION ETHOD	вос	OK VALUE		R MARKET VALUE
FARALLON CAPITAL CHARLES SCHWAB SPDR S&P 500 BBR ACTIVE EQUITY LONG ONLY BBR LONG/SHORT BBR ABSOLUTE RETURN THOROFARE LENDING FUND III THOROFARE ASSET BASED LENDING IV LP VANGUARD INTERIM BOND VANGUARD SHORT TERM BOND JUNO THERAPUTIC	FUND		FMV	1	809,910. 89,126. 1,680,899. 2,807,312. 1,350,000. 1,225,000. 193,638. 1,395,341. 724,898. 512,811. 1,687,000.		809,910. 89,126. 1,680,899. 2,807,312. 4,350,000. 1,225,000. 193,638. 1,395,341. 724,898. 512,811. 4,687,000.
TOTAL TO FORM 990-PF, PART II	, LINE 1	.3		18	3,475,935.	1	8,475,935 .

FORM 990-PF	990-PF INTEREST AND PENALTIES					STATEMENT		7	
TAX DUE FROM FORM 9 LATE PAYMENT INTE LATE PAYMENT PENA	REST	VI						22. 12. 33.	
TOTAL AMOUNT DUE							4,6	67.	
ORM 990-PF LATE PAYMENT PENALTY						STATEMENT 8			
DESCRIPTION	DAT	Έ	AMOUNT	BALANC	EE M	ONTHS	PENAL	TY	
TAX DUE EXTENSION PAYMENT DATE FILED	05/15 05/15 11/14	/18	5,422 -1,000	. 4,	422. 422. 422.	6	1	33.	
TOTAL LATE PAYMENT P	ENALTY						1	33.	
FORM 990-PF	LA	TE PAY	MENT INTE	REST		STAT	EMENT	9	
DESCRIPTION	DATE	AMOUNT		ALANCE	RATE	DAYS	INTEREST		
TAX DUE EXTENSION PAYMENT DATE FILED	05/15/18 05/15/18 11/14/18		,422. ,000.	5,422. 4,422. 4,534.	.0500		1	12.	
TOTAL LATE PAYMENT I	NTEREST						1	12.	
FORM 990-PF	990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGERS						STATEMENT 10		

NAME OF MANAGER

STUART M. SLOAN

MARGARET E. WEILAND