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Form **990-PF**

EXTENDED TO NOVEMBER 15, 2017 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. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Department of the Treasury Internal Revenue Service

For c	alen	dar year 2016 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
В	ւՄ	E SANDS FOUNDATION			37-1797396	
Num	ber ar	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1.	21:	2 NEW YORK AVE, NW		1000_	202-607-23	00
City	or to	own, state or province, country, and ZIP or foreign	postal code		C If exemption application is pe	nding, check here
W.	ASI	HINGTON, DC 20005				
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return			
		X Address change	Name change		2 Foreign organizations med check here and attach cor	nputation
H C	heck	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation stat	us was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundate		under section 507(b)(1)	(A), check here
Į Fa	ır ma	· I ——	ting method: X Cash	Accrual	F If the foundation is in a 6	60-month termination
	om f		Other (specify)		under section 507(b)(1)	(B), check here
ે≥		4,422,345. (Part I, coll	umn (d) must be on cash t	pasis)	}	
S Pa	<u>rt I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	4,603,375.			. 1111488
5	2	Check If the foundation is not required to attach Sch. B	2	3 4 5 8 4 3 8 3 C		• <u> </u>
ם קר	3	Interest on savings and temporary cash investments	25,952.	25,952.	25,952.	STATEMENT 1
ן ו	4	Dividends and interest from securities			<u> </u>	^ * / * _ ^
e	5a	Gross rents			<u></u>	* * ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
<u> </u>	b	Net rental income or (loss)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	^ & £ (, \$ * `)	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
	6a	Net gain or (loss) from sale of assets not on line 10			2 1 2 2	· · · · · · · · · · · · · · · · · · ·
2117 9	b	Gross sales price for all assets on line 6a	× 8 3 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	. → . ^ . ^ . * . \ × . \	1 3 2 2 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Š	7	Capital gain net income (from Part IV, line 2)	* * * * * * * *	0.	87 8 3 2 8 3 3	
ď	8	Net short-term capital gain		*	0.	
	9	Income modifications Gross sales less returns	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *		
	10a	and allowances			<u> </u>	•
		Less Cost of goods sold	ļ	<u> </u>	, //- ^ · · ·	· · · · · · · · · · · · · · · · · · ·
	C	Gross profit or (loss)			\	\$ 1 °
	11	Other income	4,629,327.	75 057	25 052	
	12	Total. Add lines 1 through 11	4,629,327.	25,952. 0.	25,952.	0.
	13	Compensation of officers, directors, trustees, etc	·	 	 	-
	14	Other employee salaries and wages Pension plans, employee benefits		 	 	
ý.			590.	0.	590.	0.
Jse	IDa	Legal fees STMT 2 Accounting fees STMT 3	2,000.	1,000.	1,000.	0.
Expense	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Other professional fees STMT 4	5,67,2		5,672.	0.
		Interest		RECEIVING	 	
Administrative	18	Taxes	r		122	· · · · · · · · · · · · · · · · · · ·
stra	19	Depreciation and depletion	8078	NOV 2 4 2017		
. <u>.</u>	20	Occupancy	8	- \(\psi \psi \cdot \	185	
Adn	21	Travel, conferences, and meetings			12	
, pue		Printing and publications		OGDEN, UT		
<u>.</u>	23	Other expenses STMT 5	3,417.	0.	3,417.	0.
Operating	24	Total operating and administrative				
Š		expenses. Add lines 13 through 23	11,679.	1,000.	10,679.	0.
õ	25	Contributions, gifts, grants paid	176,671.			176,671.
	26	Total expenses and disbursements.				
	<u>_</u>	Add lines 24 and 25	188,350.	1,000.	10,679.	176,671.
	27	Subtract line 26 from line 12:			_	
	a	Excess of revenue over expenses and disbursements	4,440,977.	 	 	
		Net investment income (if negative, enter -0-)		24,952.		
	<u> </u> c	Adjusted net income (if negative, enter -0-)	1	L	15,273.	L
6235	Δ1 11	1-23-16 LHA For Paperwork Reduction Act Noti	ce, see instructions.			Form 990-PF (2016)

	_	0-PF(2016) BLUE SANDS FOUNDATION		37-	1797396 Page 2
P	ařt`	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
_		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		4,360,035.	4,360,035.
	2	Savings and temporary cash investments			
	3	Accounts receivable -		* * * * * * * * * * * * * * * * * * *	
		Less; allowance for doubtful accounts			
	4	Pledges receivable			* * * * * * * * * * * * * * * * * * *
		Less; allowance for doubtful accounts	<u> </u>		
	5	Grants receivable		·	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	4 7 4 1 1 1	*	*** *
		Less: allowance for doubtful accounts	<u> </u>		
ţ	8	Inventories for sale or use	 	 	
Assets	9	Prepaid expenses and deferred charges	<u> </u>		
٩	10a	Investments - U.S. and state government obligations		 	
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis		** * * * , * * * * *	
]	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			* * * * * * * * * * * * * * * * * * * *
	1	Less accumulated depreciation			
	15	Other assets (describe ► ACCRUED INTEREST IN)	0.	62,310.	62,310.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	4,422,345.	4,422,345.
	17	Accounts payable and accrued expenses			() () () () () () () ()
	18	Grants payable			
S	19	Deferred revenue			
abilitie	20	Loans from officers, directors, trustees, and other disqualified persons			* * * * * * * * * * * * * * * * * * * *
abil	21	Mortgages and other notes payable			
=	22	Other liabilities (describe)			, () ¢
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ĺ	1	and complete lines 24 through 26 and lines 30 and 31.			*, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
es	24	Unrestricted			5 ,
or Fund Balances	25	Temporarily restricted			
Bal	26	Permanently restricted			
P	İ	Foundations that do not follow SFAS 117, check here			1
교	ł	and complete lines 27 through 31.			}
	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
	29	Retained earnings, accumulated income, endowment, or other funds	0.	4,422,345.	
Net	30	Total net assets or fund balances	0.	4,422,345.	ļ
_					
	31	Total liabilities and net assets/fund balances	0.	4,422,345.	
声	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
느		<u> </u>			
1	Tota	l 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)		1	0.
		r amount from Part I, line 27a		2	4,440,977.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	_	4	4,440,977.
		eases not included in line 2 (itemize) UNREALIZED LOS		5	18,632.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	4,422,345.
	_			 _	Form 990-PF (2016)

	and Losses for Tax o		Incomo		37-179	7396 Page 3
	ribe the kind(s) of property solo		nicome	(b) How acquired	(c) Date acquired	(d) Date sold
2-story brick wa	arehouse; or common stock, 20	0 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)
1a						
b NO:	NE					
_c				ļ		
<u>d</u>				 	[
<u>e</u>	40 Day	(1)	-1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,	st or other basis expense of sale		(h) Gain or (loss) (e) plus (f) minus (
<u>a</u>						
<u>b</u>	· · · · · · · · · · · · · · · · · · ·					
d d						
e	· · · · · · · · · · · · · · · · · · ·					
Complete only for assets showing	ng gain in column (h) and owne	d by the foundation	on 12/31/69		(I) Gains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E:	xcess of col. (1) col. (j), if any		col. (k), but not less than Losses (from col. (1 -0-) or
a						
b						
<u>C</u>						
<u>d</u>						
<u>e</u>	L					
2 Capital gain net income or (net ca	apital loss) { If gain, also If (loss), en	enter in Part I, line iter -0- in Part I, line	: 7 : 7	} 2	·	
3 Net short-term capital gain or (loalif gain, also enter in Part I, line 8,	column (c).	(5) and (6):				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e)	for Reduced	Tax on Net	Investment In	come	
(For optional use by domestic private						N/A
(For optional use by domestic private	e roundations subject to the set	nion 4540(a) iax on	i net mvesanent m	icome.)		II/A
If section 4940(d)(2) applies, leave to	his part blank.					
Was the foundation liable for the sec	tion 4942 tax on the distributat	le amount of any y	ear in the base per	riod?		Yes No
If "Yes," the foundation does not qua						
1 Enter the appropriate amount in	each column for each year; see	the instructions be	fore making any e	ntries.		73S
Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifyii		Net value of no	(c) oncharitable-use asse	ts Distrib	(d) ution ratio ided by col. (c))
2015						
2014						
2013		· · · · · · · · · · · · · · · · · · ·	 			
2012 2011			 		- 	
2011			-			
2 Total of line 1, column (d)					2	
3 Average distribution ratio for the	5-year base period - divide the	total on line 2 by 5,	or by the number	of years		
the foundation has been in existe	nce if less than 5 years		-	•	3	
4 Enter the net value of noncharitat	ole-use assets for 2016 from Pa	art X, line 5			4	
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)				6	
7 Add lines 5 and 6					7	
8 Enter qualifying distributions from	m Part XII, line 4				8	
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part \	/I, line 1b, and com	plete that part usir	ng a 1% tax rate.		

	990-PF (2016) BLUE SANDS FOUNDATION 1 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		1797: see in		P lions	age 4
	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1. Date of ruling or determination letter: 11/03/15 (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	% % 1	* ₄₁ 's	N/A	· ,	·
C	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	43	15 10	٠ <u>٠</u>	» 0.
3	Add lines 1 and 2	3				0.
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
a	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 Exempt foreign organizations - tax withheld at source 6b				i r Ži i b	**
C	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d	***	***	*		* * *
8	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7 8				0.
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9				0.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax Tt VII_A Statements Regarding Activities Refunded	11				
b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition) If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published.	?		1a 1b		No X X
	distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1c	7 9	X
е	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.			\$. /	* 1	4,
	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. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					<u>,</u>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	**	,,	3 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	N	/A	4b 5		X
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or					
7	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument? 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	law	ı	6	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions) DC					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				х	
9	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar		8b		
10	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	TMT	7	9	X	
	Section 2 Sectio			m 990		(2016)

Form	990-PF (2016) BLUE SANDS FOUNDATION 37-1797	396		Page 5
Pa	rt VII-A 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			l
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address HTTP://BLUESANDS.ORG/			
14	The books are in care of ► KAREN DONAHOE Telephone no. ► 202-60	7-2	300	
• •	Located at ▶ 1212 NEW YORK AVE, NW, SUITE 1000, WASHINGTON, DC ZIP+4 ▶20			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, 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		. 🗥	& '&
	foreign country	<i>\delta</i> 3	* 🥎	* * * * * * * * * * * * * * * * * * * *
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		~>
×	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1,13	Yes	No
4.	·		. 3 0	* *
12	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	, ,,,	'	l
		8	\$ 35.	<i>₹</i> 8
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	Ž		Á5 4
		, , ,	.,	¥
		3	₩ ,	1 . !
			* ´	\$
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No		<i>*</i>	, 🍇
		4		P
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	3	, 🖫	\$ P
	if the foundation agreed to make a grant to or to employ the official for a period after	1 %	>, »	; ×
	termination of government service, if terminating within 90 days.)	\$	`	\$4
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	 	7, Y	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b		├ ─┐
	organizations rolying on a service regarding and an arrangement and arrangement and arrangement and arrangement arrangement are arrangement and arrangement are arrangement arrangement are ar			` <
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	-	<u> </u>	1
	before the first day of the tax year beginning in 2016?	1c_	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	3 1	
	defined in section 4942(j)(3) or 4942(j)(5)):	1		\
i	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	` ,		1 1
	before 2016? Yes X No	1	ļ	
	If "Yes," list the years	1		
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1	ł	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	<u> </u>	<u> </u>	$oxed{oxed}$
	statement - see instructions.) N/A	2b	ļ	L
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	1	
	>	[
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ	
	during the year?		İ	
1	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2016.)	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	\vdash	X
			0-PF	(2016)

orm 990-PF (2016) BLUE SANDS FOUNDATION			37-17973	96 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or 	, ,,	ectly,		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes'			s X No	
 (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, equalified literary. 			s X No	
 (5) Provide for any purpose other than religious, charitable, scientific, literary, 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 und 		Ye	s X No	41
section 53.4945 or in a current notice regarding disaster assistance (see instructions relying on a current notice regarding disaster assistance check his	ctions)?	iii negulalions	-	5b X
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?	om the tax because it maintai		s No	
If "Yes," attach the statement required by Regulations section 53.4945. 6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the statement of the state	-5(d)		> *	
 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870 	ersonal benefit contract?	Ye	s X No	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b if "Yes," did the foundation receive any proceeds or have any net income attribu		Ye	s X No N/A	7b
Part VIII: Information About Officers, Directors, Truster Paid Employees, and Contractors		nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0
SEE STATEMENT 0		0.	0.	0.
			<u> </u>	
			p ·	
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees and over \$50,000				
Total number of other employees paid over \$50,000			Form	990-PF (2016)

BLUE SANDS FOUNDATION

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Part 2	Minimum Investment Return (All domestic foundation	ns must complete this part.	Foreign foundation	ons, see instructions)
1 Fair	market value of assets not used (or held for use) directly in carrying out char	ritable, etc., purposes:	٤ ٢,	*}
	age monthly fair market value of securities	made, ord, parpoods	1a	548,153.
	age of monthly cash balances		1b	244,286.
	market value of all other assets		1c	0.
d Tota	II (add lines 1a, b, and c)		10	792,439.
	uction claimed for blockage or other factors reported on lines 1a and		×.	¥
	attach detailed explanation)	1e	o. 🎉	
2 Acq	uisition indebtedness applicable to line 1 assets		2	<u> </u>
3 Sub	tract line 2 from line 1d		3	792,439.
4 Cas	n deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amo	ount, see instructions)	4	11,887.
	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here a		5	780,552.
6 Min	imum investment return. Enter 5% of line 5		6	39,028.
Part			oundations and cer	tain
1 Min	imum investment return from Part X, line 6	<u> </u>	1 1	Ţ
-	on investment income for 2016 from Part VI, line 5	2a		
	ome tax for 2016. (This does not include the tax from Part VI.)	2b		
	lines 2a and 2b		2c	7
3 Dist	ributable amount before adjustments. Subtract line 2c from line 1		3	
	overies of amounts treated as qualifying distributions		4	
	lines 3 and 4		5	
6 Ded	uction from distributable amount (see instructions)		6	
	ributable amount as adjusted. Subtract line 6 from line 5. Enter here and on	Part XIII, line 1	7	
Part	Qualifying Distributions (see instructions)			
1 Am	ounts paid (including administrative expenses) to accomplish charitable, etc.,	purposes:	*	T
	enses, contributions, gifts, etc total from Part I, column (d), line 26		1a	176,671.
	gram-related investments - total from Part IX-B		1b	176,671. 10,679.
2 Am	ounts paid to acquire assets used (or held for use) directly in carrying out cha	arıtable, etc., purposes	2	
3 Am	ounts set aside for specific charitable projects that satisfy the:			
a Suit	ability test (prior IRS approval required)		3a	I
b Cas	h distribution test (attach the required schedule)		3b	
	lifying distributions. Add lines 1a through 3b. Enter here and on Part V, line	8, and Part XIII, line 4	4	187,350.
5 Fou	ndations that qualify under section 4940(e) for the reduced rate of tax on net	investment		
inco	ome. Enter 1% of Part I, line 27b		_5	0.
	usted qualifying distributions. Subtract line 5 from line 4		6	187,350.
-	e: The amount on line 6 will be used in Part V, column (b), in subsequent year	ars when calculating whether th	e foundation qualifi	es for the section
	4940(e) reduction of tax in those years.	-		

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
•	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016		× / ; ~ * * * .	* 1 * 3 \$ 4 4	\$5 X X X X X
a Enter amount for 2015 only	* * * * * * * * * * * * * * * * * * *	2 / 4 &		£ 1 1 1 1
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016:	X \$ 3 X X	** * * / /	& 1 3 4 1 5 3 W	A). (4)
a From 2011				
b From 2012			, , , , , , , , , , , , , , , , , , ,	, , , , ,
c From 2013			* * * * * * * * * * * * * * * * * * * *	
d From 2014	7			
e From 2015	J S 4 8 8 3 2			* , , , ,
f Total of lines 3a through e			4 4 7 5 5 7	
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$			× * * * * * * * * * * * * * * * * * * *	\$
a Applied to 2015, but not more than line 2a				, , , >
b Applied to undistributed income of prior	{ * " " * * *		, y * ,	(
years (Election required - see instructions)	,,		3 4 3 1 3 1 3	* ` ` ` ` \
c Treated as distributions out of corpus		\$ 3 X X X		` ' ' ' '
(Election required - see instructions)			` <u> </u>	< _
d Applied to 2016 distributable amount	→	* . * * * * * * * * * * * * * * * * * *		
e Remaining amount distributed out of corpus		发、 * * ,	\	ч.
5 Excess distributions carryover applied to 2016 (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		 	<u> </u>	
b Prior years' undistributed income. Subtract			′ ′,	-3
line 4b from line 2b	ļ	 		
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	,			,
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	<u> </u>			
e Undistributed income for 2015. Subtract line	Ì			· · · ·
4a from line 2a. Taxable amount - see instr.			<u></u>	
f Undistributed income for 2016. Subtract]			
lines 4d and 5 from line 1. This amount must]			
be distributed in 2017		<u> </u>		<u> </u>
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)			 	
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	 		_	
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a		 	 	
10 Analysis of line 9:				
a Excess from 2012	1			
b Excess from 2013	1			
c Excess from 2014	1			
d Excess from 2015	1			
e Excess from 2016	L	<u> </u>	l	l

Page 11

BLUE SANDS FOUNDATION

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year KNIGHTSBRIDGE SCHOOL EDUCATION NONE PC GRANT ASSISTANCE FOUNDATION 67 PONT STREET LONDON SW1X, UNITED KINGDOM 12,750. NONE THE GIVING TREE FOUNDATION PC GRANT ASSISTANCE PO BOX 508 WEST BOXFORD, MA 01885 2,590. QUEEN MARY UNIVERISTY OF LONDON NONE PC SCHOLARSHIP MILE END RD LONDON E1 4NS, UNITED KINGDOM 38,708. JAMES MADISON UNIVERSITY NONE PC SCHOLARSHIP 800 S MAIN ST HARRISONBURG, VA 22807 14,707. BISHOP MCNAMARA HIGH SCHOOL NONE PC SCHOLARSHIP 6800 MARLBORO PIKE FORESTVILLE, MD 20747 14,540. SEE CONTINUATION SHEET(S) ▶ 3a 176,671. Total b Approved for future payment NONE Total

Part XVI-A	Analysis	of Inco	me-Producing	Activities
------------	----------	---------	--------------	------------

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		COGC		
å			 		
b				 	
c			 	}	
d			 -	<u> </u>	
e				 	
g Fees and contracts from government agencies	<u> </u>		 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash			 		
investments	531390		14	25,952.	
4 Dividends and interest from securities		 -			
5 Net rental income or (loss) from real estate:	3 × 1	^ * ₁ , \$ * \ \ 3 \$	浆	3	
a Debt-financed property		 ″ ″ <u>″</u>			3
b Not debt-financed property		 	\vdash	 	
6 Net rental income or (loss) from personal			<u> </u>	 	
property		•	Ì		
7 Other investment income			\vdash		
8 Gain or (loss) from sales of assets other			 		
than inventory			1	İ	
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:			 		
]		ì		
a			\vdash		
c			<u>├</u>		
d			 		
e			1		
12 Subtotal. Add columns (b), (d), and (e)	A 48 1	0.	1.0	25,952.	0.
13 Total Add line 12, columns (b), (d), and (e)					25,952.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mnlishment of Eve	amnt	Durnoses	
Trelationship of Additions to	- LIIC ACCO		- IIIPI		
Line No Explain below how each activity for which income			contrit	outed importantly to the accon	plishment of
the foundation's exempt purposes (other than to	by providing fu	nds for such purposes).			
					
					
		_ _			
					
					
	<u>.</u>	~			
					
					-
					
					
•					

orm 990-PF (2	(OID)	SANDS FOUL			10.		79/396	Pa	ge 13
Part XVII			fers To a	nd Transactions a	and Relation	ships With Noncl	naritable		
	Exempt Organi						Tak	/ 221	No
_				g with any other organizati		ection 501(c) of	\$\langle \frac{3}{24}	es	No
	(other than section 50 f(c) from the reporting founda			7, relating to political organ	nizations			<u>.</u>	·]
		ilion to a nonchantal	ne exempt ort	janization of.				%	X
(1) Cash (2) Other							1a(1) 1a(2)	\dashv	X
b Other tran							14(Z)	300	
-	of assets to a noncharital	ble exempt organizati	on				1b(1)		X
	hases of assets from a nor						1b(2)		X
	al of facilities, equipment,		3				1b(3)	T	X
. ,	bursement arrangements						1b(4)		X
(5) Loan	s or loan guarantees						1b(5)		X
(6) Perfo	ormance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)		X
c Sharing o	f facilities, equipment, ma	ılıng lısts, other asset	ts, or paid em	ployees			1c		X
				dule. Column (b) should a				s,	
				ed less than fair market val	lue in any transacti	on or sharing arrangeme	nt, show in		
	d) the value of the goods,				1 (0				
(a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Descrip	tion of transfers, transactions,	and sharing arran	gement	ts
			N/A				·		
									
		 							
						· · · · · · · · · · · · · · · · · · ·			
-				"					
									
							·		
		<u> </u>							
	•			or more tax-exempt organ	nizations described	1			_
	501(c) of the Code (other		(3)) or in sect	ion 527?			Yes	X] No
<u>b</u> If "Yes," c	omplete the following sch			I (I) T		(1)			
	(a) Name of org	janization		(b) Type of organization	<u>-</u>	(c) Description of rela	tionsnip		
	N/A			<u> </u>	 				
			-		 				
					 				
									
Under	r penalties of periury. I declare t	that I have examined this	return, including	accompanying schedules and s	statements, and to the	best of my knowledge			
				taxpayer) is based on all inform			May the IRS dis return with the p	repare	r 1
Here	MAIN TI	75		11/15/17	MEMBI	2D	shown below (s	ee instr	٦ .
1 🗷	nature of officer or trustee			Date	Title		A Tes		No
	Print/Type preparer's na		Preparer's s		Date	Check If F	TIN		
				1	/ /	self- employed	•		
Paid	PHILIP H.	CORNBLATT			11/9/17	1 ' ' 1	P002524	78	
Preparer	Firm's name ► COH		LLP			Firm's EIN ▶ 22			
Use Only						rimothy 22	_ 1.00)	-	
	Firm's address ▶ 50	0 EAST PR	ATT ST	REET, 4TH FL	OOR				
	1		MD 212			Phone no. 410	-783-49	00	
						11 110110 1101	Form 990 -		(2016)
								,	,,

3 Grants and Contributions Paid During the		<u> </u>	1	
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
granic and address (nome of business)	or substantial contributor	recipient		
				1
VADERS	NONE	PC	GRANT ASSISTANCE	
12 VALE SQUARE	i:			
KENT CT11 9BX, UNITED KINGDOM				1,340
				1
AMERICAN UNIVERSITY OF BEIRUT	NONE	PC	SCHOLARSHIP	l
P.O.BOX 11-0236	1			
RIAD EL-SOLH / BEIRUT, LEBANON		}		8,244
FRANCIS HOLLAND SCHOOL	NONE	PC	BURSARY FUND	
39 GRAHAM TERRACE	İ		}	
BELGRAVIA, LONDON SW1W 8JF, UNITED				
KINGDOM				33,497
POPLI KHALATBARI CHARITABLE	NONE	PC	GRANT ASSISTANCE	
FOUNDATION				
72 HAMMERSMITH RD				
LONDON W14 8TH, UNITED KINGDOM		ļ	ļ	6,700
OUTSET CONTEMPARY ART FUND	NONE	PC	GRANT ASSISTANCE	
9193 BAKER STREET		1		
LONDON W1U 6QQ, UNITED KINGDOM		 		7,558
DIMBLEBY CANCER CARE	NONE	PC	FUNDRAISER	
GREAT MAZE POND	1			
LONDON SE1 9RT, UNITED KINGDOM	 		 	1,512
SUSSEX HOUSE SCHOOL	NONE	PC	FEES	
68 CADOGAN SQUARE				
LONDON SW1X 0EA, UNITED KINGDOM			 	8,958
		1		
FOXTONS CLIENT	NONE	PC	HOUSING	
73-79 BALHAM HIGH ROAD		}		
LONDON SW12 9AP, UNITED KINGDOM	 		 	14,112
UNIVERSITY COLLEGE LONDON (UCL)	NONE	PC	SCHOLARSHIP	
GOWER ST				
LONDON WC1E 6BT, UNITED KINGDOM	 	 		11,455
Total from continuation sheets				93,37

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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

	BLUE SANDS FOUNDATION	37-1797396
Organization type	check one)-	
Filers of:	Section:	
Form 990 or 990-E2	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	zation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
X For an org	inization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota om any one contributor. Complete Parts I and II. See instructions for determining a contribut	, ,
Special Rules		
sections 5 any one c	inization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports (9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 intributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am 990-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, total	unization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or economic of cruelty to children or animals Complete Parts I, II, and III.	-
year, cont is checked purpose I	inization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled enter here the total contributions that were received during the year for an exclusively religion't complete any of the parts unless the General Rule applies to this organization because naritable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box ous, chantable, etc.,
but it must answer	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B 'No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it meet the filing requirements of Schedule 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) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number BLUE SANDS FOUNDATION 37-1797396 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed (d) (a) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 NATIONAL PHILANTHROPIC TRUST Person Payroll 165 TOWNSHIP LINE RD. SUITE 1200 4,600,000. Noncash (Complete Part II for JENKINTOWN, PA 19046 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$\$	Person Payroll 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
	realite, additions, and all Time	\$\$	Person Payroll Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroli

Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 3 Name of organization **Employer identification number** BLUE SANDS FOUNDATION 37-1797396 Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)		Page 4				
Name of orga	anization		Employer identification number				
BLUE S	ANDS FOUNDATION		37-1797396				
Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follow	section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or le	ss for the year (Enler this info once)				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fulpose of gift	(c) ose of gift	(a) Description of now girt is field				
							
-		(a) Transfer of sift					
ĺ	(e) Transfer of gift						
<u> </u>	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
Ì							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1							
l	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
ì							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- 7 41 (1)							
F		(e) Transfer of gift					
	Transferee's name, address, a	nd 71P + 4	Relationship of transferor to transferee				
ļ	manarere a name, audress, a		TO BELLEVIOLED OF BELLEVIOLED TO BELLEVIOLED				
							

	INGS AND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT 1	
SOURCE	REVE			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME	2	5,952.		25,952.	25,952.	
TOTAL TO PART I, LINE 3	2	25,952.		25,952.	25,952.	
FORM 990-PF	LEGAL	FEES			STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
LEGAL FEES	590.		0.	59	0.	
TO FM 990-PF, PG 1, LN 16A	590.	. 0.		59	0. 0.	
PORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	OFFES (B NET IN MENT I) VEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2,000.		1,000.	1,00	0. 0.	
TO FORM 990-PF, PG 1, LN 16B	2,000.		1,000.	1,00	0. 0.	
	OTHER PROFES	SIONAL	FEES		STATEMENT 4	
FORM 990-PF (
FORM 990-PF ((A) EXPENSES PER BOOKS	(B NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
	EXPENSES	NET IN	WEST-	ADJUSTED	CHARITABLE E PURPOSES	

FORM 990-PF	OTHER EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
WEB DESIGN BANK CHARGES	3,375. 42.	0.	3,375.	0.	
TO FORM 990-PF, PG 1, LN 23	3,417.	0.	3,417.	0.	

FORM 990-PF	OTHER ASSETS	STATEMENT 6	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST INCOME	0.	62,310.	62,310.
TO FORM 990-PF, PART II, LINE 15	0.	62,310.	62,310.

FORM 990-PF	LIST OF	SUBSTANTIAL CONTRIBUTORS	STATEMENT 7
	P	ART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

HOSSEIN FATEH

2910 WOODLAND DR. WASHINGTON, DC 20008

FORM 990-PF PART VIII - LIST TRUSTEES AND	STATEMENT 8			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
DALIA FATEH 1212 NEW YORK AVE, NW WASHINGTON, DC 20005	DIRECTOR 0.10	0.	0.	0.
HOSSEIN FATEH 1212 NEW YORK AVE, NW WASHINGTON, DC 20005	DIRECTOR 0.10	0.	0.	0.
CHRISTOPHER WARNKE 1212 NEW YORK AVE, NW WASHINGTON, DC 20005	DIRECTOR 0.10	0.	0.	0.
ERIC HIRSCH 1212 NEW YORK AVE, NW WASHINGTON, DC 20005	DIRECTOR 0.10	0.	0.	0.
LEANDRO ALVES 1212 NEW YORK AVE, NW WASHINGTON, DC 20005	DIRECTOR 0.10	0.	0.	0.
JADA SPRIGGS 1212 NEW YORK AVE, NW WASHINGTON, DC 20005	EXECUTIVE DIRE 0.10	CTOR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	, PART VIII	0.	0.	0.

BLUE SANDS FOUNDATION

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 9

ACTIVITY ONE

BLUE SANDS COMBINES PHILANTHROPY WITH PROFESSIONAL GUIDANCE TO PROVIDE CAPABLE INDIVIDUALS AND DESERVING CHILDREN OF LIMITED RESOURCES WITH OPPORTUNITIES TO CULTIVATE ESSENTIAL WORK AND LIFE SKILLS THAT HELP THEM BECOME FINANCIALLY SELF-SUFFICIENT AND INDEPENDENT.

WE PROVIDE FINANCIAL GRANTS TO FLEDGLING ORGANIZATIONS AND PROGRAMS, AND, ON OCCASION, TO LOW-INCOME INDIVIDUALS WITH PROMISE TO JUMPSTART OR EXPAND EXPERTISE IN EDUCATION, BUSINESS OR ESSENTIAL SKILLS.

OUR GOAL IS TO IMPROVE THE STANDARD OF LIVING WITHIN A SEGMENT OF SOCIETY THROUGH COMMUNITY-BASED PROGRAMS AND GROUPS. OUR HOPE IS TO SUPPORT NOT ONLY THE GRANT RECIPIENTS, BUT ALSO THEIR EXTENDED FAMILIES AND RESPECTIVE COMMUNITIES. AS SUCH, WE HOPE OUR GRANTEE WILL HELP PAY IT FORWARD.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

177,671.

FORM 990-PF

SUMMARY OF PROGRAM-RELATED INVESTMENTS

STATEMENT 10

DESCRIPTION

BLUE SANDS COMBINES PHILANTHROPY WITH PROFESSIONAL GUIDANCE TO PROVIDE CAPABLE INDIVIDUALS AND DESERVING CHILDREN OF LIMITED RESOURCES WITH OPPORTUNITIES TO CULTIVATE ESSENTIAL WORK AND LIFE SKILLS THAT HELP THEM BECOME FINANCIALLY SELF-SUFFICIENT AND INDEPENDENT.

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AMOUNT

TO FORM 990-PF, PART IX-B, LINE 1

10,679.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

STATEMENT 11

NAME OF MANAGER

DALIA FATEH HOSSEIN FATEH