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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 2011

OMB No 1545-0052

Fo	or ca	lendar year 2011 or tax year beginning		, 2011,	and ending	l	, 20
	Name	of foundation SAND DOLLAR FOUNDAT	ION			A Employer identifi	cation number
C/O MARGO WINTERSTEEN Number and street (or P O box number if mail is not delive							4
			ered to street address)	address) Room/suite		B Telephone number (see instructions)	
						() –
	243	EAST 48TH STREET					
_	City o	or town, state, and ZIP code					
						C If exemption applica	ition is
	NEW	YORK, NY 10017				pending, check here	
_		ck all that apply: Initial return	Initial return	of a former p	ublic charity	D 1 Foreign organizat	troop, check here
		Final return	Amended re	turn .	,	2 Foreign organiza	
		Address change	Name change	e		85% test, check f	ere and attach
Н	Che	eck type of organization X Section 501				1 '	
Ī		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	E If private foundation	n status was terminated
Ť			unting method: X C			· ·	in a 60-month termination
•		1	ther (specify))(1)(B), check here
			column (d) must be on	cash basis)		-	χ-,,-,,-,,-
F :		Analysis of Revenue and Expenses (The			ï	<u> </u>	(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	incom	ie	income	purposes (cash basis only)
П	1		242,261.				(Cash Dasis Only)
	2	Contributions, gifts, grants, etc., received (attach schedule). Check if the foundation is not required to attach Sch. B.			- +		
	3		7.		7.		
-	3 4	Interest on savings and temporary cash investments	3,199.		3,199.		
		Dividends and interest from securities	3,277		,,,,,,,		
		Gross rents					<u> </u>
		Net rental income or (loss)	3,769.				
ĕ	ьа b	Net gain or (loss) from sale of assets not on line 10 Gross sales proce for all 240,577.	3,,03.			,	
Revenue	_	assets on line oa		1	4,307.		
æ	7	Capital gain net income (from Part IV, line 2) .			4,507.		-
	8	Net short-term capital gain					-
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·					
		and allowances · · · ·					
		Less Cost of goods sold .	·		-		
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	249,236.	, 1	7,513.		
4	12	Total. Add lines 1 through 11	243,230.		7,010.		
	13	Compensation of officers, directors, trustees, etc					
န္	14	Other employee salaries and wages					-
enses	15	Pension plans, employee benefits					
Expe		Legal fees (attach schedule)	3,282.		1,641.		1,641
E E		Accounting fees (attach schedule)	3,202.		-, -, -, -,		1,041
ţ	_ C	Other protessional rees (altach schedule)	·	<u>. </u>		.	
tra	17						
nis	18	Taxes (attach schedule) (see instructions					_
<u>=</u>	19	Depreciation (attach schedule) and depletion.					
A	20	Godupancy			-		
P	21	Travel conferences and meetings					
g	22	Printing and publications () T.	28.	_	14.	 	1 4
tin	23	Other expenses (attach schedule) ATCH 1.	28.		14.		14
era	24	Total operating and administrative expenses.	2 210		1 655		1 655
ð		Add lines 13 through 23	3,310.		1,655.		1,655
	25	Contributions, gifts, grants paid	114,580.		1 655		114,580
4	26	Total expenses and disbursements Add lines 24 and 25	117,890.	<u> </u>	1,655.	(116,235
Operating and Administrative	27	Subtract line 26 from line 12	100 000				
	а	Excess of revenue over expenses and disbursements	131,346.		- 050		
		Net investment income (If negative, enter -0-)	_	1	5,858.		
	_	Adjusted net income (if negative enter -0-).	I		Į.		I

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2011)

Ð	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
_	aiti	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	11,844.	14,990.	14,990.
-	3	Accounts receivable			
1		Less allowance for doubtful accounts ▶			<u> </u>
- 1	4	Pledges receivable	ļ		
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions) L			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
Ø	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
As	10 a	Investments - U S and state government obligations (attach schedule).			
	b	Investments - corporate stock (attach schedule) ATCH, 2		128,200.	129,128.
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule)			
	• •	Land, buildings, and equipment basis Less accumulated depredation (attach schedule)	-	;	
		(attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the		142 100	144 110
4	_	instructions Also, see page 1, item I)	11,844.	143,190.	144,118.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
iii	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
		Total liabilities (add trees 47 through 22)	0		
_	23	Total liabilities (add lines 17 through 22)	- 0	<u> </u>	
		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			
S		, -			
JCe	24	Unrestricted			
Balances	25	Temporarily restricted			
18	26	Permanently restricted		· ·	
ŭ	27	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
F		• —	11,844.	143,190.	
S	27	Capital stock, trust principal, or current funds	11,044.	143,190.	
set	28 29 30 31	Paid-in or capital surplus, or land, bldg, and equipment fund	-		
As	29	Retained earnings, accumulated income, endowment, or other funds	11,844.	143,190.	
et	30	Total net assets or fund balances (see instructions)	11,044.	143,190.	
z	31	Total liabilities and net assets/fund balances (see	11,844.	143,190.	
	ort II	Instructions)		143,190.	
_		Analysis of Changes in Net Assets or Fund E		must agree with	
7		I net assets or fund balances at beginning of year - Part I			11 044
•	ena-	of-year figure reported on prior year's return)	• • • • • • • • • • • • • • • • • • • •		11,844.
2	Ente	r amount from Part I, line 27a		2	131,346.
		r increases not included in line 2 (itemize)		1 1	143 100
		lines 1, 2, and 3			143,190.
		eases not included in line 2 (itemize)		5	143 100
<u>6</u>	rota	net assets or fund balances at end of year (line 4 minus li	ine 5) - Paπ II, column (b)	, line 30 6	143,190.

•	SAND DOLLAR FOUNDA	TION		26-02394	04
Form 990-PF (2011)					Page 3
Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
• •	d describe the kind(s) of property sold (prick warehouse, or common stock, 200	· -	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE	DULE		B-Bonadon		-
b					
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
a				•	
b		<u></u>			
С					
_d					
e	<u> </u>				
Complete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69	(1)	Gains (Col (h) ga	aın mınus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col	(k), but not less t Losses (from co	
а					
b					
С					
d					
<u>e</u>		<u></u>			
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		14,307.
3 Net short-term capital gair	n or (loss) as defined in sections 12				
If gain, also enter in Pai	rt I, line 8, column (c) (see inst	tructions) If (loss), enter -0- in			
_	<u> </u>		3		0
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
(For optional use by domestic	c private foundations subject to th	e section 4940(a) tax on net investi	nent inco	me)	
If section 4940(d)(2) applies,		butable amount of any year in the b	ase peno	d?	Yes X No
	not qualify under section 4940(e)		F	_	. 100 [22] 110
		r, see the instructions before making	any entr	es	-
(a) Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra	
Calendar year (or tax year beginning in) 2010	101,385.	67,351.		(col (b) divided by	1.505323
2009	201,303.	14,785.			
2008		3,411.			
2007		57.121			
2006					
		<u> </u>			
2 Total of line 1, column (d)	1		2		1.505323
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5 or by the			1.303323
		s than 5 years	3		0.376331
number of years the loun	uation has been in existence in les	s than 5 years	-		0.570551
4 Enter the net value of nor	ncharitable-use assets for 2011 fro	om Part X, line 5	4		159,460.
5 Multiply line 4 by line 3			5		60,010.
6 Enter 1% of net investme			6		159.
			7		60,169.
8 Enter qualifying distribution If line 8 is equal to or great VI instructions	eater than line 7, check the box	in Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions)
_ 1a	Exempt operating foundations described in section 4940(d)(2), check here			ı
	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		1	59.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of \mathcal{I}			
	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			
3	Add lines 1 and 2 3		1	<u>.59.</u>
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-		1	.59.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			
b	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .AŢŢĄÇḤḤḤṇŢ.3▶ 9		1	<u>.64.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
_	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	\longrightarrow	Yes	No
	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 page 19 of the			
	instructions for definition)?	1b		Х
	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			
	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 \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$	-		V
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			Х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-3-		- 1
_	If "Yes," attach the statement required by General Instruction T		•	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	Х	-
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	
7 8a	and the second of the second o			
Od	Enter the states to which the foundation reports of with which it is registered (see instructions)			
.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b		8ь		
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation	""		
3	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		х
4.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
10		10	х	
	and addresses	<u> </u>		Ь

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2011?

Form 990-PF (2011)

4a

Sa 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	Par	t VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requ	ired (continued)		
(3) Influence the outcome of any specific public election (see section 4945(e))?	ъ́	During the year did the foundation pay or incur any amount	nt to			l	
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc. organization described in section 505(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) If any answer is "Yes' to \$3(1)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster sessistance (see instructions)? Organizations relying on a current reguired by Regulations section 53 4945-5(d) 6 If "Yes' attach the statement required by Regulations section 53 4945-5(d) 8 Did the foundation, during the year, receive any funds, directly or indirectly, to pey premiums on a personal benefit contract? (b) Did the foundation, during the year, receive any funds, directly or indirectly, to pey premiums on a personal benefit contract? (c) A transaction of the syear, was the foundation a party to a prohibited tax shelter transaction? (a) A trans the during the tax year, was the foundation a party to a prohibited tax shelter transaction? (b) If "Yes," did the foundation receive any proceeds or have any net morome attributable to the transaction? (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). (a) Name and address of each employee paid more than \$50,000 and the devoted to position to complete the properties principles the methyloge benefit plants and defense compensation. (a) Name and address of each employee paid more than \$50,000 and the position of the position of the properties of th				4945(e))?	. Yes X No	. 1	i
(3) Provide a grant to an individual for travel, study, or other similar purposes?		(2) Influence the outcome of any specific public elec-	ction (see section 4	955), or to carry or	ı,	, 1	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 506(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b if any answer is "Yes" to 56(1)(-6), did any of the transactions fall to quality under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. Organizations relying on a current notice regarding disaster assistance check here. Organizations relying on a current notice regarding disaster assistance check here. Organizations relying on a current notice regarding disaster assistance check here. Organizations relying on a current notice regarding disaster assistance check here. Organizations relying on the previous of the grant of the		directly or indirectly, any voter registration drive?			. Yes X No		
section 59(s)(1), (2), or (3), or section 4940(b)(2)? (see instructions)		(3) Provide a grant to an individual for travel, study, or oth	ner similar purposes?		. Yes X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? Ves		(4) Provide a grant to an organization other than a	charitable, etc., org	anization described i	n	} }	
purposes, or for the prevention of cruelty to children or animals? 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)? Cryanizations relying on a current notice regarding disaster assistance sheek 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? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 8 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? D Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Fart Yull Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, I List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address of each employee pad more than \$50,000 (b) Tills, and average hours per week devoted to position of the propose benefit paids in the propose benefit paids and defend compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (b) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If other allowances were even to the propose benefit paid defend complexes benefit paids to the propose benefit paids to the propose benefit paids to the propose benefit paids to the pro		section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	ee instructions)		. 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)? Organizations relying on a current notice regarding disaster assistance (see instructions)? or If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 18 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 18 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 19 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 10 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 10 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 11 List all officers, directors, Trustees, foundation managers and their compensation (see instructions). 12 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 13 (a) Name and address of each employee pad more than \$50,000 14 (b) Titis, and average foundation and defined complete station. 15 (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." 16 (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." 17 (d) Contributions to employee pad more than \$50,000 18 (e) Compensation of the employee of each employee pad more than \$50,000 19 (e) Compensation of the employee of each employee of each employee of each empl		(5) Provide for any purpose other than religious, chi	aritable, scientific, l	iterary, or educationa	al		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attack 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? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? To B If "Yes" to 66, file Form 8870 To A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If Yes Is No To B If Yes Is No To B Is		purposes, or for the prevention of cruelty to children o	r anımals?		. Yes X No	.	ļ
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attack 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? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? To B If "Yes" to 66, file Form 8870 To A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If "Yes" to 66, file Form 8870 To B If Yes Is No To B If Yes Is No To B Is	b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in	.]]	
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? All the statement required by Regulations section 33 4945-5(d) 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? because it maintained expenditure responsibility for the grant? but the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? but the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? but the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? but the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? but the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? but the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? but the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? contractions and the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contractor? contractions and co						1 1	
because it maintained expenditure responsibility for the grant? # Yes," attach the statement required by Regulations section 53 4945-5(d) 8 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 10 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 11 Eyes." did the foundation receive any proceeds or have any net income attributable to the transaction? 12 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 13 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 14 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 15 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 16 Difficers, directors, trustees, foundation managers and their compensation (see instructions). 16 Difficers, directors, trustees, foundation managers and their compensation (see instructions). 17 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 18 Difficers, directors, trustees, foundation managers and their compensation (see instructions). 19 Difficers, directors, trustees, foundation managers, highly Paid Employees, and their compensation (see instructions). 10 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 11 List all officers, directors, trustees, foundation managers, highly Paid Employees, and their compensation (see instructions). 12 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 13 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 14 Compensation of the five five five five		Organizations relying on a current notice regarding disast	er assistance check h	ere	▶□		
## "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? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ## "Yes" to 6b, file Form 8870 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ## If "Yes" to 6b, file Form 8870 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ## If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? ## Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation of the See instructions and defended compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers, Highly Paid Employees ## Information About Officers, Directors, Trustees, Foundation managers, Highly Paid Employees ## Information About Officers, Directors, Trustees, Foundation managers, Highly Paid Employees, Highly	С	If the answer is "Yes" to question 5a(4), does the f	oundation claim ex	emption from the ta	x		
## "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? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ## "Yes" to 6b, file Form 8870 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ## If "Yes" to 6b, file Form 8870 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ## If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? ## Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation of the See instructions and defended compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers and their compensation (see instructions). ## Information About Officers, Directors, Trustees, Foundation managers, Highly Paid Employees ## Information About Officers, Directors, Trustees, Foundation managers, Highly Paid Employees ## Information About Officers, Directors, Trustees, Foundation managers, Highly Paid Employees, Highly		because it maintained expenditure responsibility for the gr	ant?	·	. Yes No	.	ļ
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
on a personal benefit contract? Yes No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6	6a	· · · · · · · · · · · · · · · · · · ·	• •	ctly, to pay premium	s		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			•			.	
If "Yes" to 6b, file Form 8870 Total number of other employees paid over \$50,000 Total number of other employees pai	b				л ⁹	. 6ь	X
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b							
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average devoted to position (c) Compensation (see instructions). (d) Compensation (see instructions). (e) Expense account, other allowances (f) Rotely and average hours per week devoted to position (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 (f) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances	7 a	At any time during the tax year, was the foundation a par	rty to a prohibited tax	shelter transaction?	. Yes X No	[
ATTACHMENT 4 (a) Name and address of each employee paid more than \$50,000 NONE (a) Name and address of each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000 (b) Title, and average devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (gl) Contributions to employee benefit of employees of emplo	ь	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transaction	n?	7ь	
1 List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (b) Title, and average devoted to position (c) Compensation (f) not paid, enter employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions). 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 (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances. (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances.	-Par		, Trustees, Foun	dation Managers,	Highly Paid Emplo	yees,	
(a) Name and address (b) Title, and average hours per week devoted to position ATTACHMENT 4 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (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 (e) Expense account, other allowances (f) Compensation (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Compensation (f) Contributions to employee benefit plans and deferred compensation (h) Title, and average hours per week devoted to position (h) Title, and avera	1		nanagers and their	r compensation (see	instructions).		
ATTACHMENT 4 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0			(b) Title, and average		(d) Contributions to	(e) Expense	account,
ATTACHMENT 4 0 C 0 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 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 NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (their allowances) Total number of other employees paid over \$50,000		(4)		-0-)		other allo	wances
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(a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000	2		(other than thos	se included on line	e 1 - see instruction	ons). It no	ne, enter
NONE NONE Total number of other employees paid over \$50,000 Nome and address of each employee paid more than \$50,000 None (c) Compensation Plans and deferred compensation Other allowances Other allowances			(h) Title and average			(a) E-mana	
NONE Total number of other employees paid over \$50,000	(a	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	other allo	wances
Total number of other employees paid over \$50,000			devoted to position		compensation		
Total number of other employees paid over \$50,000		NONE					
		NONE					
		· · · · · · · · · · · · · · · · · · ·					
	Tota	I number of other employees paid over \$50,000					
	1018	Thamber of other employees paid over 450,000 .			· · · · · · · · · · · · · · · · · · ·	Form 990)-PF (2011)

Form 990-PF (2011)

3 NONE

Total. Add lines 1 through 3.

Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreits see instructions.)	ign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	78,292.
b	Average of monthly cash balances	1b	83,596.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	161,888.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	161,888.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	2,428.
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	159,460.
6	Minimum investment return. Enter 5% of line 5	6	7,973.
Pa	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	7,973.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 159.		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	159.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,814.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	7,814.
6	Deduction from distributable amount (see instructions)	6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	7,814.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	116,235.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	·
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		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	116,235.
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 (see instructions)	5	159.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	116,076.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating whe	other the foundation

Form 990-PF (2011)

	n 990-PF (2011)				Page 9
Pa	rt XIII Undistributed Income (see instru	ctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7				7,814.
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only				
	Total for pnor years 20 09 ,20 08 ,20 07		171.		
3	Excess distributions carryover, if any, to 2011				
а	From 2006				
	From 2007				
C	From 2008				
	From 2009				
	From 2010 97,278.				
f	Total of lines 3a through e	97,278.			
4	Qualifying distributions for 2011 from Part XII, line 4 > \$ 116,235.				
а	Applied to 2010, but not more than line 2a				<u> </u>
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election				
	required - see instructions)				7 014
	Applied to 2011 distributable amount	108,421.			7,814.
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2011	100,421.			
3	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	205,699.			
þ	Prior years' undistributed income Subtract		171.		
С	line 4b from line 2b Enter the amount of prior years' undistributed		1/1-		-
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable		171		
	amount - see instructions		171.		ļ
Ĭ	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2012				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.	205,699.			
	Subtract lines 7 and 8 from line 6a	205,699.		· -	
10	· 1				
a h					
b c	Excess from 2009				
ď	Excess from 2010				
	Excess from 2011				

Fom	n 99 6 -PF (2011)	SAND DOLI	AR FOUNDATION		26-	0239404 Page 10
Pa	rt XIV Private Oper	ating Foundations	see instructions and	d Part VII-A, questio	n 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	rating	
	foundation, and the ruling	g is effective for 2011, e	nter the date of the ruling		. ▶	
ь	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	n 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesses of the ed	Tax year	·	Prior 3 years		(a) Tatal
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	for the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a			<u> </u>		
-					-	
С	Qualifying distributions from Part XII, line 4 for each year listed				•	
d	Amounts included in line 2c not					
	used directly for active conduct					
е	of exempt activities					
·	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c					
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying				 	
	under section					
b	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest-					
	ment 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					Ì
	exempt organizations as provided in section 4942					
	(j)(3)(B)(w)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income	1.6			 -41 05-000	<u> </u>
Pa		ary information (C during the year - se		only if the found	lation had \$5,000	or more in assets
1	Information Regardin					
a	List any managers of	_		e than 2% of the tota	al contributions receiv	ed by the foundation
<u> </u>	before the close of any	tax year (but only if the	ney have contributed r	more than \$5,000) (S	See section 507(d)(2))	sa by the realisation
	MARGO WINTE	DOTECN	•			
<u>h</u>	List any managers of		own 10% or more of	the stock of a corn	oration (or an equally	large portion of the
_	ownership of a partner					a.go portion or the
				_		
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X if t	- he foundation only i	makes contributions	to preselected char	itable organizations a	nd does not accent
	unsolicited requests for					
	other conditions, comp			, ,	,	5
a	The name, address, a	nd telephone number	of the person to whor	n applications should b	oe addressed	
			,	• •		
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
_	Any cubmission does!	nos				
C	Any submission deadli	IICS.				
d	Any restrictions or li factors:	mitations on awards	such as by geogra	aphical areas, charita	able fields, kinds of	nstitutions, or other
	1431013.					

Supplementary information	(continuea)			
3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	Future Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 5				
		}		
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			İ	
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			†	
			1	
		j		
				1
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Total			▶ 3a	114,580.
b Approved for future payment				
.,			1	†
				ľ
				1
				1
		}		
			İ	
	<u> </u>		l	
Total			▶ 3b	

Part XVI	A Analysis of Income-Produ	icing Activ	vities			
Enter gross	amounts unless otherwise indicated	inless otherwise indicated Unrelated business income Excluded by ser			y section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
						(Occ mod delicits)
. —						
е						
f					·	
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	n savings and temporary cash investments			14	7.	
	ds and interest from securities			14	3,199.	
	al income or (loss) from real estate					
	-financed property			-		· · · -
	debt-financed property			-		
	I income or (loss) from personal property .					
	vestment income	-		10	2.760	
•	oss) from sales of assets other than inventory	 		18	3,769.	
	me or (loss) from special events			 		
	rofit or (loss) from sales of inventory					
	venue a					
ь						
	<u> </u>			-		<u>-</u>
				†		
e	Add columns (b), (d), and (e)	-		+	6,975.	
Part XVI- Line No. ▼	Explain below how each activities accomplishment of the foundation	ty for whic	h income is reported	ın column (e	e) of Part XVI-A contribu	•
1	NOT APPLICABLE					
		· -				
-						
		<u> </u>				
JSA 1E1492 1 000						Form 990-PF (2011

Form 99	0-PF (20			LAR FOUND			26- <u>023</u>			ge 13
Part 2	XVII	Information R Exempt Organ		ansfers To	and Transac	tions ar	nd Relationships With Non	chari	table	;
ın	secti	_	•		_	-	any other organization described section 527, relating to political		Yes	No
		rs from the reportin	_				of	1a(1)		X
								1a(2)		Х
b 0	ther to	ansactions.								-
								1b(1)		X
								1b(2)		X
()	s) Ken 1) Rev	tai ot tacilities, equ nhursement arrand	ipment, or other ements	rassets	• • • • • • • • •			1b(3)		X
								1b(5)		Х
										Х
										X
							Column (b) should always show			
							n If the foundation received less e of the goods, other assets, or s			
(a) Line		(b) Amount involved	,	nonchantable exe			escription of transfers, transactions, and sha			
		N/A				N/A				
										
	+					+				
	_									
	\perp									
						+				
	+					1				
						<u> </u>				
d	escrib) of the Code (d				ore tax-exempt organizations on 527?		es X] No
		(a) Name of organization		(b) ³	Type of organization		(c) Description of relation	ship		
——Sign	Under	penalties of perjury, I deci , and complete Declaration of	are that I have exam of preparer (other than	nned this return, ir taxpayer) is based o	nduding accompanying n all information of whi	schedules an	nd statements, and to the best of my knowled s any knowledge	ge and I	oelief, it	ıs true
Here	Sign	Margo S ature of officer or trustee	. Winter	3-leen No Date	5v.9,2012	Title	•	S discus reparer ns)? X	shown	retum below No
	<u> </u>	Print/Type preparer's	s name	Preparet	Salgpature //	7	Date Chook of	PTIN		
Paid		MICHAEL DICKE		MICHAE	11/	_	Check if 11/06/2012 self-employed		7123	3
Prepa			OPEL FORMAN				Firm's EIN ▶ 36-2			
Use (Only	Firm's address ▶ 50	00 NORTH MI	CHIGAN AV	E, SUITE 1	700				

60611

Form 990-PF (2011)

Phone no 312-642-0006

CHICAGO, IL

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.

OMB No 1545-0047

Name of the organization		Employer identification number				
SAND DOLLAR FOUNDATION						
C/O MARGO WINTERSTEEN		26-0239404				
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 fou	ndation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion				
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7), (instructions	ered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 of contributor. Complete Parts I and II	r more (in money or				
Special Rules						
under sections 509(a)(organization filing Form 990 or 990-EZ that met the 33 1/3 % support to 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 30 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	year, a contribution of				
during the year, total c), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use exclusively for religious, charitates, or the prevention of cruelty to children or animals. Complete Parts I, II,	ole, scientific, literary,				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file Sonswer "No" on Part IV, line 2, of its Form 990, or check the box on line H to certify that it does not meet the filing requirements of Schedule B (Fon	of its Form 990-EZ or on				

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) (2011)

Name of organization SAND DOLLAR FOUNDATION Employer identification number C/O MARGO WINTERSTEEN 26-0239404

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 _	MARGO WINTERSTEEN 243 EAST 48TH STREET NEW YORK, NY 10017	\$ 5,453.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2 _	MARGO WINTERSTEEN 243 EAST 48TH STREET NEW YORK, NY 10017	\$236,808.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			

Mame of organization SAND DOLLAR FOUNDATION C/O MARGO WINTERSTEEN

Employer identification number

26-0239404

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1,800 SHARES OF SPDR TR UNIT SER 1 2 236,808. 04/14/2011 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

	organization SAND DOLLAR FOUNDATION			Employer identification number			
•	C/O MARGO WINTERSTEEN			26-0239404			
Part III	Exclusively religious, charitable, etc., in that total more than \$1,000 for the year	ndividual contribu ar. Complete colur	itions to section 5 nns (a) through (e	01(c)(7), (8), or (10) organizations) and the following line entry.			
	For organizations completing Part III, encontributions of \$1,000 or less for the y	ear. (Enter this inf	ormation once Se	haritable, etc., e instructions.) ▶\$			
(a) No	Use duplicate copies of Part III if addition	ial space is neede	d				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, and			nship 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	Relation	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) Transf	er of gift				
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	<u> </u>	. <u>-</u>					
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee			

DESCRIPTION BANK FEES

	NET	INVESTMENT	INCOME	14.	14.
REVENUE	AND	EXPENSES	PER BOOKS	28.	28.
					TOTALS

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CORPORATE S
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PART
990PF,
FORM

ENDING <u>FMV</u>	65, 640. 63, 488.	129,128.
ENDING BOOK VALUE	64,169. 64,031.	128,200.
BEGINNING BOOK VALUE		
DESCRIPTION	JPMORGAN CORE BOND SLCT FND MANAGERS PIMCO BOND FND	TOTALS

SAND DOLLAR FOUNDATION

CA	PITAL GAI	NS AND LC	SSES FOR	TAX ON	, INVEST	М	ENT INCOM	IE
Kind of P	FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVEST Kind of Property Description Sale Depreciation Cost or FMV Adj basis Excess of		ty Descri			P Date Date		Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
240,577.		1,800 SHS: S PROPERTY TY 226,270.				D	04/14/2011 14,307.	04/25/201
OTAL GAIN(LO	oss)			•••••			14,307.	
!								

AND TRUSTEES	
DIRECTORS,	
IST OF OFFICERS,	
- I	
PART VIII	
FORM 990PE,	

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0
COMPENSATION	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT, DIRECTOR	VICE PRES, SECRETARY, DIRECTOR	VICE PRES, TREAS, DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	MARGO WINTERSTEEN 243 EAST 48TH STREET NEW YORK, NY 10017	JEREMY WINTERSTEEN 53 RUTLAND STREET, APT. #3 BOSTON, MA 02118	LAURENCE WINTERSTEEN 337 COMMONWEALTH AVENUE, APT. #40 BOSTON, MA 02115	

2,500.

5,250.

1,000

ATTACHMENT 5

1,000

3,000.

2,000

AMOUNT	1,000.	1,500.	750.	2,500.	4,000.	1,250.
PURPOSE OF GRANT OR CONTRIBUTION	UNRESTRICTED	UNRESTRICTED	UNRESTICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC	NONE PUBLIC	NONE	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC
RECIPIENT NAME AND ADDRESS.	ST BERNARD'S SCHOOL 4 EAST 90TH STREET NEW YORK, NY 10029	APPLE ORCHARD TRUST FOR TEACHERS 282 D NEWTON STREET BROOKLINE, MA 02445	HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780	FILM FORUM 209 W HOUSTON NEW YORK, NY 10014	SIGNATURE THEATRE CENTER 480 WEST 42ND STREET NEW YORK, NY 10036	MANHATTAN THEATRE CLUB 311 WEST 43RD STREET 8TH FLOOR NEW YORK, NY 10036

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MANHATTAN CLASS COMPANY 311 W 43RD STREET #302 NEW YORK, NY 10036	NONE PUBLIC	UNRESTRICTED	500.
PROUTS NECK ASSOCIATION 499 BLACK POINT ROAD SCARBOROUGH, ME 04074	NONE PUBLIC	UNRESTRICTED	800.
PORTLAND MUSEUM OF ART SEVEN CONGRESS SQUARE PORTLAND, ME 04101	NONE PUBLIC	UNRESTRICTED	4,000
HUNTINGTON MEMORIAL HOSPITAL 100 WEST CALIFORNIA BLVD PASADENA, CA 91105	NONE PUBLIC	UNRESTRICTED	250.
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036	NONE	UNRESTRICTED	1,200
REHABILITATION INSTITUTE OF CHICAGO 345 EAST SUPERIOR STREET CHICAGO, IL 60611	NONE	UNRESTRICTED	200

FORM 990PF, PART XV - GRANTS AND CONTRIBITIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS KEY WEST LITERARY SEMINAR 718 LOVE LANE KEY WEST, FL 33040 MEMORIAL SLOAN KETTERING RESEARCH FUND 1275 YORK AVENUE NEW YORK, NY 10065 SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866 MILLBROOK SCHOOL 131 MILLBROOK SCHOOL 131 MILLBROOK, NY 12545	FELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT NONE PUBLIC NONE PUBLIC NONE PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC	UNRESTRICTED UNRESTRICTED UNRESTRICTED	AMOUNT 500 500 1,000 6,000.
MITA 58 FORE STREET SUITE 30-3 PORTLAND, ME 04101	NONE PUBLIC	UNRESTRICTED	. 000 , 6
SCARBOUROUGH LAND TRUST 7 OAK HILL TERRACE 2ND FLOOR SCARBOROUGH, ME 04074	NONE PUBLIC	UNRESTRICTED	10,450

PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	UNRESTRICTED 1,000	UNRESTRICTED 1,000.	UNRESTRICTED 500	J,000	UNRESTRICTED 2,000.	UNRESTRICTED 150
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC
RECIPIENT NAME AND ADDRESS	HERRING GUT LEARNING CENTER 59 FACTORY ROAD TENANTS HARBOR, ME 04860	BROADWAY CARES/EQUITY FIGHTS AIDS 165 WEST 46TH STREET #1300 NEW YORK, NY 10036	LIGHTHOUSE 111 E 59TH STREET NEW YORK, NY 10022	CITYMEALS 355 LEXINGTON AVENUE NEW YORK, NY 10017	ROUNDABOUT THEATRE CLUB 231 WEST 39TH STREET, SUITE 1200 NEW YORK, NY 10018	SEEDS OF PEACE 370 LEXINGTON AVENUE SUITE 2103

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GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR
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PART XV
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젧
FORM 990PF

AMOUNT	3,000.	1,000	750	100.	1,000.	1,000.
PURPOSE OF GRANT OR CONTRIBUTION	UNRESTRICTED	UNRESTICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC	NONE	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE
RECIPIENT NAME AND ADDRESS	DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	FRESH AIR FUND 633 THIRD AVENUE 14TH FLOOR NEW YORK, NY 10017	CHANNEL 13 825 EIGHTH AVENUE NEW YORK, NY 10019	ISLAND INSTITUTE P O BOX 648 386 MAIN STREET ROCKLAND, ME 04841	THE SEEING EYE 10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07960	HUMAN RIGHTS WATCH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	ON AMOUNT	1,000.	200.	3,000.	150	3,000.	3,000
	PURPOSE OF GRANT OR CONTRIBUTION	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE PUBLIC	NONE	NONE PUBLIC	NONE PUBLIC
	RECIPIENT NAME AND ADDRESS	THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	TURTLE BAY TOY DRIVE 224 EAST 47TH STREET NEW YORK, NY 10017	NEW YORK TIMES NEEDIEST CASES FUND 4 CHASE METROTECH CENTER, 7TH FLOOR EAST LOCKBOX 5193 BROOKLYN, NY 11245	LIFEFLIGHT OF MAINE P O BOX 899 CAMDEN, ME 04843	CITY HARVEST 575 8TH AVENUE 4TH FL NEW YORK, NY 10018	COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038

26-0239404

ATTACHMENT 5 (CONT. II)	TRIBUTOR		ENT PUFPOSE OF GRANT OR CONTRIBUTION AMOUNT	UNFESTRICTED 500				UNFESTRICTED 500		
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT	NONE	PUBLIC			NONE	PUBLIC	
			RECIPIENT NAME AND ADDRESS	STANFORD FUND	GIFT PROCESSING	P O BOX 20466	STANFORD, CA 94305	MARK MORRIS DANCE FOR PD FUND	3 LAFAYETTE AVENUE	BROOKLYN, NY 11217

114,580 TOTAL CONTRIBUTIONS PAID

Form 8868 .

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		▶ File a s	eparate app	dication for each return.				
		Automatic 3-Month Extension, co	mplete on	ly Part I and check this	box			▶ X
		Additional (Not Automatic) 3-Mon						
Do not comp	lete Part II	unlessou have already been grante	ed an auto	matic 3-month extension	on a	a previously filed F	om 8868	
Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
			·					· · <u></u>
		file Form 990-T and requesting an						
Part I only								.▶∟
		cluding 1120-C filers), partnerships,	REMICs,	and trusts must use Fon	m 70			
to file income		empt organization or other filer, see instr				Enter filer's Identify		
Type or	ļ.	• •	UCIONS	ļ		Employer identifica	a) redniun nous	in) or
print	SAND DOLLAR FOUNDATION C/O MARGO WINTERSTEEN X 26-0239						34	
File by the		reet, and room or suite no. If a P O box,	see instruct	ions		26-023940		
due date for	ł		300 HISUUCI	10/13	\Box	Social security num	nder (SSN)	
filing your return Sce		ST 48TH STREET r post office, state, and ZIP code For a	foreign addi	roce soo instructions	بب			
instructions.	Į.		ioreign acui	ess, see insuddona.				
Enter the Bat		RK, NY 10017 or the return that this application is for	r /file e ee	namic application for an	sh m	.t\		0 4
Enter the Rei	min code ic	r the return that this application is to	or (nie a se	parate application for ea	rci i e	:wiii)		<u> </u>
Application		· · · · · · · · · · · · · · · · · · ·	Return	Application				Return
ts For			Code	Is For				Code
Form 990			01	Form 990-T (corporation	<u> </u>			07
Form 990-BL		· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A)11 <i>j</i>			08
Form 990-EZ			01	Form 4720				09
Form 990-PF			04	Form 5227				10
		or 408(a) trust)	05	Form 6069				11
Form 990-T (06	Form 8870				12
		care of ► MARGO WINTERSTE						
Telephone	e No. ▶			FAX No ▶				
•	_	es not have an office or place of bu	_		this l	hox		▶□
		Return, enter the organization's four					lf the	s is
		eck this box					Tand atta	
		d EINs of all members the extension						
1 I reque	st an auton	natic 3-month (6 months for a corpor	ation requ					
	organizatio		xempt org	anization return for the o	nyan	izapon named abo	ve ine exter	ision is
		n's return for: ear 20 11 or						
7 1	tax year be		20	and and an			20	
-	tax year bi	aginning	, ²⁰ _	, and ending			., 20	
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return								
nonrefu	indable cr	is for Form 990-BL, 990-PF, 99 edits See instructions.					y 3a 5 M	one
		n is for Form 990-PF, 990-T, ments made Include any prior yea				lable credits and	d sb s	one one
		tract line 3b from line 3a Include				d, by using EFTP	s	
		al Tax Payment System). See instruc			•	J J	3c \$ 1	ene
Caution. If	you are go	ing to make an electronic fund v		with this Form 8868,	see	Form 8453-EO		379-EO for
payment ins		Bundle Dadwalls - B-4 Stati					Fa 0000	(De. 4.0045)
•	ct and Pape	rwork Reduction Act Notice, see instru	cuons.				10m 8868	(Rev 1-2012)
JSA 8054 4 000 2 JV 5	5P5 000 0	5/8/2012 11:34:25 A	M V 11	-4.4				PAGE 1

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Form 8868 (Re	v. 1-2012)					Page 2
	filing for an Additional (Not Automatic) 3-Me					
Note. Only o	complete Part II if you have already been gra	nted an aut	tomatic 3-month extension	on a	previously filed Form 886	B
• If you are	filing for an Automatic 3-Month Extension, o	omplete o	nly Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Ex	ctension o	f Time. Only file the orig	inal	(no copies needed).	
			E	nter f	iler's identifying number, se	e instructions
	Name of exempt organization or other filer, see in	structions.			Employer identification num	ber (EIN) or
Type or	SAND DOLLAR FOUNDATION					
print	C/O MARGO WINTERSTEEN			X	26-0239404	
•	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	i	Social security number (SSI	4)
File by the due date for	243 EAST 48TH STREET					
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.	ш	<u> </u>	
retum. See Instru ctions .	NEW YORK, NY 10017					
Enter the Re	eturn code for the return that this application	is for (file a	separate application for ea	ach re	etum)	. 04
Application		Return	Application		, , , , , , , , , , , , , , , , , , , ,	Return
ls For		Code	ls For			Code
Form 990		01			· · · · · · · · · · · · · · · · · ·	+
Form 990-B		02	Form 1041-A			08
	-	01	Form 4720			
Form 990-E			·			09
Form 990-PI		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870	1	an a province to filed Co.	12
	ot complete Part II if you were not already		automatic 3-month exter	191011	on a previously med ro	111 0000.
	s are in the care of MARGO WINTERST		FAV No.		•	
Telephon	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	FAX No. >		 •	,
	anization does not have an office or place of					<u>, ;</u>
	or a Group Return, enter the organization's fo					his is
	e group, check this box		art of the group, check this	DOX.	▶ and a	tach a
	names and EINs of all members the extension			1 /1	F == 10	
•	est an additional 3-month extension of time u				<u>5</u> , 20 <u>12</u> .	
	lendar year 2011, or other tax year beginn		· · · · · · · · · · · · · · · · · · ·	id en		20
	ax year entered in line 5 is for less than 12 m	onths, che	ck reason: Initial re	turn	Final return	
	Change in accounting period					
	n detail why you need the extension					
************	RMATION NEEDED TO FILE A COMPL	ETE AND	ACCURATE TAX RET	URN		
IS NO	OT AVAILABLE AT THIS TIME	_				
	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the ten	tative	7 1	
	undable credits. See instructions.				8a \$	
	application is for Form 990-PF, 990-T,					
estima	ted tax payments made. Include any pri	ior year o	verpayment allowed as	a cr	redit and any	
amoun	nt paid previously with Form 8868.				8b \$	
c Baland	e Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requi	red, b	y using EFTPS	
(Electr	onic Federal Tax Payment System). See instru	ctions.			8c \$	-0-
	Signature and Verification	ation mu	st be completed for P	art	ll only.	
	s of perjury, I declare that I have examined this form,		companying schedules and staten	nents,	and to the best of my knowle	dge and belief,
	t, and complete, and that I am authorized to prepare this fo					
	C_{1} C_{1} C_{2} C_{3}		- 0 4		a/	1
Signature 🕨	Jamille Was		Title ▶ CPA		Date ► δ/I	14/12-
	(/		-		Form 8866	(Rev. 1-2012)