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-: 990-PF Department of the Treasury

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

OMB No 1545-0052

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf 08/31.2016

09/01 . **2015**, and ending For calendar year 2015 or tax year beginning A Employer identification number Name of foundation 45-2590105 MARRIOTT DAUGHTERS FOUNDATION B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) Room/sude (301) 380-1425 10400 FERNWOOD ROAD, DEPT City or town, state or province country, and ZIP or foreign postal code C If exemption application is pending check here BETHESDA, MD 20817 Initial return of a former public charity G Check all that apply Initial return D 1 Foreign organizations check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach Address change Name change computation 혹 Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A) check here J Accounting method X Cash I Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B) | check here end of year (from Part II, col. (c), line 49,696,204 (Part I column (d) must be on cash basis) 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in expenses per purposes income ілсоте books (cash basis only) column (a) (see instructions)) 8,060,057 Contributions gifts grants etc. received (attach schedule) if the foundation is not required to attach Sch B 8,852 ATCH 1 8,852 Interest on savings and temporary cash investments ATCH 2 1,219,144 1,219,144 Dividends and interest from securities 5a Gross rents b. Net rental income or (loss) 0.804.388 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a _____ 18,734,018 BO4, 38 AECEIVED 3, Capital gain net income (from Part IV line 2) 7 Ö Net short term capital gain Ċ Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold 1 4 c Gross profit or (loss) (attach schedule) 49,249 Other income (attach schedule) ATCH 3 5,032,384 13,141,690 12 Total Add lines 1 through 11 69,641 52,231 17,410 13 Compensation of officers directors trustees etc 68,648 68,648 Expenses 14 Other employee salaries and wages 15 Pension plans employee benefits 3.173 3,173 Legal fees (attach schedule) ATCH 4 24,622 24,622 b Accounting fees (attach schedule)ATCH 5 strative 109,261 109,261 Other professional fees (attach schedule) [6] С 17 40,000 Taxes (attach schedule) (see instructions)[7] 18 19 Depreciation (attach schedule) and depletion 18,983 2,390 16,593 20 Occupancy 1,268 21 Travel conferences and meetings and 22 Printing and publications 11,378 11,906 rating Other expenses (attach schedule) ATCH 8 23 24 Total operating and administrative expenses 176,645 129,061 347,502 25 25 Add lines 13 through 23 1,682,500 1,682,500 Contributions gifts grants paid 2,030,002 129,061 0 1,859,145 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 11,111,688 Ĵ. a Excess of revenue over expenses and disbursements 4,903,323 b Net investment income (if negative enter -0-) c Adjusted net income (if negative, enter -0-)

JSA For Paperwork Reduction Act Notice, see instructions 5E1410 1 000

	0 =4 II	Balanca Chasta	Attached schedules and amounts in the	Beginning of	year		End	of year	
	art il	Balance Sheets	description column should be for end-of year amounts only. (See instructions.)	(a) Book Val	ue	(b) Book Va	lue	(c) Fa	ur Market Value
	1 .	Cash - non-interest-beari	ng						
	2 `	Savings and temporary	cash investments		,942	1,209			1,209,977
	3	Accounts receivable		LANGE WELL		253.6974	£7		
		Less allowance for doub	otful accounts >						
	4	Pledges receivable ▶		一世二章	- 1 m	學心	<u></u> ተ	عيد ″ا در	- 大学選手上
		_	btful accounts ▶					- · · · · · · · · · · · · · · · · · ·	
	5	Grants receivable							-
	6		officers, directors trustees, and other					1	
	"		ach schedule) (see instructions)	,					
	7	,	eceivable (attach schedule)		#T	F. 46 1.	}	*** ***	*** # · 23
	¦ ′		otful accounts				-1		
Ŋ	_							-	
Assets	8	Inventories for sale or us						+	<u>.</u>
Š	9	Prepaid expenses and de	•						
1			e government obligations (attach schedule) stock (attach schedule) ATCH 9	13,436	928	9,848	3.508	+	11,443,757
	ı			237.50	, 520	3,010	,,000		22/110/10
	11 ^C	Investments - corporate Investments land buildings		TIME APR TE	3,50	E-Const	#4.7 -	14. 3 mg.	北里 建
		and equipment basis Less accumulated deprecia	tion .	34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				_ 27:5-3-	
		(attach schedule)				 			
	12	Investments mortgage	T 10	21,246	776	34,907	2 800		37,042,470
		Investments - other (atta Land buildings and	ich schedule)						
		equipment basis Less accumulated deprecia	tion >		°_	t ===================================	هتند خاسم	علاقة طهاد	المتحدث هذات أسب
	1	(attach schedule)	<u> </u>			 			
	l .	Other assets (describe			_	 -	—		
	16	· · · · · · · · · · · · · · · · · · ·	completed by all filers - see the		CA =	45.000	205		40 606 204
		instructions Also see pa	age i item i)	34,839	, 640	45,966	0,200	10 12	49,696,204
	17	Accounts payable and a	ccrued expenses			 			
	18	Grants payable						-\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
Liabilities	19	Deferred revenue	•					4.3 5	
푳	20		rs trustees and other disqualified persons					一	1. 重新
횬	21		tes payable (attach schedule)						- 7 1 (元素 2 ま) 1 記
_	22	Other liabilities (describe	·►)			 			
		- 4-11-4 14 4-44 b	- 47 than ab 600		0		0	T.	A PARTY
_	23	Total liabilities (add line	· · · · · · · · · · · · · · · · · · ·	:		 			
s			ow SFAS 117, check here >						Service The Control of the Control o
çe		and complete lines a	24 through 26 and lines 30 and 31	1				- 4	· · · · · · · · · · · · · · · · · · ·
a	24	Unrestricted				 		- ☆ <u></u>	
Net Assets or Fund Balances	25	Temporarily restricted				 		- <u>* * * * * * * * * * * * * * * * * * *</u>	7 2 1
펄	26	Permanently restricted	. A	<u> </u>	<u> </u>				
בַּ		Foundations that do						-	
ž			plete lines 27 through 31					4	
S	27	Capital stock trust prince	•			 			* ************************************
set	28		land bldg and equipment fund	34,839	616	45,966	205	- []	"我有一个人看
As	29	-	ilated income endowment or other funds	34,839		45,966	-		
ë	30		balances (see instructions)	34,639	, 040	43,300	,,205	التاريخ التاريخ التاريخ التاريخ	
Z	31		net assets/fund balances (see	24 020	646	45,966	205	5,	442
		instructions)	In Not Aposto on Freed Date	34,839	, 646	45,966	, 203	3,45	4-25-25-94-17-NA
			nges in Net Assets or Fund Bala		- 20	(
1			alances at beginning of year - Part	ii column (a) lii	ne 3U ((must agree with		1	34 930 446
			d on prior year's return)				1		34,839,646
		er amount from Part I,					2	-	11,111,686
			ded in line 2 (itemize) ► ATCH 11				_ 3	+	14,951
		lines 1 2, and 3					4	 	45,966,285
		reases not included in		. h 5\ D \ : "		/h) ha = 20	_ <u>5</u>	+	45 066 20E
6	Tota	net assets or fund b	alances at end of year (line 4 minus	s ine 5) - Part II c	olumn	(a) line 30	6	——	45,966,285

Part IV Capital Gains	and Losses for Tax on Inv	restment income			
	d describe the kind(s) of property sold		(b) How	(c) Date	(d) Date solo
	rick warehouse or common stock 200		P Purchase D Donation	acquired (mo day, yr)	(mo, day yr
a SEE PART IV SCHE	DULE		l Bondson		
<u> </u>					
C					
d					
e <u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
			i		
)					
:					
1					
<u> </u>			<u></u>		
Complete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j) if any	col	(k) but not less t Losses (from co	
1					
o					
;					
<u> </u>			<u></u>		
Constal company and annume	(set esset less)	gain also enter in Part I, line 7	, i		
Capital gain net income of	or (net capital loss)	f (loss), enter -0- in Part I line 7	2	3,	804,388
Net short-term capital ga	iin or (loss) as defined in sections	1222(5) and (6)			
If gain also enter in Pa	art I line 8 column (c) (see ins	structions) If (loss) enter -0- in $ begin{cases} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $			
Part I line 8			3		0
section 4940(d)(2) applies	leave this part blank				
	the section 4942 tax on the distril not qualify under section 4940(e)	butable amount of any year in the b Do not complete this part	ase period	4?	Yes X N
		ar, see the instructions before makin	ng any ent	ries	
(a)	(b)	(c)	Ĭ	(d)	
Etase period years Catendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col. (b) divided by	
2014	1,380,680	39,722,459			0 034758
2013	377,501	26,855,907	1		0 014057
2012	447,006	13,834,645			
2011	225,358	6,861,805			0 032311
2010					
Total of line 1 column (d					
A TIME I COMMITTED)		2		0 032842
		de the total on line 2 by 5 or by the	2		0 032842
Average distribution ratio		de the total on line 2 by 5 or by the ss than 5 years	3		0 032842 0 113968
Average distribution ratio number of years the four	o for the 5-year base period - divid ndation has been in existence if le	ss than 5 years		43,	0 032842 0 113968
Average distribution ratio number of years the four Enter the net value of no	for the 5-year base period - divid	ss than 5 years	3	43,	0 032842 0 113968 0 022794
Average distribution ratio number of years the four Enter the net value of no Multiply line 4 by line 3	o for the 5-year base period - divid ndation has been in existence if le ncharitable-use assets for 2015 f	ss than 5 years	3 4 5	43,	0 032842 0 113968 0 022794 713,210 996,399
Average distribution ratio number of years the four Enter the net value of no Multiply line 4 by line 3 Enter 1% of net investment	o for the 5-year base period - divid ndation has been in existence if le	ss than 5 years	3 4 5 6		0 032842 0 113968 0 022794 713,210 996,399 49,033
Average distribution ratio number of years the four Enter the net value of no Multiply line 4 by line 3	o for the 5-year base period - divid ndation has been in existence if le ncharitable-use assets for 2015 f	ss than 5 years	3 4 5	1,	0 032842 0 113968 0 022794 713,210 996,399

Was there a liquidation termination, dissolution or substantial contraction during the year?

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
By state legislation that effectively amends the governing instrument so that no mandat

• 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?

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

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► DE , MD,

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 G2 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 calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If Yes complete Part XIV

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

Form 990-PF (2015)

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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			
	person had advisory privileges? If "Yes" attach statement (see instructions)	12		٨
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ▶ N/A			
14	The books are in care of ► NANCIE SUZUKI Telephone no ► 301-38	0-142	25	
	Located at ▶ 10400 FERNWOOD ROAD, DEPT 901 BETHESDA, MD ZIP+4 ▶ 20817			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 PF in lieu of Form 1041 - Check here		>	· 🔲
	and enter the amount of tax exempt interest received or accrued during the year		<u></u>	,— ,
16	At any time during calendar year 2015 did the foundation have an interest in or a signature or other authori	у	Yes	No
	over a bank-securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes" enter the name of	of -	2-2-2	
	the foreign country	ــــــــــــــــــــــــــــــــــــــ	· ^c	T TE
Pai	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	, ,	Yes	No
1a	During the year did the foundation (either directly or indirectly)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1) Engage in the sale or exchange or leasing of property with a disqualified person?	1.5	12.5	1
	(2) Borrow money from lend money to or otherwise extend credit to (or accept it from) a	• •	7	7.5
	disqualified person? Yes X No	1	17 - 25 - 17 - 25 -	沙理
	(3) Furnish goods, services or facilities to (or accept them from) a disqualified person?	(i)		14.通
	(4) Pay compensation to or pay or reimburse the expenses of a disqualified person? Yes X No	1,1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1,1	1	美地
	the benefit or use of a disqualified person)?	1 1		42
	(6) Agree to pay money or property to a government official? (Exception Check 'No" if the	. vi , u	電	
	foundation agreed to make a grant to or to employ the official for a period after		آر في	4.4
	termination of government service if terminating within 90 days)	3	1954 1975	到该
þ	If any answer is 'Yes' to 1a(1)-(6) did any of the acts fail to qualify under the exceptions described in Regulations		1.375.6	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		\c. ? \$78
	Organizations relying on a current notice regarding disaster assistance check here	ندو ا	1.50	L.I
С	Did the foundation engage in a prior year in any of the acts described in 1a other than excepted acts that			選集元 4 入
	were not corrected before the first day of the tax year beginning in 2015?	1c	المراجعة الما	L cm
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	4\/ -4\/_	1 1 1	e 157
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	***	1 3	\$ 1 A
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2015? Yes No	4.	, J.	11 1
		4,	1. 15	3.0
	If Yes list the years And there are warren better 22 for which the foundation is not combined the provinces of section 4942(2)(2)	1 2	F. 2	1674 - T
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	- t-	2.54	+2-1
	all years listed answer. No and attach statement, see instructions.)	2b	· Chieffer	X
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1.7	- -	75-3
·	the provisions of section 4342(a)(z) are being applied to any of the years noted in za, not the years note	۵,۰۰		
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	, ž	1.3	1, 12 m
Ja	at any time during the year? Yes X No	,	, , , , , ,	7 . KS
	If Yes did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation of	`-,	-	*
	disqualified persons after May 26 1969 (2) the lapse of the 5-year period (or longer period approved by the	_	1 5	-1-2
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of	1 34	- ;	72
	the 10 15 or 20 year first phase holding period? (Use Schedule C Form 4720 to determine if the	1 70 -	ار المار المار المار	1
	foundation had excess business holdings in 2015)	3b		×.
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		-3.5	410 Hg
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015	4b		ኣ
		- 00	A DE	·

Form	990 PF (2015) MARRIOTT DAUGH	TERS FOUNDAT	ION		45-25	590105	ı	Page 6
Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	ured (con	tinued)			
5a	During the year did the foundation pay or incur any amo (1) Carry on propaganda or otherwise attempt to influe		n 4 945(e))?	Yes	X No			
	(2) Influence the outcome of any specific public ele- directly or indirectly, any voter registration drive?			Yes	X No			
	 (3) Provide a grant to an individual for travel study or o (4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions) 	•			X No			
	(5) Provide for any purpose other than religious ch purposes, or for the prevention of cruelty to children		iterary or education:	al Yes	X No			
b	If any answer is 'Yes to 5a(1)-(5) did any of the Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce (see instructions)?	xceptions de	scribed in	5b_		
	Organizations relying on a current notice regarding disas			_	▶∟			
С	If the answer is "Yes to question 5a(4) does the		kemption from the t		□ No		1	
	because it maintained expenditure responsibility for the	-		Yes	NO			•
6a	If Yes "attach the statement required by Regulations sec Did the foundation during the year receive any fun	, -	ectly to pay premiur		.			
	on a personal benefit contract?			Yes	X No			l x
ь	Did the foundation during the year pay premiums dire	ectly or indirectly on a	personal benefit contra	act?		6b		1 ^
	If 'Yes to 6b file Form 8870			П.,	X No			
7a	At any time during the tax year was the foundation a po			Yes	Ľ∑ No	~		
b Par	If "Yes ' did the foundation receive any proceeds or have tive to the state of the	rs. Trustees. Fou	ndation Manager	s. Highly P	aid Empl	7b_ ovees.	L	
	and Contractors							
1	lickallafficare diractore truetone toundation b							
	List all officers, directors, trustees, foundation in							
	(a) Name and address	nanagers and their (b) Title and average hours per week devoted to position	(c) Compensation (see (f) Compensation (if not paid enter -0)	(d) Contribu employee ben and deferred co	tions to efit plans	(e) Expens other al		
አፐር	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid enter -0)	(d) Contribu amployee ben	tions to efit plans mpensation			es
ATC	<u></u>	(b) Title and average hours per week	(c) Compensation (if not paid	(d) Contribu amployee ben	tions to efit plans			
ATC	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid enter -0)	(d) Contribu amployee ben	tions to efit plans mpensation			es
ATC	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid enter -0)	(d) Contribu amployee ben	tions to efit plans mpensation			es
ATC	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid enter -0)	(d) Contribu amployee ben	tions to efit plans mpensation			es
ATC	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid enter -0)	(d) Contribu amployee ben	tions to efit plans mpensation			es
ATC	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid enter -0)	(d) Contribu amployee ben	tions to efit plans mpensation			es
ATC	(a) Name and address	(b) Title and average hours per week devoted to position	(C) Compensation (If not paid enter -0)	(d) Contribution amployee behand defened co	instruction	other al	lowanc	0 0
2	(a) Name and address H 12 Compensation of five highest-paid employees	(b) Title and average hours per week devoted to position	(C) Compensation (If not paid enter -0)	(d) Contribu employee ben and defened co	instruction instruction instruction instruction instruction instruction instruction instruction	other al	one,	enter
2	(a) Name and address H 12 Compensation of five highest-paid employees "NONE" Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position (other than thos	(C) Compensation (If not paid enter -0) 69,641	(d) Contribuend of the contribution of the con	instruction instruction instruction instruction instruction instruction instruction instruction	ns) if n	one,	enter
2	(a) Name and address H 12 Compensation of five highest-paid employees "NONE"	(b) Title and average hours per week devoted to position (other than thos	(C) Compensation (If not paid enter -0) 69,641	(d) Contribuend of the contribution of the con	instruction instruction instruction instruction instruction instruction instruction instruction	ns) if n	one,	enter
2	(a) Name and address H 12 Compensation of five highest-paid employees "NONE" Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position (other than thos	(C) Compensation (If not paid enter -0) 69,641	(d) Contribuend of the contribution of the con	instruction instruction instruction instruction instruction instruction instruction instruction	ns) if n	one,	enter
2	(a) Name and address H 12 Compensation of five highest-paid employees "NONE" Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position (other than thos	(C) Compensation (If not paid enter -0) 69,641	(d) Contribuend of the contribution of the con	instruction instruction instruction instruction instruction instruction instruction instruction	ns) if n	one,	enter
2	(a) Name and address H 12 Compensation of five highest-paid employees "NONE" Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position (other than thos	(C) Compensation (If not paid enter -0) 69,641	(d) Contribuend of the contribution of the con	instruction instruction instruction instruction instruction instruction instruction instruction	ns) if n	one,	enter

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Total number of other employees paid over \$50 000

		-
D-v-	•	•

3 Five highest-paid independent contractors for professional services (see instructions) If none, enter "N	ONE "
(a) Name and address of each person paid more than \$50 000 (b) Type of service	(c) Compensation
ATCH 13	109,26
ATCH TO	
Total number of others receiving over \$50,000 for professional services	>
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 organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	_
	-
2	_
	_
3	
	- -
4	_
Part IX-B 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
1 NONE	_
	_
2	
	_
All other program related investments. See instructions	
3 NOTE	_
	_ _
Total Add lines 1 through 3	<u>-</u>
Total Add lines 1 through 3	5 000 PE 10015

Page 8

Pari	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable etc.		 _
	purposes	!	
a	Average monthly fair market value of securities	1a	42,513,958
b	Average of monthly cash balances	1b	1,864,935
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a b and c)	1d	44,378,893
e			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	44,378,893
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount see	1 . 1	665 600
_	instructions)	4	665,683
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V line 4.	5	43,713,210
6	Minimum investment return Enter 5% of line 5	6	2,185,661
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ ☐ and do not complete this part.)	dations	
1	Minimum investment return from Part X line 6	1	2,185,661
2a	Tax on investment income for 2015 from Part VI line 5] [-	
b	Income tax for 2015 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	49,033
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,136,628
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,136,628
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	2,136,628
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes		
а	Expenses, contributions gifts, etc total from Part 1 column (d). line 26	1a	<u>1,859,145</u>
þ	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	1,859,145
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	49,033
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,810,112
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years	liculating	whether the foundation

Page 9

P	irt XIII Undistributed Income (see instr	uctions)			rage J
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI line 7	, corpus	rears prior to 2014	2014	2,136,628
2	Undistributed income if any as of the end of 2015		-	1 465 050	-
	Enter amount for 2014 only	1		1,469,859	, ,
	7 Total for pnor years 20 13 20 12 20 11				,
	Excess distributions carryover if any to 2015	, ,	·		-
	From 2010	-		,	
	From 2012	'			
	From 2013	-		и	-
	From 2014	.			' _
	Total of lines 3a through e	0			
4	Qualifying distributions for 2015 from Part XII				
	line 4 ▶ \$1,859,145	•			,
а	Applied to 2014 but not more than line 2a			1,469,859	
t	Applied to undistributed income of prior years (Election required see instructions)	7		v	
c	: Treated as distributions out of corpus (Election required - see instructions)				
c	Applied to 2015 distributable amount				389,286
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015 (If an amount appears in column (d) the same			<u> </u>	
6	amount must be shown in column (a)) Enter the net total of each column as indicated below				- - -
a	Corpus Add lines 3f 4c and 4e Subtract line 5				
	Prior years' undistributed income Subtract		<u>.</u>		,
	line 4b from line 2b				
C	Enter the amount of prior years undistributed income for which a notice of deficiency has	5			
	been issued, or on which the section 4942(a)	ŧ			
	tax has been previously assessed				_
C	Subtract line 6c from line 6b Taxable amount see instructions				· ·
e	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions	, ,	1		-
,	Undistributed income for 2015 Subtract lines				
•	4d and 5 from line 1. This amount must be	, ,			1 747 242
	distributed in 2016		*	-	1,747,342
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)				7 <u>1</u>
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				<u>.</u>
9	Excess distributions carryover to 2016		-		
J	Subtract lines 7 and 8 from line 6a	0			5 -
10	Analysis of line 9		-		- 1
	Excess from 2011				
ŧ	Excess from 2012	F = 12		4	, ,
•	Excess from 2013	- B - M	'		
	Excess from 2014	1, t		, ,	
•	Excess from 2015		<u> </u>	3	5 000 DE (0045)

5-	25901 NOT				
2(J)	(3) or		494	2(յ)(5	5)
		(e) T	otal		
					_
_					_

Pa	rt XIV Private Op	erating Foundations	s (see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a		received a ruling or d		it is a private opera	iting	
		ig is effective for 2015 e	<u> </u>		P [(1)(0)
þ	Check box to indicate	whether the foundation	is a private operating t		section 4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad	Tax year	/b) 2014	Prior 3 years	(d) 2012	(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed		(b) 2014	(c) 2013	(d) 2012	
ь	85% of line 2a					
С	Qualifying distributions from Part XII line 4 for each year listed	ı				
d	Amounts included in line 2c not used directly for active conduct of exempt activities	•				
е	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 lest relied upon					
а	"Assets alternative fest lenter					
	 (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) 					
b	"Endowment alternative test enter 2/3 of minimum invest ment return shown in Parl X,					
С	"Support alternative lest enter					
	(1) Total support other than gross investment income (interest dividends rents payments on securities loans (section 512(a)(5)) or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942					
	(j)(3)(B)(ei) (3) Largest amount of support from an exempt organization					
	(4) Gross investment income	<u> </u>				
Pa		ntary Information ((luring the year - see		only if the foundar	tion had \$5,000 c	or more in assets at
		ig Foundation Manage				
a	List any managers of before the close of an	the foundation who ly tax year (but only if the	nave contributed more ney have contributed r	e than 2% of the tota nore than \$5,000) (Se	it contributions rece se section 507(d)(2)	ived by the foundation)
	N/A					
Ь		the foundation who rship or other entity) o				lly large portion of the
	N/A					
2		ng Contribution, Grant				
	unsolicited requests t		ation makes gifts gra			and does not accept or organizations under
а	The name address a	and telephone number	or e-mail address of t	he person to whom ap	plications should be a	ddressed
b	The form in which app	olications should be su	bmitted and information	on and materials they	should include	
С	Any submission dead	lines				
-4	Any restrictions or	limitations on awards	such as by deodra	aphical areas charita	ible fields kinds of	Institutions or other
u	factors	diono on analos	- 2351, 25 5, googi			

Page 11

	0 PF (2015)				Page 1
Part	Supplementary Information (continuea)	oved for I	Cuture Deumont	
	Recipient Iame and address (home or business)	If recipient is an individual	Foundation	Tuture Fayment	Τ
	lame and address (home or husiness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	Paid during the year	or substantial contributor	recipient		
u ,	and during the year				
ATC	н 14				
		ļ			
				J	
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		•			
т	otal	<u> </u>		▶ 3a	1,682,500
	pproved for future payment				
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		<u> </u>		<u> </u>	
<u>T</u>	'otal				L

JSA 5E 1491 1 000

T XVI-A Analysis of Income-Prod	Unrelated	business income	Excluded by s	ection 512 513 or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exem
rogram service revenue	-			-	(See instructions
	 		 		
	 		+		
				· ·-	
Fees and contracts from government agencies					
Membership dues and assessments			14	8,852	
nterest on savings and temporary cash investments			14	1,219,144	
ividends and interest from securities let rental income or (loss) from real estate					
Debt financed property					
Not debt financed property let rental income or (loss) from personal property		- ·			
Other investment income	1		- ·		
iain or (loss) from sales of assets other than inventory			13	3,804,388	
					
let income or (loss) from special events cross profit or (loss) from sales of inventory					
other revenue a 2012 IRS REFUND			41	49,249	
The revenue of					
			+ +		
			- A S	5,081,633	
Subtotal Add columns (b) (d) and (e)			, £		5,081,6
Subtotal Add columns (b) (d) and (e) otal Add line 12 columns (b) (d), and (e) worksheet in line 13 instructions to verify calc				13	5,081,6
subtotal Add columns (b) (d) and (e) total Add line 12 columns (b) (d), and (e) worksheet in line 13 instructions to verify calc XVI-B Relationship of Activitie No Explain below how each activit	s to the Acce	ncome is reported	Exempt Purpo	13 oses of Part XVI-A contribu	ted importantly t
subtotal Add columns (b) (d) and (e) otal Add line 12 columns (b) (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activitie	s to the Acce	ncome is reported	Exempt Purpo	13 oses of Part XVI-A contribu	ted importantly t
subtotal Add columns (b) (d) and (e) total Add line 12 columns (b) (d), and (e) worksheet in line 13 instructions to verify calc XVI-B Relationship of Activitie No Explain below how each activit	s to the Acce	ncome is reported	Exempt Purpo	13 oses of Part XVI-A contribu	ted importantly t
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subtotal Add columns (b) (d) and (e) total Add line 12 columns (b) (d), and (e) worksheet in line 13 instructions to verify calc XVI-B Relationship of Activitie No Explain below how each activit	s to the Acce	ncome is reported	Exempt Purpo	13 oses of Part XVI-A contribu	ted importantly t
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organ	nizations						
1 C	nd the	e organization direct	ly or indirectly e	ngage in any of	the followin	g with any other organization describ	ed	Yes	No
ır	ı sect	юл 501(c) of the Co				ns) or in section 527 relating to politi			-
	_	zations?					1	-	
		ers from the reportin	ig foundation to a	a noncharitable e	xempt organ	nization of			-
	1) Ca						1a(1)		Λ
(2) Other assets						1a(2))	Х	
	_	transactions						٠.	, '
(1) Sales of assets to a noncharitable exempt organization							1b(1) <u>}</u>
(2) Purchases of assets from a noncharitable exempt organization							1b(2)		X
(3) Rental of facilities equipment or other assets							1b(3) 1b(4)		1
(4) Reimbursement arrangements (5) Loans or loan guarantees							1b(5		X
		formance of service		o or fundraising s	olicitations		1b(6	_	<u> }</u>
		g of facilities equipn		-		vees	1c		Y
		•	-		-	, chedule Column (b) should always s	how the	fair n	narket
V	alue d	of the goods, other	assets or service	es given by the	reporting fo	undation If the foundation received	ess than	fair m	narket
v	alue i	n any transaction or	sharing arrange	ement show in o	column (d) t	he value of the goods, other assets	or service	s rec	eived
(a) Line	ng.	(b) Amount involved	(c) Name of no	ncharitable exempl or	ganization	(d) Description of transfers transactions and	i shanng am	angeme	nts
		N/A				N/A			
			<u>_</u>	 -					
			ļ <u> </u>						
	$-\!\!\!\!\!+$								
			 	<u> </u>					
		_ _	 						
	-+								
	$\overline{}$	 _							
	$\neg +$								
	$^{-+}$								
								_	
			-			e or more tax-exempt organizations		_	7
		ped in section 501(c)	•	ner than section 5	501(c)(3)) or	in section 527?	L Y	es 🔀	·」No
<u>b</u> If	<u> Yes</u>	<u>," complete the follo</u>							
		(a) Name of organization	<u> </u>	(b) Type of	organization	(c) Description of rel	ationship		
									
					 				
									
						chedules and statements and to the best of my known	nwledge and	belief if	is true
Sian	correc	and complete Declaration of	(preparer (other than tax	opayer}ıs based on allınıfo i	l Implion of which	<u> </u>			
Sign		V		- 2 22	17		e IRS discu e prepar <u>er</u>		
lere	Sign	nature of offices or mustee		Date	,	f I	uctions)?	Yes	No
	<u>l</u>								
Paid		Print/Type preparer's na	me	Preparer's signatu	re 0 1	Date Check	If PTIN		
repa	3ro-	REBECCA ROHE		Rebecca	Kohe	2/14/17 self employe		9487	6
•		0.4	OO USA, IIP	DO EDITIE OF		FmsEIN ▶1-	5-53815	<u>an</u>	
Jse (אוחל		01 GREENSBO	KO DRIVE STI	n r LOOK	22102 Phone no. 703	~893-D	600	
		MC	CLEAN, VA			22102 Phone no 703	Form 99		(2015)
							rom 59	V-17 1	(2015)

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

Employer identification number Name of the organization MARRIOTT DAUGHTERS FOUNDATION 45-2590105 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 501(c)(3) exempt private foundation Form 990-PF 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 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 contributions 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) filling 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. Do not complete any of the parts unless the

Caution An organization that is not covered by the General Rule and/or the Special Rules does not 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 certify that it does not meet the filing requirements of Schedule B (Form 990 990-EZ, or 990-PF)

General Rule applies to this organization because it received nonexclusively religious charitable etc., contributions

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) (2015)

▶ \$______

totaling \$5 000 or more during the year

Name of organization MARRIOTT DAUGHTERS FOUNDATION

Employer identification number 45-2590105

Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is ne	eeded
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RICHARD E MARRIOTT CHARITABLE TRUST 10400 FERNWOOD RD, DEPT 901 BETHESDA, MD 20817	\$ 6,696,057	Person Payroll Noncash (Complete Part It for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE RICHARD E MARPIOTT CHARITABLE TRUST 10400 FERNWOOD RD, DEPT 901 BETHESDA, MD 20817	\$1,364,000	Person A 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 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)

5E 1253 2 000

Name of organization MARRIOTT DAUGHTEPS FOUNDATION

Employer identification number

45-2590105

a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 10	01,233 SHARES MARRIOTT INTERNATIONAL		
		\$ 6,696,057	02/24/2016
n) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - - -		 \$	
n) No rom 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 1	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization MARRIOTT DAUGHTERS FOUNDATION

Employer identification number

4	5-2590105	,

	duplicate copies of Part III if addition	al space is fieeded				
lo m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
_ _						
		(e) Transfer of gift				
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee			
-						
lo m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
$-\mid$ $-\mid$						
	(e) Transfer of gift					
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			
	Little-L					
_						
n I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held			
_ _						
	(e) Transfer of gift					
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			
_						
lo m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
$-\mid$ $-$						
	(e) Transfer of gift					
	Transferee s name, address, and a	ZIP + 4	Relationship of transferor to transferee			
						

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

ATTACHMENT 1

INVESTMENTS	
CASH	
SST ON TEMPORARY	
NO	
INTEREST	
1	
PART I	
990PF,	
FORM 99	

MARRIOFT DAUGHTERS FOUNDATION

NET INVESTMENT INCOME	5,084 3,768 8,852.
REVENUE AND EXPENSES PER BOOKS	5,084. 3,768 8,852
	TOTAL
DESCRIPTION	INTEPEST-SAVINGS AND ST INVEST 2012 TAX REFUND INTEREST INCOME

ATTACHMENT 2

45-2590105

SECURITIES	
FROM	
INTEREST	
AND	
DIVIDENDS	
1 ;;	
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	704,536. 519,849 -5,241	1,219,144
REVENUE AND EKPENSES PEP BOOKS	704,536. 519,849 -5,241	1,219,144
DESCRIPTION	DIVS FROM SECURITIES INTEREST-CORP FIXED FUNDS ACCRUED INTEREST PD-CORP FIXED FUNDS	TOTAL

45-2590105

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

REVENUE AND

EXPENSES PER BOOKS 49,249.

DESCRIPTION 2012 TAX REFUND

TOTALS

49,249

45-2590105

ATTACHMENT 4

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45	
12	
2/8/2017	
L43V	
2103Ex	

•		CHARITABLE	PURPOSES	3,173.	3,173
	ADJUSTED	NET	INCOME		
	NET	INVESTMENT	INCOME		
	REVENUE AND	EXPENSES	PER BOOKS	3,173	3, 173
- LEGAL FEES					TOTALS
FORM 990PE, PART I - LEGAL FEES			DESCRIPTION	LEGAL FEES	

T 5		CHARITABLE PURPOSES 24,622
ATTACHMENT 5		ADJUSTED NET INCOME
		NET INVESTMENT INCOME
	II	REVENUE AND EXPENSES PER BOOKS 24,622
	FORM 990PF, PART I - ACCOUNTING FEES	TOTALS
	FORM 990PF, PART	DESCRIPTION ACCOUNTING FEES

ATTACHMENT 5 PAGE 24

ATTACHMENT 6

PART I - OTHER PROFESSIONAL FEES FORM 990PE,

NET INVESTMENT INCOME	109,261	109,261
REVENUE AND EXPENSES PER BOOKS	109,261.	109,261
DESCRIPTION	INVESTMENT MANAGEMENT FEES	TOTALS

ATTACHMENT 7

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>		REVENUE AND EXPENSES PER BOOKS
8/31/16 2Q EST PAYMENT 8/31/16 3Q EST PAYMENT	TOWN	20,000
	TOTALS	4

45-2590105

ATTACHMENT 8

MARRIOTT DAUGHTERS FOUNDATION

- OTHER EXPENSES

PART

FORM 990PF,

REVENUE AND

EXPENSES PER BOOKS

8,217 1,300 1,861 200 328

11,906.

TOTALS

MISC. ADMINISTRATIVE EXPENSES SUPPLIES BOOK & SUBSCRIPTIONS

DESCRIPTION COMPUTER SOFTWARE INSURANCE

11,378

12 45 48 PM 2103Ex L43V 2/8/2017

CHARITABLE PURPOSES 8,217 1,300 1,861

ATTACHMENT 9

45-259n105

PART II - CORPORATE STOCK FORM 990PF,

DESCRIPTION

160,434 SHS MARRIOTT INTL

ENDING BOOK VALUE

ENDING FMV

9,848,508

11,443,757.

9,848,508

TOTALS

11,443,757

OTHER INVESTMENTS

ı

PART II

FORM 990PE,

DESCRIPTION

MARRIOTT DAUGHTERS FOUNDATION

NON-ÜS EQUITY OTHER FIXED INCOME US EQUITY FIXED INC FUNDS CORP FIXED INC 594-6 NON-US EQUITY

US EQUITY

787–9 648–2 592-0

592-0 592-0 593-8

TOTALS

ATTACHMENT 11

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

BALANCE SHEET ADJUSTMENT 14,951

TOTAL 14,951

FORM 990PE, PART VIII - LIST OF OF	OFFICERS, DIRECTORS, AND TPUSTEES		PITACHMENT	IMENT 12	•
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EAPENSE ACCT AND OTHER ALLOWANCES	•
JULIE ANN MARRIOTT 10400 FERNWOOD ROAD, DEPT 901 BETHESDA, MD 20817	DIRECTOR	0	6	0	
SANDRA MARRIOTT BERTHA 10400 FEPNWOOD ROAD, DEPT 901 BETHESDA, MD 20817	DIRECTOR	0	0	0	
KAREN CHRISTINE MARRIOTT 10400 FERNWOOD ROAD, DEPT 901 BETHESDA, MD 20817	PRESIDENT & DIRECTOR	0	0	0	
MARI ALICE MARPIOTT HATCH 10400 FERNWOOD ROAD, DEPT 901 BETHESDA, MD 20817	DIRECTOF	0	0	0	
JAMES A POULOS 10400 FERNWOOD ROAD, DEPT 901 BETHESDA, MD 20817	TREASURER	0	0	C	
NANCIE SUZUKI 10400 FERNWOOD ROAD, DEPT 901 BETHESDA, MD 20817	EYECUTIVE DIRECTOR 14 00	69,641	0	0	
	GRAND TOTALS	69,641	0	0	

MARRIOTT DAUGHTERS FOUNDATION

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

ATTACHMENT 13

45-2590105

NAME AND ADDRESS

TYPE OF SERVICE

COMPENSATION

GOLDMAN, SACHS & CO 1735 MARKET STREET, 26TH FLOOR PHILADELPHIA, PA 19103

INVESTMENT ADVISORY 109,261

TOTAL COMPENSATION

109,261

LAP
HE
DUPING
PAID
- GRANTS AND CONTRIBUTIONS PAID DUPING
AND
GRANTS
PART AV -
FORM \$90PF, PART NV - GRANTS "

122RFIOTT DAUGHTERS FOUIDATICN

45~2730105

AT FACHINENT 1-4		THOON?	1,682 500	
		F JF PC SE UF GALST OR CONTRABILITY	CHARITABLE PURPOSES	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIEVENT	D _A	
		RECIPIENT MAME A TO ADDRESS	SEE STATEMENT	

1, 697, 500

GITG SNCILITERATE TYLDE

EIN 45-2590105

under the direction of Dr Marc Laufer

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Acacia Shade	\$5 000 00	\$5 000 00	\$0 00	501c(3)
Reneer, Julic	854			509(a)(1)
758 Canterbury Lane Alpine UT 84004	6/9/2016			
support for children in Ghana with disabilities				
American Red Cross	\$60,00 0 00	\$60 000 00	\$0.00	501c(3)
McGovern Gail J	856			509(a)(1)
430 17th St. NW	6/9/2016			
Washington, DC 20006				
mission related operations and the Hall of Service at the American Red Cross building located at 1750 E St NB Washington DC 20006				
Angel Faces Inc	\$10,000,00	\$10,000 00	\$0.00	501c(3)
Cartelli, Lesia	818			509(a)(1)
4405 Manchester Avenue Suite 101	1/13/2016			
Encinitas, CA 92024 mission related operations				
The Angels Depot	\$5 000 00	\$5,000 00	\$0.00	501c(3)
Hall, Susan	828			509(a)(1)
2820 La Mirada Dr Ste C	3/3/2016			
VISIA, CA 92081 8405				
Mission Related Operations				
Boston Ballet Inc	\$10,000 00	\$10,000 00	\$0.00	501c(3)
Hodges Mercduh	874	·		>09(a)(2) under 170(b)(1)(A)(vii)
19 Clarendon St	7/20/2016			170(0)(1)(17(411)
Boston, MA 02116-6107				
south programming				
Boston Children's Hospital	\$114,000 00	\$114,000 00	\$0.00	501c(3)
Torosyan, Melanie	848	- ,		509(a)(1)
401 Park Drive, Suite 602	5/11/2016			
Boston, MA 02215				
the Epidemiologic Discovery Research Fund to include the Oxidative Stress Study and the Inflammatory Markers Study				

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Boston Children's Hospital Susman Lynn	\$50 000 00 867	\$50,000,00	\$0 00	501c(3)
401 Park Drive Suite 602 Boston, MA 02215	7/18/2016			
Research directed by Dr. Staces Missimer toward advancing diagnostic testing				
Bring Change 2 Mind	\$10,000 00	\$10 000 00	\$0 00	501c(3)
Harrington Pamela	889			509(a)(1)
155 Sansome St Ste 5 10	8/17/2016			
San Francisco CA 94104-3606 mission related operations				
, , , , , , , , , , , , , , , , , , ,				
BYU	\$25 000 00	\$25 000 00	\$0.00	501c(3)
Evans, Brian	806			509(4)(1)
C/O LDS Philanthropics 1450 North University Ave	10/20/2015			
Pravo, U1 84604				
the Elder L. Tom Perry Scholarship Fund #50-122-464				
B y U	\$70 000 00	\$ 70 000 00	\$0.00	501c(3)
Scarnons Darla	829			509(4)(1)
C/O LDS Philanthropies 1450 North University Ave	3/3/2016			
Provo, UT 84604				
\$20 000 Marriott School Parent Scholarship Fund #30 108 417				
\$20 000 Martion School Deans Priorities Fund ±30 102 059 \$10 000 Martion School Career Placement-Fund ±30-102				
290 \$20 000 Ballard Center for Economic Self Relunice-Fund #30- 120-294				
BYU	\$15 000 00	\$15 000 00	\$0.00	501c(3)
Seamons, Darla	875			509(a)(1)
C/O LDS Philanthropies 1450 North University Ave	8/24/2016			
Provo, UT 84604				
the Museum of Art				
Casa De Amparo	\$5 000 00	\$5 000 00	\$0 00	501c(3)
Flock Myers Tamara	830			509(a)(1)
325 Buena Creuk Rd	3/15/2016			
San Marcos CA 92069-9679				
Mission Related Operations				

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Center For Community Solutions	\$5,000 00	\$5,000 00	\$0.00	501c(3)
Griffin-Tabor Verna	868			509(a)(1)
4508 Mission Bay Dr San Diego-CA 92109	7/18/2016			
nnssion related operations				
in son that the district				
ChildFund International	\$50,000 00	\$50,000 00	\$0.00	501c(3)
Goddard, Anne Lynam	861			509(a)(2) under
2821 Emerywood Parkway	6/23/2016			170(b)(1)(A)(vii
Richmond, VA 23294				
Early Childhood Development Program				
The Children's Room	\$1 000 00	\$1 000 00	\$0.00	501c(3)
Smith Sharft, Donna	\$1,000,00	21 /100 00	30 00	709(a)(1)
1210 Massachuscus Ave	7/1/2016			(L)(1)
Arlington MA 02476 4214				
mission related operations				
Choc Foundation	\$20,000 00	\$20 000 00	\$ 0 00	501(c)(3)
McClellan Dennis	876	\$20 KAO 00	30 00	501(E)(3) 509(a)(1)
1201 W La Veta Ave	7/20/2016			303(4)(1)
Orange CA 92868	772070			
Neonatal Intensive Care Unit				
CHOICE Humanuarian	\$35,000 00	\$35,000 00	\$0 00	501c(3)
Barker Leah	820	\$35,000 00	30 00	509(a)(1)
7879 South 1530 West, State 200	1/12/2016			(// /
West Jordan UT 84088				
scholarships for kenyan students to attend secondary school				
(grades 9-12)				
Christian Center Of Park City	\$20,000,00	\$20 000 00	\$0.00	n01c(3)
Harter, Rob	890			509(a)(1)
Po Box 683480	8/16/2016			
Park City UT 84063-3480				
mission related operations				
Community Investors	\$10,000,00	\$10,000,00	\$ 0 00	501c(3)
Roberts, Joe	803			50 ^q (a)(1)
P O Box 812839	9/28/2015			
Wellesley MA 02432				
the Wellesley Field Fund				

EIN. 45-2590105

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Community Resource Center Kent, Robert	\$30,000 00 \$35	\$30 000 00	\$0 00	501c(3) 509(a)(2) under 170(b)(1)(A)(vii
650 2Nd St Encintas CA 92024-3560 \$10 000 - General Operating Support and \$20 000 - Carol's House and Damestic Violence Services	4/13/2016			
Dana Hall School Erisman Caroline Po Box 9010 Welleslex, MA 02482-9010 Mission related operations	\$15,000 00 825 2/24/2016	\$15,000 00	\$0.00	501c(3) 509(a)(1)
Dana Hall School Grav Julic Po Box 9010 Wellesley, MA 02482 9010 the Caroline Lissman fund	\$10 000 00 \$51 5/11/2016	\$10,000 00	\$0 00	501c(3) 509(a)(1)
Dana Hall School Grav, Julie Po Box 9010 Wellesley MA 02482 9010 Summer Kirk Off	\$5,000 00 855 5/27/2016	\$5,000 00	\$0 00	501e(3) 509(a)(1)
Dana-Farber C incer Institute Brent, Patricia Siewart 10 Brookline Place West 6th Floor Brookline, MA 02445-7226 the Christin Holbrook Harding Fund for Melanoma Research	\$10 000 00 \$41 4/29/2016	\$19 000 00	\$0 00	501c(3) 509(a)(1)
Dreamkeepers Project Inc Gregory, Pat P O Box 8286 Reho Santa Le CA 92067-8286 The new plusground	\$10,000 00 860 6/23/2016	\$10,000 00	\$0 00	501c(3) 509(a)(1)
Fight The New Drug Inc Olsen Clay 367 W 1600 S Ste 201 Salt I ake City, UT 84115 poinography documentary series	\$200 000 00 809 12/21/2015	\$200,000 00	\$0 00	501c(3) 509(a)(1)

EIN. 45-2590105

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Friends of the Poor	\$30 000 00	\$30 000 00	\$0.00	501c(3)
Colarusso Jean	839			509(a)(1)
7660 Fay Avenue	4/19/2016			
La Jolla, CA 92037 0021				
mission related operations				
Fuller Craft Museum	\$5 000 00	\$5,000 00	\$0 00	501c(3)
Fairbanks, Jonathan	618			509(a)(1)
455 Oak S ₁	1/12/2016			
Brockton, MA 02301				
mission related operations				
Give Hope Guatemala Education Foundation Inc	\$4 000 00	\$4 000 00	\$0 00	501c(3)
1 rancis, D _{Lnisc}	831			509(a)(1)
281 W n00 N	3/15/2016			
Lindon, Uf 84042-1302				
mission related operations				
Hope Projects	\$5,000 00	\$5 000 00	\$0.00	501c(3)
Simons, Jeny	811			509(a)(2) under 170(b)(1)(A)(vii)
717 Bigler Lanc	12/18/2015			
Midway UT 84049 6410				
mission related operations				
International Documentary Association	\$10 000 00	\$10,000,00	\$0.00	501c(3)
Colm, Shannon				
3470 Wilshire Blvd Suite 980	810			509(a)(1)
Los Angeles CA 90010 the "Endo B hat" film	11/24/2015			
Isabella Siewart Gardner Museum	\$4 000 00	\$4,000 00	\$0.00	501c(3)
Fogelman Poggs	878	2.,	****	509(a)(1)
25 Evans Way	8/17/2016			
Boston, MA 02115-5538				
mission related operations				
Justice Resource Institute	\$5 000 00	\$5 000 00	\$0.00	501c(3)
Goldblatt Grace Lisa	880			509(a)(2) under 170(b)(1)(A)(vii)
989 Commonwealth Avenue	8/3/2016			
Boston, MA 02215				
My Life My Chaice program				

Payee Organization	Amount		Non-	
Request Primary Contact	Check#	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Karma Rescue	\$2,500 00	\$2 500 00	\$0.00	501c(3)
Levine Randu	879			509(a)(1)
1158 26th Street PMB155	8/12/2016			
Santa Monica CA 90403 4698				
mission related operations				
Mountain Trails	\$5 000 00	\$5,000 00	\$0.00	501c(3)
Sturgis Charlie	893			509(a)(1)
PO Box 754	8/19/2016			
Park City, UT 84060-0754				
mission related operations				
Neighborhood House Charter School	\$5 000 00	\$5 000 00	\$0 00	501c(3)
Scott Kate	812			509(a)(1)
21 Queen Street	12/18/2015			
Dorchester, MA 02122				
the 20th Anniversary Gala - Bringing Learning to Life				
Neighborhoud House Charter School	\$25 000 00	\$25 000 00	\$ 0.00	501c(3)
Ahmed, Hammad	869			509(a)(1)
21 Queen St	7/19/2016			
Dorchester MA 02122				
Neighborhood House Charter School 2016 Gala				
Newton-Wellesley Hospital Charitable Foundation	\$25,000 00	\$25,000 00	\$0 00	501c(3)
Archer Joan	816			509(a)(1)
Allen-Riddle Building 2014 Washington Street	1/12/2016			
Newton MA 02462				
the Maternty Department initiative to upgrade infant resuscitation carts				
Newton-Wellesley Hospital Charitable Foundation	\$10,000 00	\$10 000 00	\$0.00	501c(3)
Farr, Deborah	833			509(a)(1)
Allen-Riddle Building 2014 Washington Street	4/13/2016			
Newton MA 02462				
NWH 17th Annual Gala				

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Marriott Daughters Foundation - Grants FYE 8/31/16

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Тах
Project Title	Paid Date	Amount	Amount	Status
Newton-Wellesley Hospital Charitable Foundation	\$ 5 000 00	\$ 5 000 00	\$0 00	501c(3)
Fart, Deborah	850			509(a)(1)
Allen-Riddle Building 2014 Washington Street	5/11/2016			
Newton MA 02462				
Palhanve Care Clinic				
Newton-Wellesley Hospital Charitable Foundation	\$5,000,00	\$5 000 00	\$0.00	501c(3)
Farr, Deborah	870			509(a)(1)
Alien-Riddle Building	7/19/2016			
2014 Washington Street				
Newton MA 02462 Sponsorship of the Golf and Fennis Tournament				
Sportorship of the Golf und Tennis Tournament				
No Barriers USA	\$20 000 00	\$20,000 00	\$0 00	501c(3)
Robbins, Jordan	808			509(a)(1)
224 Canyon Ave Unit 207	12/21/2015			
Fort Collins CO 80521-2771				
mission related operations				
Operation Underground Railroad Inc	\$10,000,00	\$10,000 00	\$0 00	501c(3)
Stockwell, Cherstyn	881			509(a)(1)
700 N Valley St Ste B	8/23/2016			
Anaheim, CA 92801				
mission related operations				
Park City Education Foundation	\$5 000 00	\$5 000 00	\$ 0 00	501c(3)
McNulty, Abby	888			509(a)(1)
Po Box 681422	8/16/2016			
Park City UT 84068				
nussion related operations				
Park City Foundation	\$10,000 00	\$10 000 00	\$0 00	501c(3)
Wright, Katic	847			509(a)(1)
PO Box 681499	5/11/2016			
Park Ciry, U1 84068-1499				
mission related operations				
Park City Foundation	\$5 000 00	\$5 000 00	\$ 0 00	501c(3)
Wright, Katic	857			509(a)(1)
PO Box 681499	6/9/2016			
Park City, U F 84068-1499				
Ski Uiah "Learn to Ski & Ride-Program for youth				

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Marriott Daughters Foundation - Grants FYE 8/31/16

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Park City Historical Society & Museum Morrison Sandra PO Box 555	\$20 000 00 871 7/18/2016	\$20 (100 00	\$0 00	501c(3) 509(a)(1)
Park Cnv UT 84060 mission related operations				
Park City Medical Center Foundation	\$20 000 00 846	\$20 000 00	\$0 00	501c(3) 509(a)(1)
Charnes, Joanna 900 Round Valley Dr Park City UT 84060 mission related operations	5/11/2016			3.7 ·(a)(1)
D	45 ((0.000	£5,000,00	\$0.00	EQ1. (2)
Partners in Health Malcolm, John	\$5,000 00 882	\$5,000 00	\$0.00	501c(3) 509(a)(1)
800 BoxIsion Street State 1400 Boston MA 02199	8/23/2016			
mission related operations				
Peace House Inc Patten, Jane	\$ 30 000 00 859	\$30,000 00	\$0 00	501c(3) 509(a)(1)
1960 Sidewinder Dr Suite 208	6/22/2016			
Park City UT 84060 \$20 000 towards the Capital Campaign and \$10 000 towards General Operations				
Pictures For Progress Inc	\$100 000 00	\$100 000 00	\$0 00	501c(3)
Cohn, Shamon 145 Sixih Avenue	883 7/20/2016			509(a)(1)
New York NY 10013 Editing rough cut and final production of the Fighting in the Dark movie				
Pictures For Progress Inc Cohn Shannon	\$117,000 00 887	\$117 000 00	\$0 00	501c(3) 509(a)(1)
145 Sixth Avenuc New York NY 10013 Eduing rough cut and final production of the Fighting in the Dark movie	8/9/2016			
Rising Star Outreach	\$3>,000 00	\$35 000 00	\$0 00	501c(3)
Humphrey, Amy	0817			509(a)(1)
3505 N University Ave, Suite 250 Provo U1 84604 Monsoon Rehef Aid	1/13/2016			

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Marriott Daughters Foundation - Grants FYE 8/31/16

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Rising Star Outreach Humphrey Amy	\$10 000 00 822	\$10,000 00	\$0 00	501c(3) 509(a)(1)
3305 N University Ave, Suite 250 Provo, UT 84604	2/5/2016			
Monsoon Reluf 4id				
Rising Star Outreach Humphrey Amy	\$10 000 00 843	\$10 000 00	\$0 00	501c(3) 509(a)(1)
1305 N University Ave, Suite 250 Provo UT 84604 Rising Star Outreach 7th Annual Churity Golf Invitational	4/29/2016			
Many dur Ometica var binda Charry Goy Irridanoid.				
Rising Star Outreach Humphrey Amy	\$40 000 00 864	\$40,000 00	\$0 00	501c(3) 509(a)(1)
3305 N University Ave Nuite 250 Provo, UT 84604	7/1/2016			
Renovations to the Peers Matriculation School Building				
Ronald Medonald House Charities Of The Intermountain Area Inc	\$5 000 00	\$5,000 00	\$0 00	501c(3)
Romano, Carric	891			509(a)(1)
935 E South Temple	8/17/2016			
Salt Lake Ctv, UT 84102-1411				
Share 4-Night program				
Rosie's Place Doyle Jaime	\$30 000 00 836	\$30,000 00	\$0 00	501c(3) 509(a)(1)
889 Harrison Avu Boston, MA 02118-4004	4/13/2016			,,,,
\$15 000 towards the Rosse's Place Safe and Sound Spring Gala and \$15 000 towards mission related operations				
Rosse's Place	\$10 000 00	\$19,000 00	\$ 0 00	501c(3)
Dovle, Jaime	849			509(a)(1)
889 Harrison Ave	5/11/2016			
Boston, MA 02118-4004 mission related operations				
·	.	gao ann an	***	
San Diego Habitat For Humanity Holt Pfeiler, Lori	\$20,000 00 834	\$20,000 00	\$0 00	501c(3) 509(a)(1)
10222 San Diego Mission Rd	4/13/2016			· • > (u)(1)
San Diego, CA 92108 2135	77772010			
mission related operations				

Payee Organization	Amount		Non-	
Request Primary Contact	Check #	Deduct	Deduct	Tax
Project Title	Paid Date	Amount	Amount	Status
Scripps Health I oundation	\$50,000,00	\$50,000,00	\$0 00	501c(3)
Repetti Алашагіа	842			509(a)(1)
354 Santa Fe Drive Enc 63	4/29/2016			
Encinitas CA 92024				
Phase II of the Campaign for Scripps Encintus				
ST JOSEPH HOSPITAL FOUNDATION	\$10 000 00	\$10,000 00	\$0 00	501c(3)
Moreau, Steven	884			509(a)(1)
1100 W Siewart Dr	8/16/2016			
Orange, CA 92868-1849				
Implement programs in the maternity ward (safe sleep				
program purchase cribs and support staff salarr)				
Tenacre Country Day School	\$5 000 00	\$5,000,00	\$0 00	501c(3)
Elliot, Chris	858			509(a)(1)
78 Benvenue Street	6/21/2016			
Welleslev MA 02482 7426				
Chris Elhoi Past Parent Fund				
UCSF Foundation	\$ 50 000 00	\$ 50 000 00	\$0.00	501c(3)
Krumholz, Sarah	823			509(a)(1)
Lockbox 45339	2/22/2016			
Attn Sarah Krumholz				
San Francisco, CA 94145-0339				
the Thoracic Oncology Clinical Trials in honor of Greg Madsen				
University of Utah - Huntsman Cancer Institute	\$50,000 0 0	\$50 000 00	\$0 00	501c(3)
Shechan, Susan	840			509(a)(1)
500 Huntsman Way	4/29/2016			
Salt Lake City Uf 84108				
Research for the work of Dr M allace Akerley and his DOT k am				
University of Utah - Department of Medicine	\$50,000 00	\$50,000 00	\$0 00	501c(3)
Davis, Brian	872			509(a)(1)
30 N 1900 E Room 4C104	7/18/2016			
Salt Lake City Uf 84132				
Dr Walsh's research in Rheumatology and reactive arthritis				

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Marriott Daughters Foundation - Grants FYE 8/31/16

Payee Organization		Amount		Non-	
Request Primary Contact		Check #	Deduct	Deduct	Tax
Project Title		Paid Date	Amount	Amount	Status
Utah State University Foundation Sheen Jeft		\$10,000 00 853	\$10,000 00	\$0 00	501c(3) 509(a)(1)
6800 Old Main Hill Logan UT 84322-1445 Aggie's Elevated Program		5/27/2016			
Wolfehoro Public Library Foundation Sandeen, John C P O Box 472 Wolfeboro NII 03894-0472 Honor of Luguna Bucke		\$10,000 00 873 7/19/2016	\$10,000 00	\$0 00	501c(3) 509(a)(1)
	Grand Total — (68 items)	\$1,682 200 00	\$1,682 500 00	\$0 00	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C/	APITAL GAI	NS AND LO	SSES FOR	K IAX ON	INVESII	M IPI	<u>ENTINCOM</u>	<u> </u>
Kind of F	Property		Description		D acquired		Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adi basis		Gain or (loss)	
4,609,986		SALE OF PUBI PROPERTY TYI 4,645,104	LIC SECURITE	ES		P	VAR -35,118	VAR
14124032		200,000 SHS PROPERTY TYI 10284526				D	VAR 3,839,506	VAR
TOTAL GAIN(L	OSS)						3,804,388	