4Form 990-PF Department of the Treasury information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

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.

70 W

OMB No 1545-0052

For calendar year 2016 or tax year beginning MAY 1, 2016 , and ending 30, 2017 APR A Employer identification number Name of foundation MARY JEAN AND OLIVER TRAVERS FOUNDATION, INC. 52-6056360 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 15815 YEOHO ROAD 443-286-8545 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 21152 SPARKS, MD Initial return Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation 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 I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 6,681,709. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 26,061 N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 199. 199 STATEMENT 119,304. 119,304. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 762,497. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,048,061. 7 Capital gain net income (from Part IV, line 2) 762,497 APR 11 2018 8 Net short-term capital gain 9 Income modifications RECEIVED ENTITY DED 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) STATEMENT 11 Other income 908,061 882. 002-Total Add lines 1 through 11 12 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees ď **b** Accounting fees c Other professional fees 17 Interest STMT 2,140 0 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications ua 23 Other expenses 9,809 1,668 0. ng 0 Operati Total operating and administrative : 24 .949 1,668 expenses Add lines 13 through 23 0. 239,950 239,950. 25 Contributions, gifts, grants paid CHANNED 26 Total expenses and disbursements. 251,899 1,668 239,950. Add lines 24 and 25 27 Subtract line 26 from line 12: 656,162 & Excess of revenue over expenses and disbursements 880,334 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A Form **990-PF** (2016)

MARY JEAN AND OLIVER TRAVERS FOUNDATION, Form 990-PF (2016) INC.

,		0-PF (2016) ' INC.'	52-6056360 Pag				
Pa	rt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of			
<u>-</u>			(a) Book Value	(b) Book Value	(c) Fair Market Value		
		Cash - non-interest-bearing	B4 050	246 200	246 200		
		Savings and temporary cash investments	74,852.	346,398.	346,398.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
- {	4	Pledges receivable					
	_	Less: allowance for doubtful accounts	— 				
- 1	_	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons	<u></u>				
	7	Other notes and loans receivable					
ı	_	Less: allowance for doubtful accounts					
ssets		Inventories for sale or use					
Iss		Prepaid expenses and deferred charges					
~		Investments - U.S. and state government obligations	2 660 710		5 046 055		
		Investments - corporate stock STMT 6	3,662,712.	3,882,900.	5,216,355.		
- {		Investments - corporate bonds					
	11	Investments land, buildings, and equipment basis					
- 1		Less accumulated depreciation					
	12	Investments - mortgage loans	4	4 000 047	4 440 056		
	13	Investments - other STMT 7	1,557,480.	1,092,017.	1,118,956.		
l	14	Land, buildings, and equipment: basis					
1		Less accumulated depreciation					
		Other assets (describe)					
ı	16	Total assets (to be completed by all filers - see the					
\rightarrow		instructions. Also, see page 1, item I)	5,295,044.	5,321,315.	6,681,709.		
- 1	17	Accounts payable and accrued expenses		- 			
	18	Grants payable —					
es	19	Deferred revenue					
abilitie	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	, ,					
-1	22	Other liabilities (describe)					
				,			
-	23	Total liabilities (add lines 17 through 22)	0.	0.			
}		Foundations that follow SFAS 117, check here					
ဖွ		and complete lines 24 through 26 and lines 30 and 31.					
~ I	24	Unrestricted					
ala	25	Temporarily restricted					
8	26	Permanently restricted					
<u>,</u> 5		Foundations that do not follow SFAS 117, check here	į				
⊨ I		and complete lines 27 through 31	0	0			
	27	Capital stock, trust principal, or current funds	0.	0.			
ιά	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
اي	29	Retained earnings, accumulated income, endowment, or other funds	5,295,044.	5,321,315.			
Net	30	Total net assets or fund balances	5,295,044.	5,321,315.			
- }			E 20E 044	E 201 21E			
_	31	Total liabilities and net assets/fund balances	5,295,044.	5,321,315.			
Pa	irt	Analysis of Changes in Net Assets or Fund Ba	alances				
1 1	ota	net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)	· •		5,295,044.		
,		r amount from Part I, line 27a		2	656,162.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	5,951,206.		
		eases not included in line 2 (itemize) TAX BASIS ADJUS	STMENT	5	629,891.		
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	5,321,315.		
					Form 990-PF (2016)		

623511 11-23-16

MARY JEAN AND OLIVER TRAVERS FOUNDATION,

Part IV Capital Gains an	d Losses for Tax on Inv	estment	Income		24-	0030300	_ i age c
(a) List and describe	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase	(c) Date acque (mo , day,		
1a	333, 0. 33			D - Donation		, , , , , , ,	
b SEE ATTACHED S	TATEMENT						
C			,				
<u>d</u>							
<u>e</u>	(f) Decreasing allowed	(-) ((h) Co	(1)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale	İ	(h) Gain ((e) plus (f)		
a		·	·				
b							
С							_
d 1 040 061			205 50			7.0	407
e 1,048,061. Complete only for assets showing g	ain in column (b) and owned by the	e foundation	285,56		Counc (Col. (<u>,497</u>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col (j), if any	col	(k), but not l Losses (fro	(h) gain minus ess than -0-) or im col (h))	
a							
b							_
C				<u> </u>			
e e						762	,497
<u> </u>	∫ If gain, also enter in	a Part I Juno	7			702	1371
2 Capital gain net income or (net capita		n Part I, line	7	} 2		762	,497
3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, coli	as defined in sections 1222(5) and						
If (loss), enter -0- in Part I, line 8	ler Section 4940(e) for F	Poduood	Toy on Not	J 3		N/A	
					Ollie		
(For optional use by domestic private for	indations subject to the section 49	140(a) tax on	net investment is	icome.)			
If section 4940(d)(2) applies, leave this p	oart blank.						
Was the foundation liable for the section	4942 tax on the distributable amor	unt of any ye	ear in the base pe	riod?		Yes	X No
If "Yes," the foundation does not qualify i							
1 Enter the appropriate amount in each		tructions bet	fore making any e			(d)	
Base period years Calendar year (or tax year beginning i	(b) Adjusted qualifying distri	butions	Net value of no	(c) oncharitable-use assets	(col	(d) Distribution ratio . (b) divided by col.	(c))
2015	<u>''/</u>	,600.		5,993,220			4148
2014	197	,600.		5,217,118			3787
2013		,725.		3,203,360			4674
2012		,800.		1,185,472			4707
2011	30	,825.		321,865	•		9577
2 Total of line 1, column (d)					2	21	6 <u>8</u> 93!
3 Average distribution ratio for the 5-ye	ear base period - divide the total on	line 2 by 5.	or by the number	of years			<u> </u>
the foundation has been in existence			,	.,	3	. 0 !	5378
4 Enter the net value of noncharitable-u	use assets for 2016 from Part X, lin	ie 5			4	6,339	<u>,412</u>
E Multiply line 4 by line 2					_	340	079
5 Multiply line 4 by line 3					5		<u>,978</u>
6 Enter 1% of net investment income (1% of Part I, line 27b)				6	8	,803
,	. ,						
7 Add lines 5 and 6					7	349	<u>,781</u>
8 Enter qualifying distributions from Pa	art XII. line 4				8	230	,950
If line 8 is equal to or greater than line		h and come	late that nort were	ng a 10/ tow rate	L 0 1	233	<u> </u>
See the Part VI instructions.	or, oneon the box in rait vi, fille th	u, and comp	ייטנט נוומנ אמו נ שטוו	y a 1/0 ldX 1 alt.			

MARY JEAN AND OLIVER TRAVERS FOUNDATION, 52-6056360 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part Vi 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter N/A on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: **b** Dòmestic foundations that meet the section 4940(e) requirements in Part V, check here 17,607. 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). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 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-Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 701. 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be. Credited to 2017 estimated tax Refunded) Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 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 Х d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 X 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 N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 6 X remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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)

year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address

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

of each state as required by General Instruction G? If "No," attach explanation

Form **990-PF** (2016)

X

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MARY JEAN AND OLIVER TRAVERS FOUNDATION, INC.

	990-PF (2016) INC. 52-6056	<u> 360</u>		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
	. :		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	-		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► TOM TRAVERS Telephone no. ► 443-28	6 – 8	545	
	Located at ▶ 15815 YEOHO ROAD, SPARKS, MD ZIP+4 ▶21			
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	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	irt 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) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			· I
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	the foundation of government service, if terminating within 90 days.)			<u> </u>
Ų	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	46		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here	1b	-	
_	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
Ü		4.	1	v
•	before the first day of the tax year beginning in 2016? Takes on failure to distribute groups (conton 4042) (does not apply for years the foundation was a proper operating foundation.	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	'		i
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			}
	COMPANIES AND		i	
	If "Yes," list the years \(\bigs_{			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b_		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		ĺ	
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			!
38				
	during the year? Yes X No			ı
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			!
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b_		37
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from leopardy before the first day of the tax year beginning in 2016?	4h		X

Form **990-PF** (2016)

MARY JEAN AND OLIVER TRA	VERS FOUNDATI	•		
orm 990-PF (2016) INC.			<u>52-60563</u>	60 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	lequired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s 🗶 No 📗	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			l l
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1 1
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5ь
Organizations relying on a current notice regarding disaster assistance check h	•		▶ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945		,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promisino on	☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.	ordenar bonom dominad		<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ Ve	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust		nagers. Highly		
Paid Employees, and Contractors	,	, , , , ,		
List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
TOM TRAVERS	PRESIDENT/DIR			
L5815 YEOHO ROAD				
SPARKS-, -MD-21152	_{0.00}		0.	0.
	VICE-PRESIDEN	T/DIRECTO		
780 S. COLLIER BOULEVARD, UNIT 206		_ ,		
MARCO ISLAND, FL 34145	0.00	0.	0.	0.
	SECRETARY/TRE	ASURER/DI		
726 MILDAM ROAD				
TOWSON, MD 21286	1 00			
	1.00	0.	0.	0.
	1.00	0.	0.	0.
	1.00	0.	0.	0.
	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc			0.	0.
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans	(e) Expense account, other
	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other

Form **990-PF** (2016)

Total number of other employees paid over \$50,000

MARY JEAN AND OLIVER TRAVERS FOUNDATION, Form 990-PF (2016) 52-6056360 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." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE 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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 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 N/A

Form **990-PF** (2016)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	5,721,128.
b	Average of monthly cash balances	1b	714,823.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,435,951.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,435,951.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	96,539.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,339,412.
6	Minimum investment return Enter 5% of line 5	6	316,971.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part)	d certair	1
1	Minimum investment return from Part X, line 6	1	316,971.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	<u> 17,607.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	299,364.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	299,364.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	299,364.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
-a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	239,950.
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	
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	239,950.
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	239,950.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies	for the section

Form **990-PF** (2016)

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Part XIII . Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				299,364.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only	i		56,049.	
b Total for prior years:		•	•	
3 Excess distributions carryover, if any, to 2016:		0.	<u> </u>	
1 1				
a From 2011 b From 2012				
c From 2013				
d From 2014				
e From 2015	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 239, 950.				
			56,049.	
a Applied to 2015, but not more than line 2a			30,043.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u>U•</u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				102 001
d Applied to 2016 distributable amount	0.			183,901.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				115,463.
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)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:]	
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016			L	

MARY JEAN AND OLIVER TRAVERS FOUNDATION, Form 990-PF (2016) INC. 52-6056360 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net **(b)** 2015 (a) 2016 (c) 2014 (d) 2013 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (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 investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Lift if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: TOM TRAVERS, 443-286-8545 15815 YEOHO ROAD, SPARKS, MD 21152 b The form in which applications should be submitted and information and materials they should include: TYPEWRITTEN LETTER c Any submission deadlines: NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

IRC 501 (C)(3) TAX EXEMPT ORGANIZATIONS ONLY

MARY JEAN AND OLIVER TRAVERS FOUNDATION,

INC.

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year SEE ATTACHED LISTING NONE IRC 501 (C)(3) UNRESTRICTED 239,950. **▶** 3a 239 950. Total **b** Approved for future payment NONE Total **▶** 3b

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Page 11

Form 990-PF (2016)

INC.

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ter gross amounts unless otherwise indicated	Unrelated	business income		d by section 512, 513, or 514	(e)
· ·	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue:	code		- wde		
a b					
c	-	•			
d	-				
e					
f	_	······································			•
g Fees and contracts from government agencies	_				
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	199.	
Dividends and interest from securities			14	199. 119,304.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory		····	18	762,497.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	-		\perp		
Other revenue:					
ab	<u>- </u>				
	-				
d	1 1				
d	_		 -		
Subtotal. Add columns (b), (d), and (e)	-	0		882,000.	
Total Add line 12, columns (b), (d), and (e)		<u>_</u>	<u></u>	13	
e worksheet in line 13 instructions to verify calculations.))				
art XVI-B Relationship of Activities		mplishment of E	Exempt	Purposes	
ne No Explain below how each activity for which in	come is reported in	column (e) of Part XVI	-A contribut	ed importantly to the accomp	olishment of
the foundation's exempt purposes (other that	an by providing fun	ds for such purposes).			
					
					
					

MARY JEAN AND OLIVER TRAVERS FOUNDATION, Form 990-PF (2016) 52-6056360 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) 1a(2) (2) Other assets **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) 16(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations X 16(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign shown below (see instr)? Here PRESIDENT X Yes Signature of officer or trustee Title

Preparer's signature

WILKINS,

Firm's address ▶ 1122 KENILWORTH DRIVE, SUITE 413

TOWSON, MD 21204

Date

Check If

self- employed

PTIN

Firm's EIN ► 52-2334868

Form **990-PF** (2016)

P00040061

410-494-0885

Paid

Preparer

Use Only

Print/Type preparer's name

HENRY A. GRANDIZIO

Firm's name ► GRANDIZIO,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Name of the organization

MARY JEAN AND OLIVER TRAVERS FOUNDATION,

Employer identification number

52-6056360

Organization type (check one)					
Filers of:	Section:				
Form 990 or	90-EZ 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	S01(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
_	organization is covered by the General Rule or a Special Rule . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
	un organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rule					
sec any	in 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 ons 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 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, Form 990-EZ, line 1 Complete Parts I and II				
yea	in organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for prevention of cruelty to children or animals. Complete Parts I, II, and III				
yea ıs c pur	on organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., ose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ous, charitable, etc., contributions totaling \$5,000 or more during the year.				
but it must a	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), iswer "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 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. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

MARY JEAN AND OLIVER TRAVERS FOUNDATION,

52-6056360

Part I	Contributors ((See instructions)	Use duplicate copies of Part I if additional	space is needed
--------	----------------	--------------------	--	-----------------

Continuators (See instructions) Ose duplicate copies of Part I il add	illional space is needed	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
OLIVER S. TRAVERS, JR 781 S COLLIER BOULEVARD, UNIT 206 MARCO ISLAND, FL 34145	\$ 26,061.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions)
	(b) Name, address, and ZIP+4 OLIVER S. TRAVERS, JR 781 S COLLIER BOULEVARD, UNIT 206 MARCO ISLAND, FL 34145 (b) Name, address, and ZIP+4 (b) Name, address, and ZIP+4 (b) Name, address, and ZIP+4	Name, address, and ZIP + 4 OLIVER S. TRAVERS, JR 781 S COLLIER BOULEVARD, UNIT 206 MARCO ISLAND, FL 34145 (b) Name, address, and ZIP + 4 (c) Total contributions (b) Name, address, and ZIP + 4 (c) Total contributions (b) Name, address, and ZIP + 4 (c) Total contributions (c) Total contributions (d) Total contributions \$ (e) Total contributions (f) Total contributions (h) Name, address, and ZIP + 4 (h) Name, address, and ZIP + 4 (h) Name, address, and ZIP + 4 (h) Total contributions (h) Name, address, and ZIP + 4 (h) Total contributions

Name of organization

Employer identification number

MARY JEAN AND OLIVER TRAVERS FOUNDATION, INC.

52-6056360

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 57 200 PE) (0015

Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)		Page 4				
Name of orga	anization		Employer identification number				
MARY J	EAN AND OLIVER TRAVERS	FOUNDATION.					
INC.		, , , , , , , , , , , , , , , , , , , ,	52-6056360				
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete col	imns (a) through (e) and the following	line entry. For organizations				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or less f	for the year (Enterthis info once) $\Psi_{}$				
(a) No.	Ose duplicate copies of Part in It additionals	space is needed					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			_				
_							
		(e) Transfer of gift					
ĺ							
}_	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
ľ							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Paili							
ŀ							
-							
	(e) Transfer of gift						
F	Transferee's name, address, and		Relationship of transferor to transferee				
į							
(a) Na							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(.,		(2) 2000 (2000)				
			_				
L							
	(e) Transfer of gift						
	(o) manager of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
ļ							
(a) No.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			-				
			-				
į			-				
		(e) Transfer of gift					
į	Topostopole game address and 7ID . A						

MARY JEAN AND OLIVER TRAVERS FOUNDATION, CONTINUATION FOR 990-PF, PART IV INC 52-6056360 OF PAGE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo, day, yr.) (mo., day, yr.) 1a 500 SHS BIO TECHE CORP D b 1000 SHS CROWN CATLE INT'L D c 2000 SHS FISERV UNC WISCONSIN D d 170 SHS HERSHEY COMPANY P 12/27/1405/24/16 e 500 SHARES SCHENUIT D f ENERGY TRANSFER PARTNERS LP P 9 MORGAN STANLEY LT CAPITAL GAINS DISTRIBUTIONS P k ı m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 5,847. 54,485. 48,638. 95,630. 2,920. 92,710. b 204,901. 13,111. 191,790. С <772.> 162,914. 163,686. d 500,800. 100,000. 400,800. 853. 853. 28,478. 28,478. g h m п 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V as of 12/31/69 as of 12/31/69 over col. (j), if any 48,638. 92,710. 191,790. C <772.> 400,800. 853. 28,478. m n 0

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2

762,497.

N/A

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter *-0-* in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).

FORM 990-PF INTERE	ST ON SAVIN	GS AND T	EMPOR	ARY (CASH	INVESTMENT	'S S'	PATEMENT	1
SOURCE	ŔE	(A) REVENUE PER BOOKS 199.			(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
ENERGY TRANSFER PARTNERS LP									
TOTAL TO PART I, LI				199.					
FORM 990-PF	DIVIDENDS	AND INT	EREST	FRON	1 SEC	URITIES	S'	PATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	REV	(A) ENUE BOOK		EST-		
ENERGY TRANSFER PARTNERS MORGAN STANLEY/SMITH	161.		0.		16	1.	161.		
BARNEY	119,143.		0.	11	9,14	3. 119,	143.	-	
TO PART I, LINE 4	119,304.		0.	11	9,30	4. 119,	304.		
FORM 990-PF		OTHER	INCO	ME	-		S'	PATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOI	
ROYALTY INCOME-ENERGY TRANSFERS				• • • • •	0.		2.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11			0.		2.	-	

FORM 990-PF	TAX		STATEMENT 4				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM			
US EXCISE TAX	2,140.					0.	
TO FORM 990-PF, PG 1, LN 18	2,140.		0.			0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM			
BANK FEE MANAGEMENT FEES ENERGY TRANSFER PARTNERS LP	141. 8,000. 1,668.	1,	0. 0. L,668.		0		
TO FORM 990-PF, PG 1, LN 23	9,809.	1,668.				0.	
FORM 990-PF		STATEMENT	6				
DESCRIPTION			вос	K VALUE	FAIR MARKET	r	
CORPORATE STOCK	3,882,900.		5,216,355.				
TOTAL TO FORM 990-PF, PART I	,882,900.	5,216,35	55.				
FORM 990-PF			STATEMENT	7			
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE		
MUTUAL FUNDS	COST	1	,092,017.	1,118,95	56.		
			1,118,956.				