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Fcm 990-PF

Department of the Treasury Internal Revenue Service

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. Open to Public Inspection

OMB No 1545-0052

F	or ca	lendar year 2016 or tax year beginning		, 2016,	, and ending	g	, 20
1	lame	of foundation	-			A Employe	er identification number
	THE	BLUE LAGOON FOUNDATION INC				47-5	674394
1	lumbe	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telepho	ne number (see instructions)
						İ	
	773	5 OLD GEORGETOWN ROAD, STE 11	00]	(30	1) 656-8850
		town, state or province, country, and ZIP or foreign pos			·		
						C If exempt	tion application is
	BET:	HESDA, MD 20814				pending,	check here
		ck all that apply Initial return	Initial return o	of a former p	ublic charity	V D A 5	>
•	•	Final return	Amended ret	-			n organizations, check here >
		Address change	X Name change	<u>-</u>		85% te	est, check here and attach
н	Che		c)(3) exempt private f			compu	itation
Ï	\neg	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		tion		foundation status was terminated
+			unting method X Ca		crual		ction 507(b)(1)(A), check here
•	-	1	ther (specify)	.s	or del	1	ction 507(b)(1)(B), check here
			olumn (d) must be on cas	h hasis)		- """	clion sor(b)(1)(b), check here:
r.	Ė	Analysis of Revenue and Expenses (The		ir busis j			(d) Disbursements
Ш	CILL.	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve	I	(c) Adjusted	net for charitable
		may not necessarily equal the amounts in	books	ıncom	ne	ıncome	purposes (cash basis only)
_		column (a) (see instructions))	5,000,000.				(Cash basis only)
	1 2	Check Call of the foundation is not required to	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	_	attach Sch B			 -		
	3	Interest on savings and temporary cash investments.					
	4	Dividends and interest from securities					
	5a	Gross rents					
•		Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all					
Š		assets on line 6a			0.		
Š	7	Capital gain net income (from Part IV, line 2).					
_	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)	5,000,000.		0.		
_	12	Total Add lines 1 through 11	0.				
S	13	Compensation of officers, directors, trustees, etc					
penses	14	Other employee salaries and wages				-7-0-1	9 .3
ĕ	15	Pension plans, employee benefits					
Ä	104	Legal fees (attach schedule)					
		Accounting fees (attach schedule)				SEP 22	
Administrative	С	Other professional fees (attach schedule)			121	# E	
itra	17	Interest				MOBE	
nis	18	Taxes (attach schedule) (see instructions)				KAULAL .	
Έ	19	Depreciation (attach schedule) and depletion.					
Ad	20	Occupancy					
פַ	21 22	Travel, conferences, and meetings					
ā	22	Printing and publications					
jud	23 24 25	Other expenses (attach schedule)	<u> </u>				
atı	24	Total operating and administrative expenses.	0.				
bel		Add lines 13 through 23	U.				
0		Contributions, gifts, grants paid	0.				
_	26	Total expenses and disbursements Add lines 24 and 25	0.				0
	27	Subtract line 26 from line 12	E 000 000				
	1	Excess of revenue over expenses and disbursements	5,000,000.			 	
		Net investment income (if negative, enter -0-)			0.		
_		Adjusted net income (if negative, enter -0-)	<u> </u>				
٠ Fı	or Pai	perwork Reduction Act Notice, see instructions					Form 990-PF (2016)

JSA For Paperwork Reduction Act Notice, see instructions.
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PAGE 1

Form 990-PF (2016)		-PF (2016)	THE BLUE LAGOON FOUN	DATION INC			47~5674394 Pag			
			Itached schedules and amounts in the	Beginning of year		End o	of year	_		
H	art II	Balance Sheets a	escription column should be for end-of-year mounts only (See instructions)	(a) Book Value	(b) Book Valu		(c) Fair Market Value	_		
\neg	1	Cash - non-interest-hearing]		5,000,	000.	5,000,00	0		
- 1	2		ish investments	1				_		
l	3							٦		
ł	3		ful accounts >							
ŀ			-					-		
Ì	4									
ı			ful accounts >	· —		_				
- {	5							_		
	6		ficers, directors, trustees, and other							
- {		disqualified persons (attac	ch schedule) (see instructions)							
ı	7	Other notes and loans red	ceivable (attach schedule)			هنند		ائـ		
l		Less allowance for doubt	ful accounts			-				
ssets	8	Inventories for sale or use.						_		
SS	9	Prepaid expenses and def	erred charges					_		
۲	10 a	Investments - U S and state	government obligations (attach schedule)							
	b	Investments - corporate s	tock (attach schedule)							
ŀ	С	Investments - corporate b	onds (attach schedule)							
	11	Investments - land, buildings, and equipment basis	>					1		
		Less accumulated depreciation	on 🕨					Direct)		
i	42	(attach schedule)								
	12 13	Investments - other (attacl	ansh schedule)					_		
	14	Land, buildings, and	_	3 K' 15 K				-		
ı		equipment basis Less accumulated depreciation	on							
j		(attach schedule)						—		
	15)					_		
-	16		completed by all filers - see the		5,000,	000	5,000,00	١.		
\dashv			ge 1, item I)	 	3,000,	000.	3,000,00			
	17	· •	crued expenses					×		
	18	Grants payable								
<u>es</u>	19	Deferred revenue		<u></u>						
Liabilities	20	Loans from officers, directors	, trustees, and other disqualified persons							
ap	21	Mortgages and other note	es payable (attach schedule)							
	22	Other liabilities (describe	>)					.1		
								200		
\perp	23	Total liabilities (add lines	17 through 22)	(0.	0.		4		
		Foundations that follo	w SFAS 117, check here . ▶			_		ħ,		
es		and complete lines 24	I through 26 and lines 30 and 31.					Ä		
입	24	Unrestricted						4		
밁	25	Temporarily restricted .						1		
00	26							11		
2		Foundations that do n	. 77					\$.		
교			lete lines 27 through 31.	1		'				
Net Assets or Fund Balances	27	•	pal, or current funds							
ठ	28		and, bldg, and equipment fund					1		
Se	29		ated income, endowment, or other funds		5,000,	000.		7		
A		• ,			5,000,			1		
et	30		palances (see instructions)		3. 3,000,			Ě		
Z	31		net assets/fund balances (see		5,000,	000				
			no in Not Appete on Fried Del		3,000,	000.		<u> </u>		
			ges in Net Assets or Fund Bala		(must mans					
ר			lances at beginning of year - Part					Λ		
_			on prior year's return)				5,000,00	<u>.</u>		
			ne 27a				3,000,00	<u>u</u> .		
		er increases not include				3	F 000 00	_		
						4	5,000,00	<u>u</u> .		
		creases not included in		- 1 5\ 5 \ \	- (L) L- 00	. 5	E 000 00	_		
_6	rot	al net assets or fund ba	lances at end of year (line 4 minu	s line 5) - Part II, colum	n (D), line 30	6	5,000,00	_		
							Form 33U-PF (201	н١		

Pai	t IV Capital Gains	and Losses for Tax on Inv	estment Income					
	(a) List and 2-story b	(b) How acquired P - Purchase		(d) Date sold (mo , day, yr)				
	2-3101 y 0	D - Donation	(, 1 =), , ,	(****)				
<u>1 a</u>				 -				
<u>b</u>								
d				-				
— <u>ч</u>								
<u>`</u>		(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)				
	(e) Gross sales price	(or allowable)	plus expense of sale	1	(e) plus (f) minu			
a								
b								
c								
<u>d</u>								
e				<u> </u>		····		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					Gains (Col (h) ga			
(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (i), if any					(k), but not less t Losses (from co			
		as of 12/31/69	over col (j), if any	ļ				
a			 			· · · · · · · · · · · · · · · · · · ·		
b			 	 				
<u>c</u>			 					
<u>d</u>								
<u>e</u>		, If	gain, also enter in Part I, line 7	\vdash				
2	Capital gain net income	or (not capital loss) It i	(loss), enter -0- in Part I, line 7	2				
3	Net short-term capital o	ain or (loss) as defined in section						
			structions) If (loss), enter -0- in	1 }				
				3				
Pai			educed Tax on Net Investment I	ncome				
Was		the section 4942 tax on the distr	butable amount of any year in the b	ase peno	d?	Yes No		
4		not qualify under section 4940(e)						
	(a)		ear, see the instructions before make	ing any er T	(d)			
Col	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra			
	endar year (or tax year beginning in) 2015	, , , , , , , , , , , , , , , , , , ,		 	(col (b) divided by	COI (C))		
	2014			 				
	2013							
	2012			T				
	2011							
		·····						
2	Total of line 1, column (d)		2				
3			vide the total on line 2 by 5, or by the					
	number of years the fou	indation has been in existence if	less than 5 years	3		 -		
4	Enter the net value of n	oncharitable-use assets for 2016	from Part X, line 5	4				
5	Multiply line 4 by line 3	<i>.</i>		5				
6	Enter 1% of net investm	ient income (1% of Part I, line 27b)	6				
_] ,				
7	Add lines 5 and 6		• • • • • • • • • • • • • • • • • • • •	7				
	Entor qualificant district	tions from Dort VII line 4		8				
8			ox in Part VI, line 1b, and complete		t using a 1% ta	x rate See th		

Par	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 and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of ${\cal J}$			
	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			0.
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			0.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
þ	Exempt foreign organizations - tax withheld at source			
С	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 ▶ 9			0.
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 2017 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities		· ·	Γ
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?	1a		- ``
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	"		
	published or distributed by the foundation in connection with the activities			}
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \$\Bigs \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ļ
_	on foundation managers > \$			Ì
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	1 1		}
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ĺ
	By language in the governing instrument, or	l l		ļ
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		ļ
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MD,		i	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	1		.,
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		х	
	names and addresses ATCH 1	10	Λ	Ī

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	_	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		
	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?		X	ļ
	Website address ► N/A			
14	The books are in care of ▶ NANCY FAX Telephone no ▶ 301-65	5-885	0	
	Located at ▶ 7735 OLD GEORGETOWN ROAD, SUITE 1100 BETHESDA, MD ZIP+4 ▶ 20814			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	· · · ·	•	TT
_	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authorit	v .	Yes	No
	over a bank, securities, or other financial account in a foreign country?			Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	P		#? J-1
	the foreign country	1,23		3
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1 1/4	Yes	No
1a	During the year did the foundation (either directly or indirectly)	100	1 J	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	4		. 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	150		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	3		
	(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)?			4.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	3		
	termination of government service, if terminating within 90 days)	通		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	3		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_1b		
	Organizations relying on a current notice regarding disaster assistance check here		. 🖔	12
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		2. 3	
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	3.30	7	
а	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 before 2016? Yes X No	`~		***
	If "Yes," list the years ,,,,,,,_	13	\$5. A	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		33_	
	all years listed, answer "No" and attach statement - see instructions)	2b	7.3	V.40000.
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>		, 🥞	3
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			y J
b	off "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			3.5
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	-11		
	foundation had excess business holdings in 2016)	3b		
	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	14	<u> </u>	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		_ X

(4) 11 (4))
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes	<u></u>
(i) carly on propagation or entering and in the content to to(o),	No '
(2) Influence the outcome of any specific public election (see section 4955), or to carry on,	
	No I
1 1 1 1 1	No
(3) Frovide 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 4945(d)(4)(A)? (see instructions)	No I
section 4945(d)(4)(A)? (see instructions)	
	No
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described	
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	5b
Organizations relying on a current notice regarding disaster assistance check here	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax	
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	No
If "Yes," attach the statement required by Regulations section 53 4945-5(d)	"
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums	
	No
on a personal benefit contract? Yes X I b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b X
If "Yes" to 6b, file Form 8870	. 60
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X i	va
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	
and Contractors	
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average (c) Compensation (d) Contributions to	T ()=
(a) Name and address hours per week devoted to position enter -0-) and deferred compensation	(e) Expense account, other allowances
	
ATCH 2 0. 0	
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AICH 2 0. 0	0.
AICH 2 0. 0	0.
AICH 2 0. 0	. 0.
AICH 2 0. 0	0.
AICH 2 0. 0	. 0.
AICH Z 0. 0	. 0.
2 Compensation of five highest-paid employees (other than those included on line 1 - see instruc "NONE."	
2 Compensation of five highest-paid employees (other than those included on line 1 - see instruc "NONE." (b) Title, and average (d) Contributions to amplitude borosity	tions). If none, enter
2 Compensation of five highest-paid employees (other than those included on line 1 - see instruc "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position pass and deferred plans and deferre	
2 Compensation of five highest-paid employees (other than those included on line 1 - see instruc "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation (d) Contributions to employee benefit	tions). If none, enter
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2 Compensation of five highest-paid employees (other than those included on line 1 - see instruc "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	tions). If none, enter
2 Compensation of five highest-paid employees (other than those included on line 1 - see instruc "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	tions). If none, enter

Form 990-PF (2016) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services \blacktriangleright Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE All other program-related investments See instructions 3 NONE

Form 990-PF (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1 1	
а	Average monthly fair market value of securities		
b	Average of monthly cash balances	1b	384,615.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	384,615.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 1	
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	384,615.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	5,769.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	378,846.
6	Minimum investment return Enter 5% of line 5	6	18,942.
Pari	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here and do not complete this part.)	idations	
1	Minimum investment return from Part X, line 6	1	18,942.
2a	Tax on investment income for 2016 from Part VI, line 5 2a		
b	Income tax for 2016 (This does not include the tax from Part VI) 2b	1	
	Add lines 2a and 2b	1 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	18,942.
4	Recoveries of amounts treated as qualifying distributions		- <u> </u>
5	Add lines 3 and 4.	5	18,942.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	18,942.
Par	XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1.	
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
	Program-related investments - total from Part IX-B	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	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	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)		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated for the section 4940(e) reduction of tax in those years	alculating wh	ether the foundation

Рa	rt XIII Undistributed Income (see instr	uctions)			
	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	•				18,942.
	line 7				20,312.
	Undistributed income, if any, as of the end of 2016				
a	Enter amount for 2015 only				
	Total for pnor years 20 14 ,20 13 ,20 12				
	Excess distributions carryover, if any, to 2016				
	From 2011	•			
	From 2012				
	From 2013				
	From 2014				
_	From 2015	0.			
	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
_	line 4 > \$				
	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
_	required - see instructions)				
	Applied to 2016 distributable amount				
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2016 .				
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:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5		-	1.	
b	Prior years' undistributed income Subtract				
c	line 4b from line 2b				
Ĭ	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b Taxable				
u	amount - see instructions	•			
е	Undistributed income for 2015 Subtract line				
	4a from line 2a Taxable amount - see instructions				
_					
T	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2017				18,942.
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 (see instructions)				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				
а	Excess from 2012				
b	Excess from 2013				
C	Excess from 2014				
	Excess from 2015				
e	Excess from 2016	<u> </u>			L
					Ear 990 DE (2016)

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2016, e	nter the date of the ruling		▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942	(j)(3) or 4942(j)(5)
٠.	E.A	Tax year		Prior 3 years		(a) Tatal
z a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
đ	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
_	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
ď	"Endowment" alternative test- enter 2/3 of minimum invest-]	
	ment return shown in Part X,		•			
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general				-	 -
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					-
	port from an exempt					
	organization					
Pa		ntary Information (Complete this part	only if the founda	tion had \$5,000 c	or more in assets at
		uring the year - see		•		
1	Information Regardin	g Foundation Manage	rs:	·		
а	List any managers of	the foundation who l	nave contributed mor	e than 2% of the tota	al contributions rece	ived by the foundation
	before the close of any	y tax year (but only if th	iey nave contributed r	nore than \$5,000) (Se	e section 507(a)(2))
	ATTACHME					
b	List any managers of					lly large portion of the
	ownership of a partner	rship or other entity) of	rwnich the foundation	i nas a 10% or greater	interest	
	/ =					
_	N/A Information Regardin	a Contribution Cross	Cift I can Cabalami	in etc. December		
2	<u> </u>	•		· · ·		
	Check here ► if t	the foundation only or funds of the	makes contributions	to preselected char	table organizations	and does not accept or organizations under
	other conditions, comp			ants, etc (see mstruc	lions) to individuals	or organizations under
a	The name, address, a			the person to whom an	nlications should be a	ddressed
a	The name, address, a	ind telephone number	or e-mail address or	the person to whom ap	plications should be at	uuiesseu
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
			· · · · · · · · · · · · · · · · · · ·		-	
С	Any submission deadl	ines				
						
d	Any restrictions or lifactors	imitations on awards	, such as by geogr	apnicai areas, charita	adie fields, kinds of	institutions, or other

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contribution Name and address (home or business) Purpose of grant or contribution Amount									
3 Grants and Contributions Paid Duris	ng the Year or Appr	oved for F	uture Payment	·					
Recipient	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				ł					
		1		ì					
		į ·							
		·]	1					
				1					
				İ					
			ļ						
				9					
				1					
		1	1						
		ľ							
Total			▶ 3a						
b Approved for future payment		T							
a ripprovod for ratare payment		ļ							
				•					
		1							
		1							
			1						
	L	<u> </u>	<u> </u>	ļ					
Total	<u> </u>		<u> ▶ 3b</u>						

JSA 6E1491 1 000

Page **12**

Part XVI-	A Analysis of Income-Prod					
•	amounts unless otherwise indicated	Unrela (a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
-	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
b						
c						
d				<u> </u>		
\ <u>-</u>					 	
† <u></u> -						
•	and contracts from government agencies					
	ship dues and assessments					
	in savings and temporary cash investments.					
	al income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	I income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory					
9 Net inco	me or (loss) from special events	ļ				
•	rofit or (loss) from sales of inventory					
	venue a					
		 -				_
						
		<u> </u>	 		 	
e	Add columns (b), (d), and (e)			1		
	dd line 12, columns (b), (d), and (e)				42	
	neet in line 13 instructions to verify calc					
Part XVI-			ccomplishment of E	Exempt Pur	poses	
Line No.	Explain below how each activit accomplishment of the foundation					
						
						
						· · · · · · · · · · · · · · · · · · ·
						···
			····			
						
						
						
						
					· · · · · · · · · · · · · · · · · · ·	
						
				·		
						
	 					
						·
						<u>-</u>
JSA		_				Form 990-PF (2016)

JSA 6E1492 1 000

Form 990-PF (AGOON FOUNDATION			47-567			
Part XVII	Exempt Orga	nizations	sfers To and Transa			ships With Non			
ın sec			gage in any of the follow ction 501(c)(3) organizat					Yes	No
_		ng foundation to a	noncharitable exempt org	anization of					
(1) Ca	nsh								Х
, ,	her assets transactions						1a(2)		Х
			t organization						X
			e exempt organization sets						X
									Х
									Х
			or fundraising solicitations						X
			other assets, or paid employment complete the following					fair m	
value	of the goods, other	assets, or services	s given by the reporting ment, show in column (d	foundation	If the found	lation received less	than	faır m	arke
(a) Line no	(b) Amount involved		charitable exempt organization	` , -		fers, transactions, and sha			
	N/A			N/A					
		 	····					_	
	·	 		 -		_ -			
									
									
		 							
		 							
									
		_							
				<u> </u>	<u> </u>				
				_ 	·				
descri	bed in section 501(c) of the Code (othe	ated with, or related to, er than section 501(c)(3))				Y6	es X] No
b If "Yes		l l	(b) Type of organization			(a) Department of relation		_	
	(a) Name of organization	<u>"" </u>	(b) Type of organization	<u>'</u>		(c) Description of relations	silib		
					···				
Unde	er penalties of penury I dec	lare that I have examined	this return, including accompanying	g schedules and	statements, and t	to the best of my knowledge	ne and b	elief it	is true
corre			ayer) is based on all information of wh						
Sign	Car-Ca	20	1 9/11/17	1 Pre	siden		eparer :		return to
Here Sig	nature of officer or trustee		Date	Title		(see instruction		Yes	No
	Tp-1/7		I Decreased assessing		I Date				
Paid	Print/Type preparer's na BRIAN G WYNNE		Preparer's signature		9:11-201		РПN P008!	5022	Q.
Preparer		OND BEEBE PC	1 0 ()A		12000	Firm's EIN ▶ 52-1			
Use Only	T IIIII O II GIIII O	600 EAST WEST	НWY 900						
		ETHESDA, MD		20	814-3423	Phone no 301-2			
						Fo	m 990	PF (2016)

Schedule B

(Form 990, 990-EZ,

Schedule of Contributors

OMB No 1545-0047

or 990-PF)
Department of the Treasury
Internal Revenue Service

▶ 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

Name of the organization		Employer identification number
THE BLUE LAGOON FOUNI	DATION INC	
		47-5674394
Organization type (check one)		
Filers of:	Section:	
	F	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foun	dation
	501(c)(3) taxable private foundation	
Check if your organization is c	overed by the General Rule or a Special Rule.	
	, (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See
instructions		
General Rule		
[v]		
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor Complete Botts Lond II. See yester	-
contributor's total co	or property) from any one contributor. Complete Parts I and II. See instruentributions	ctions for determining a
Special Rules		
For an organization	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3	3 1/3 % support test of the
_	ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9	- ·
	that received from any one contributor, during the year, total contribution	- , ,
\$5,000 or (2) 2% of	the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	Complete Parts I and II
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	at received from any one
	he year, total contributions of more than \$1,000 exclusively for religious,	
literary, or education	al purposes, or for the prevention of cruelty to children or animals. Comp	olete Parts I, II, and III
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	at received from any one
_	ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes,	•
contributions totaled	more than \$1,000 If this box is checked, enter here the total contribution	ons that were received
during the year for a	n exclusively religious, charitable, etc., purpose. Don't complete any of the	e parts unless the
	s to this organization because it received nonexclusively religious, charita	
totaling \$5,000 or m	ore during the year	> \$
	sn't covered by the General Rule and/or the Special Rules doesn't file Si	
	t answer "No" on Part IV, line 2, of its Form 990, or check the box on lin	
Form 990-PF, Part I, line 2, to	certify that it doesn't meet the filing requirements of Schedule B (Form 9	90, 990-EZ, or 990-PF)

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)

Part I	Contributors (See instructions) Use duplicate copi	es of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEVIN & HEATHER REID	2 500 000	Person X Payroll
	6936 CARMICHAEL AVENUE BETHESDA, MD 20817	\$ 2,500,000.	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RODNEY & JUDITH ROGERS 2925 LAKE RIDGE LANE	\$ 2,500,000.	Person X Payroll Noncash
	WESTON, FL 33332		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part if for noncash contributions)

Employer identification number

Part II No	art II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

Employer identification number

conti Use		tions completing Part III, ente ne year (Enter this informatio	atributor. Complete columns (a) through (e) in the total of exclusively religious, charitable, on once See instructions) ► \$		
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	Transferee 3 name, address, a		relationship of transferor to transferee		
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ _					
		(e) Transfer of gift			
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
t I					
_ _					
		(e) Transfer of gift			
	Transferee's name, address, a	.,	Relationship of transferor to transferee		
	Transferee's name, address, a	.,	Relationship of transferor to transferee		
No.	Transferee's name, address, a	.,	Relationship of transferor to transferee (d) Description of how gift is held		
m		and ZIP + 4			
m		(c) Use of gift (e) Transfer of gift			

THE BLUE LAGOON FOUNDATION INC

2016 FORM 990-PF

47-5674394

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 1

NAME AND ADDRESS

KEVIN & HEATHER REID 6936 CARMICHAEL AVENUE BETHESDA, MD 20817

RODNEY & JUDITH ROGERS 2925 LAKE RIDGE LANE WESTON, FL 33332

47-5674394

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

FORM 990PF, PART VIII - LIST	OFFICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT 2	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KEVIN REID 6936 CARMICHAEL AVE BETHESDA, MD 20817	PRESIDENT 1.00	0.	0	0.
HEATHER NATION-REID 6936 CARMICHAEL AVE BETHESDA, MD 20817	SECRETARY 1.00	0	0	0.
RODNEY ROGERS 2925 LAKE RIDGE LANE WESTON, FL 33332	VICE PRESIDENT 1.00	0.	0.	0.
JUDITH ROGERS 2925 LAKE RIDGE LANE WESTON, FL 33332	TREASURER 1.00	0.	0.	0.
	GRAND TOTALS	0.	0.	

ATTACHMENT 3

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

KEVIN REID HEATHER NATION-REID RODNEY ROGERS JUDITH ROGERS