Form **990-PF**

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

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

Dapartment of the Treasury

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

OMB No 1545-0052

2017

Open to Public Inspection

For	caler	ndar year 2017 or tax year	beginning			, and ending			
Name of foundation BLUE SANDS FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address)						A Employer identification number			
				N.			37-1797396		
							B Telephone number	- .	
_1	21	2 NEW YORK A	VE, M	<u>v</u>		1000	202-607-23	00	
1212 NEW YORK AVE, NW City or town, state or province, country, and ZIP or WASHINGTON, DC 20005					ostal code		C If exemption application is pe	ending, check here	
WASHINGTON, DC 20005 G Check all that apply: Initial return Final return					Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here	
					Amended return		, ,		
			Address ch	ange	Name change	()	Foreign organizations me check here and attach co	eting the 85% test, mputation	
H C	Check	type of organization	X Section	1 501(c)(3) ex	empt private foundation	Ω	E If private foundation sta	tus was terminated	
	Se	ection 4947(a)(1) nonexem	pt charitable	trust	Other taxable private founda	ition	under section 507(b)(1)		
l Fa	air ma	arket value of all assets at (end of year	J Account	=	Accrual	F If the foundation is in a	60-month termination	
		Part II, col. (c), line 16)			ther (specify)		under section 507(b)(1)	(B), check here 🕨 🗀	
	<u> </u>				nn (d) must be on cash basis	S.)		1 40	
Pa	art I	Analysis of Revenue an (The total of amounts in columnecessarily equal the amount	M EXPenses mns (b), (c), and ts in column (a)	(d) may not)	(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, grant	ts, etc , recei	ved	100,000.				
	2		in is not required to	attach Sch 8		72.2 - 2.1			
	3	Interest on savings and tempo cash investments	rery		217,243.	217,243.	217,243.	STATEMENT 1	
	4	Dividends and interest fro	om securities						
	5a	Gross rents						70.00	
	I -	Net rental income or (loss)			10.046				
ē	ı	Net gain or (loss) from sale of a Gross sales price for all			19,046.		6	2018	
Revenu	_b	essets on line 6a	1,869	,000.		19,046.	\ <u>~</u>	7010	
ě	(Capital gain net income (from the				19,040.	5,807.	MO!	
	8	Net short-term capital gai Income modifications	III				1941	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 -	Gross sales less returns and allowances	1				121	MALL	
	l	Less Cost of goods sold					1	2.2.	
	l	Gross profit or (loss)					Ž.		
	11	Other income							
<u></u>	12	Total. Add lines 1 throug	h 11		336,289.	236,289.	223,050.		
	13	Compensation of officers, dire		etc	0.	0.	0.	0.	
	14	Other employee salaries a	•						
ú	15	Pension plans, employee	benefits						
enses	1	Legal fees							
Expe	٦	Accounting fees Other professional fees							
4.	17	Interest							
strative	18	Taxes						,	
Strie		Depreciation and depletio	ın						
, [20	Occupancy							
₽Ā	21	Travel, conferences, and	meetings						
a and	22	Printing and publications							
ating	23	Other expenses		MT 2	<18.>	0.	<18.>	0.	
rati	24	Total operating and adm			10	^	-10 -		
Ö		expenses Add lines 13 t			<18.> 518,451.	0.	<18.>	518,451.	
		Contributions, gifts, grant			510,451.			510,451	
	26	Total expenses and disb	uisements.		518,433.	0.	<18.>	518,451	
	27	Add lines 24 and 25 Subtract line 26 from line	12		310,330	<u></u>	<u> </u>	310,431	
	l	Excess of revenue over expens		sements	<182,144.>				
		Net investment income (236,289.			
		Adjusted net income (if n					223,068.	_	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2017)

Form 990-PF (2017) BLUE SANDS FOUNDATION 37-1797396 Page							
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>		
<u></u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	4,360,035.	··· 8,599.	8,599.		
	2	Savings and temporary cash investments					
	3	Accounts receivable					
	ľ	Less; allowance for doubtful accounts	·····				
	 	Pledges receivable					
	"	Less; allowance for doubtful accounts					
	ء ا						
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less, allowance for doubtful accounts					
ţ	8	Inventories for sale or use					
ssets	9	Prepaid expenses and deferred charges					
ď	10a	Investments - U S. and state government obligations					
	b	Investments - corporate stock					
	С	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation		-,			
	12	Investments - mortgage loans	1				
	13	Investments - other STMT 3	0.	4,218,231.	4,218,231.		
	l	Land, buildings, and equipment basis		2,220,2021			
	'*	Less accumulated depreciation	·····		···		
		Other assets (describe > ACCRUED INTEREST IN)	62,310.	44,136.	44,136.		
			02,310.	44,130.	44,130.		
	16	Total assets (to be completed by all filers - see the	4 422 245	4 270 066	4 270 066		
	<u> </u>	instructions. Also, see page 1, item l)	4,422,345.	4,270,966.	4,270,966.		
		Accounts payable and accrued expenses					
	18	Grants payable					
S	19	Deferred revenue					
abilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ab	21	Mortgages and other notes payable					
_	22	Other liabilities (describe >)					
	1						
	23	Total liabilities (add lines 17 through 22)	0.	0,			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26, and lines 30 and 31.					
es	24	Unrestricted					
Net Assets or Fund Balances	25	Temporarily restricted					
3ale	26	Permanently restricted					
P		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
þ	27	Capital stock, trust principal, or current funds	0.	0.			
sts	1	The state of the s	0.	0.			
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	4,422,345.	4,270,966.			
t A	29	Retained earnings, accumulated income, endowment, or other funds	4,422,345.	4,270,966.			
ž	30	Total net assets or fund balances	4,422,343.	4,2/0,300.			
			4 422 245	4 270 066			
_	31	Total liabilities and net assets/fund balances	4,422,345.	4,270,966.			
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances				
_							
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30				
	•	t agree with end-of-year figure reported on prior year's return)		1	4,422,345.		
2	Enter	amount from Part I, line 27a		2	<182,144.>		
3	Othe	r increases not included in line 2 (itemize) UNREALIZED C	AIN	3	30,765.		
4	Add	lines 1, 2, and 3		4	4,270,966.		
5	Decr	eases not included in line 2 (itemize)		5	0.		
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	4,270,966.		
					Form 990-PF (2017)		

723521 01-03-18

See the Part VI instructions.

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

_	1 99ট-PF (2017) BLUE SANDS FOUNDATION 37-179 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	
	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.	1
701	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%	N/A
•	of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0.
6	Credits/Payments Credits/Payments	
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.	
	Exempt foreign organizations - tax withheld at source 6b 0.	
	Tax paid with application for extension of time to file (Form 8868) 6c 0.	1
	Backup withholding erroneously withheld 6d 0 •	
	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	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	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 2018 estimated tax	*
Pa	rt VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No
	any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities.	
C	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	
	managers. ► \$0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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 incorporation, or	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b
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	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	
	remain in the governing instrument?	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	.
	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)	
	of each state as required by General Instruction G? If "No," attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV	9 X
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 5	10 X
	F	orm 990-PF (2017)

723531 01-03-18

3b

4а

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

orm 990-PF (2017) BLUE SANDS FOUNDATION			31-11913	<u> </u>	Page	<u>: 6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)			
5a During the year, did the foundation pay or incur any amount to.	<u> </u>		Ĭ	Y	es No	ō
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No			٦
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						- 1
any voter registration drive?	, ,		es X No		-	- 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No		1	-
(4) Provide a grant to an organization other than a charitable, etc., organization					-	
4945(d)(4)(A)? See instructions			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo					
the prevention of cruelty to children or animals?	or outdational purposts, cr		es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i	·				
section 53.4945 or in a current notice regarding disaster assistance? See instru			ľ	5b -	X	_
Organizations relying on a current notice regarding disaster assistance, check h			▶┌┐┟	-		٦
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		ł		
expenditure responsibility for the grant?		ιζ Α □ γε	es 🗆 No 📗			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	Δ,	./.23	,			-
	nou promuime on					-1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	Jay premiums on		es X No		1	١
a personal benefit contract?	aranal bonefit contract?	14	S A NO	6b -	$ \overline{x}$	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	00	- ^	7
If "Yes" to 6b, file Form 8870.	halday duamaadka aQ		es X No			-
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16		71		_'
Part VIII Information About Officers, Directors, Truste		agore Highly	N/A	7b		_
Paid Employees, and Contractors	es, Foundation Mai	lagers, mgmy				
List all officers, directors, trustees, and foundation managers and the	er compensation.			-		_
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense	<u> </u>
(a) Name and address	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, othe	er
• •	to position	`enter'-0-)'	compensation	alle	owances	_
CHE CHAMENEN C		0.	0.		0	
SEE STATEMENT 6		U •	0.	1	0	•
				+		_
				 		_
				ŀ		
				1		
		. "11015"		<u> 1</u>		_
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) Contobutions to	(0)	Evnonco	_
(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 plans and deferred	acco	Expense unt, othe	er
	devoted to position	, , ,	compensation	alle	owances	_
NONE						
				1		_
		ļ		1		_
				 		_
<u> </u>						
				1		
						_
Total number of other employees paid over \$50,000						0
			Form	1 990-l	PF (201	7)

Form 990-PF (2017) BLUE SANDS FOUNDATION	37-1797	396 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	/	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		cisi
(a) Name and address of each person paid more than \$50,000 (b) Type of ser	rvice	(c) Compensation
NONE		
		1
		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
1		
SEE STATEMENT 7		518,451.
2		310,131.
	$\overline{}$	
2		
3	——	
4		
4	$\overline{}$	
	$\overline{}$	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1		
SEE STATEMENT 8		0.
2	- - 	
All other program-related investments. See instructions.		
3		
<u> </u>		
	$\overline{}$	
		
	$\overline{}$	
Total. Add lines 1 through 3		0.
Totali / No ii/100 Milough o		m 990-PF (2017)
	10	(2017)

Ŗ	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	4,031,293.
	Average of monthly cash balances	1b	4,031,293. 248,452.
	For any last of a stall other points	10	
	Total (add lines 1a, b, and c)	1d	4,279,745.
	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
Ĭ).	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,279,745.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	64,196.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,215,549.
6	Minimum investment return. Enter 5% of line 5	6	210,777.
	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations, check here 🕨 🔀 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	⊣ ∣	
b	Income tax for 2017. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b ·	-20	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	518,451. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		** "
а	Suitability test (prior IRS approval required)	3a	
	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	518,451.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	518,451.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	n qualifies for	the section
	4940(e) reduction of tax in those years.	•	

Form 990-PF (2017) BLUE SA Part XIV Private Operating Fo	NDS FOUNDAT		A	37-17	97396 Page 10
_			A, question 9)		
1 a If the foundation has received a ruling o			111/	02/15	
foundation, and the ruling is effective for				03/15	34
b Check box to indicate whether the found		ig foundation described in		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	4) 0010	Prior 3 years	(4) 0044	/a) Tabal
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	210,777.	15,273.	0.	0.	226,050.
b 85% of line 2a	179,160.	12,982.	0.	0.	192,143.
c Qualifying distributions from Part XII,					
line 4 for each year listed	518,451.	187,350.	10,125.	0.	715,926.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c	518,451.	187,350.	10,125.	0.	715,926.
3 Complete 3a, b, or c for the		,			
alternative test relied upon	ì				
a "Assets" alternative test - enter (1) Value of all assets					1.40.
` ,	•				1,7231
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	4,270,966.	4,422,345.			8,693,311.
b "Endowment" alternative test - enter	4,270,5000	1,122,313.			0,055,511.
2/3 of minimum investment return shown in Part X, line 6 for each year listed					. 0.
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)					0.
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info	mation (Complet	e this part only if	the foundation h	ad \$5,000 or mor	
at any time during the				-	
1 Information Regarding Foundation		-			
a List any managers of the foundation who	_	han 2% of the total contri	butions received by the fo	oundation before the close	e of any tax
year (but only if they have contributed m	iore than \$5,000). (See se	ection 507(d)(2).)			
SEE STATEMENT 9					
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large portion	of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship, etc., Pro	grams:		
Check here ► if the foundation of the foundation makes gifts, grants, etc.,	nly makes contributions t	o preselected charitable o	rganizations and does no	· · · · · · · · · · · · · · · · · · ·	sts for funds. If
a The name, address, and telephone numb					
N/A	er or email address of the	e person to whom applica	nons should be addresse	u	
b The form in which applications should b ONLINE APPLICATION TI			ould include		
c Any submission deadlines:					
N/A		·			
d Any restrictions or limitations on awards \mathbf{N}/\mathbf{A}	s, such as by geographica	l areas, charitable fields, l	kinds of institutions, or ot	her factors:	
723601 01-03-18					Form 990-PF (2017)
	,				

Part XV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
-11:50 Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	
Paid during the year	d			
ŕ				
AMEDICAN INTURDETMY OF BETRUM	NONE	PC	SCHOLARSHIP	
AMERICAN UNIVERSITY OF BEIRUT P.O.BOX 11-0236	NONE	FC	SCHOLARSHIP .	
RIAD EL-SOLH / BEIRUT, LEBANON				8,033.
BERLITZ LANGUAGE CENTER 264 NASSAU ST	NONE	PC	SCHOLARSHIP	
PRINCETON, NJ 08542				1,442.
	,			
•		1 -		
CANCER RESEARCH UK	NONE	PC	GENERAL ASSISTANCE	
ANGEL BUILDING, 407 ST JOHN STRETE				10.601
LONDON EC1V 4AD, UNITED KINGDOM		1		12,681.
AIGLON COLLEGE ASSOCIATION	NONE	PC	SCHOLARSHIP	
AVENUE CENTRALE 61				
CHESIERES 1885, SWITZERLAND				103,788.
FRANCIS HOLLAND SCHOOL	NONE	₽C	BURSARY FUND	
39 GRAHAM TERRACE BELGRAVIA, LONDON SW1W 8JF, UNITED				
KINGDOM				168,455.
Total SEE CC	NTINUATION SHEE	T(S)	▶ 3a	518,451.
b Approved for future payment				
•				
NONE	1			
•				
		 		
				
,				
Total		<u> </u>	▶ 3b	0.
			For	m 990-PF (2017

Form 990 ² PF (2017) BLUE SANDS F	OUNDATION			37-1	.797396 Page 1
Part XVI-A Analysis of Income-Pr	oducing Activities	•			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C			↓		
d			+		
e			+		
f	·		╂──┼		
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>		 		
3 Interest on savings and temporary cash	531390		14	217,243.	
investments 4 Dividends and interest from securities	551590		+ + + + + + + + + + + + + + + + + + + +	211,245.	···
5 Net rental income or (loss) from real estate:			1 		
a Debt-financed property			+ +		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	900099		18	19,046.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a			+-+		
b			 		
c			 -		
d			1 1		-
e		0.	+	236,289.	
2 Subtotal Add columns (b), (d), and (e)	<u> </u>		1		0 236,289
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	uno)	•		13	230,203
Part XVI-B Relationship of Activiti		lishment of Exc	empt F	Purposes	
Line No. Explain below how each activity for whice					lishment of
▼ the foundation's exempt purposes (other					
					
	-				
	-			· · · · · · · · · · · · · · · · · · ·	

Form 990-E		SANDS FOU	NDATIO			37-1	<u>.797396</u>	Pa	ige 13
Part X\			sfers to a	nd Transactions ar	nd Relationsh	ips With Nonc	haritable		
**	Exempt Organ	izations							
1 Did th	ne organization directly or indi	rectly engage in any	of the followin	g with any other organization	n described in secti	on 501(c)		Yes	No
	r than section 501(c)(3) organ								1
a Trans	fers from the reporting found:	ation to a noncharita	able exempt org	janization of:					
(1) 0	Cash						1a(1)		X
	Other assets						1a(2)		Х
	transactions:								
	Sales of assets to a noncharita	ble exempt organiza	ition				1b(1)		X
	Purchases of assets from a no			-			1b(2)		Х
٠.	Rental of facilities, equipment,	•	o. gaa				1b(3)		Х
٠,,	Reimbursement arrangements						1b(4)		Х
٠.	oans or loan guarantees						1b(5)		Х
	Performance of services or me	emhershin or fundra	isina solicitatio	ns			1b(6)		Х
	ng of facilities, equipment, ma	•	-				10		Х
	answer to any of the above is	• .		· -	wave show the fair r	market value of the or		etc	
	vices given by the reporting for	•	-	• •	•	=		010,	
	on (d) the value of the goods,			o 1035 than lan market valu	o in any transaction	or sharing arrangem	ong anow m		
(a) Line no	(b) Amount involved	·		e exempt organization	(d) Description	of transfers transaction	s, and sharing arr	angemen	nts
(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(1)	(.,	N/A		 ` ` 		<u> </u>		
				· · · -					
						·			
						-,			
			-						
						<u> </u>			
2a Is the	foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın sec	ction 501(c) (other than section	on 501(c)(3)) or in s	ection 527?				Yes	X	.] No
b If "Ye	s," complete the following sch	edule.							
	(a) Name of org	ganization		(b) Type of organization		(c) Description of rel	ationship		
	N/A				<u> </u>				
								_	
_	Inder penalties of perjury, I declare, and belief, it is true correct, and con						May the IRS return with the	discuss t	this
Sign	N MAU X		oparor (ourse) orași	1.1-1-			shown below		
Here	- Harry	<u> </u>		1/15/18	· 	R Exec. Div.	_ X Yes	•	No
	Signature of officer or trustee		15	Date /	Title	Chapt . I	OTIN		
	Print/Type preparer's n	ame	Preparer's s	ignature	Date		PTIN		
Do: d			1	12	11/15/18	self- employed	-00		
Paid	SHESLIE RO				F1/13/10	<u> </u>	P00793	226	
Prepar	er Firm's name ► COH	INREZNICK	$\Gamma\Gamma$			Firm's EIN ► 2	2-14780	99	

Phone no. 410-783-4900

Firm's address ▶ 500 EAST PRATT STREET, 4TH FLOOR BALTIMORE, MD 21202

Schedule B

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

Department of the Treasury Internal Revenue Service = 2

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

a) U

.....

BLUE SANDS FOUNDATION 37-1797396 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

723451 11-01-17

(k, k, j) (2.10k, j = 1)

certify that it doesn't 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.

Name of organization

Employer identification number

37-1797396

<u> </u>	DINIDB 1 CONDITION		1131330
Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD. SUITE 1200 JENKINTOWN, PA 19046	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· 			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Omnicash Omnicash If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. </u>	<u>(:</u>		Person Payroll Oncash Complete Part II for noncash contributions)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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) 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
		\$	200 F7 200 PF (2017)

Name of orga	anization			Employer identification number			
BLUE S	SANDS FOUNDATION 7			37-1797396			
Part III	Exclusively religious, charitable, etc., contitue year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	columns (a) through (e) and the fo charitable, etc., contributions of \$1,000	lowing line entry. For ora	8), or (10) that total more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of g		of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	(d) Description of how gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, ar			of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	Description of how gift is held			
							
	(e) Transfer of gift						
_	Transferee's name, address, and ZIP + 4		Relationship	of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	Description of how gift is held			
—							
	Transferee's name, address, ar	(e) Transfer of g		of transferor to transferee			

INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
REVE	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
21	7,243.	217,243.	217,243. 217,243.	
21	7,243.	217,243.		
OTHER E	XPENSES		STATEMENT 2	
(A) EXPENSES PER BOOKS				
<18.>	· (8.> · 0.	
<18.>	· (<18	8.>	
	OTHER E:	(A) REVENUE NET PER BOOKS 217,243. 217,243. OTHER EXPENSES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME	REVENUE NET INVESTMENT INCOME 217,243. 217,243. 217,243. 217,243. OTHER EXPENSES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME <18.> 0. <18	

FORM 990-PF OT	OTHER INVESTMENTS			
DESCRIPTION .	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
INVESTMENT HOLDINGS IN JP MORGAN	FMV	4,218,231. 4,218		
TOTAL TO FORM 990-PF, PART II, LI	4,218,231.	4,218,231.		
FORM 990-PF	OTHER ASSETS		STATEMENT 4	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
ACCRUED INTEREST INCOME	62,310.	44,136.	44,136.	
TO FORM 990-PF, PART II, LINE 15	62,310.	44,136.	44,136.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 5	
NAME OF CONTRIBUTOR	ADDRESS		
HOSSEIN FATEH	2910 WOODLAND DR. WASHINGTON, DC 20008		

	RT VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
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 DIREC	CTOR 0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.	

BLUE SANDS FOUNDATION

37-1797396

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 7

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

518,451.

FORM 990-PF

SUMMARY OF PROGRAM-RELATED INVESTMENTS

STATEMENT 8

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.

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.

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

0.

FORM 990-PF

 STATEMENT 9

AMOUNT

NAME OF MANAGER

DALIA FATEH HOSSEIN FATEH