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Form 990-PF

OMB No 1545-0052

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

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	nent of the Treasury Revenue Service Information about Form	cial security numbers o n 990-PF and its separa		•	Open to Public Inspection
For ca	lendar year 2016 or tax year beginning	09	9/22 , 2016 , and e	nding	12/31, 2016
	of foundation				ntification number
THE	TOV FOUNDATION			36-4852	304
Numb	er and street (or P O box number if mail is not delivered	I to street address)	Room/s	uite B Telephone nu	ımber (see instructions)
				}	
P.0	. BOX 5830			(805)	701-0259
City or	town, state or province, country, and ZIP or foreign po-	stal code			
				C If exemption ap	
INC	LINE VILLAGE, NV 89450			pending, check	here
	eck all that apply: X Initial return	Initial return	of a former public c	harity n 4 Earning orga	anizations, check here ▶
	Final return	Amended re	•	- D i l'orcigil arga	anizations meeting the
	X Address change	Name chang			eck here and attach
H Che	eck type of organization. X Section 501			7	
_	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			dation status was terminated
		ounting method X C			507(b)(1)(A), check here .
	I —	other (specify)			on is in a 60-month termination 507(b)(1)(B), check here
	· · · · · · · · · · · · · · · · · · ·	column (d) must be on ca	sh basis)		and and an
	Analysis of Revenue and Expenses (The	T			(d) Disbursements
لمنتصب	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for charitable
	may not necessarily equal the amounts in column (a) (see instructions))	books	income	income	purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule) .	1,995,100.			
2	Check I If the foundation is not required to			+	
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities				-
5a	_				
Ь				 	
- 1					
리 %					
Revenue	Capital gain net income (from Part IV, line 2) .		(o.	-
<u>چ</u> ا	Net short-term capital gain				
9	Income modifications				
10 a					
ь	Less Cost of goods sold .				
C	Gross profit or (loss) (attach schedule)				
111	Other income (attach schedule)				
12	Total. Add lines 1 through 11	1,995,100.		0.	
13	Compensation of officers, directors, trustees, etc	0.			
S 14	Other employee salaries and wages				
E 15	Pension plans, employee benefits				
STATE TO THE TENTRAL	Legal fees (attach schedule)		lor lor	4000	
wi b	Accounting fees (attach schedule)		161		
.≝	Other professional fees (attach schedule)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0/13200	
E 17	Interest			3 2017	
dministrative	Taxes (attach schedule) (see instructions)		OG	-01/	5//
19	Depreciation (attach schedule) and depletion.			MEAN 16	\$/
P 20	Occupancy			TO UT OF	/
21	Travel, conferences, and meetings	<u></u>	 	1	
DIE 21	Printing and publications		<u> </u>		
	Other expenses (attach schedule) ATCH .1	84.	<u> </u>		
Operating 22	Total operating and administrative expenses.				
je Je	Add lines 13 through 23	84.	ļ		
Ö 25	Contributions, gifts, grants paid		 		
26	Total expenses and disbursements Add lines 24 and 25	84.			
27	Subtract line 26 from line 12				}
a	Excess of revenue over expenses and disbursements	1,995,016.			
ı	Net investment income (if negative, enter -0-)		ļ	0.	
0	Adjusted_net income (if negative, enter -0-)	1			1

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JSA For Paperwork Reduction Act Notice, see instructions. eE1410 1 000 34 4 6MB U575 10/30/2017 7:07:55 PM

Form 990-PF (2016)

Part I	Ralance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year	
Fait	Balance Sheets description column should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value		
1	Cash - non-interest-bear	ng		950,016	. 950,016	
2		cash investments		817,172	817,172	
3				7 m	A	
1	Less allowance for dou	btful accounts >				
4			and the second second		Punkan . /	
-	Less allowance for dou	btful accounts ▶	JET COMMENT OF STREET STATE	Leve Finskere	THE LABOR PLANTS	
_		Dittil accounts =			 	
5		officers, directors, trustees, and other		 	 	
6		· · · · · · · · · · · · · · · · · · ·		}		
		tach schedule) (see instructions)				
7		eceivable (attach schedule)	attalian and the same	e sabitant	. Sin mush maka da sa da sa sa 🕺 📲	
		btful accounts ▶		 	 	
8		e			 	
Assets		eferred charges			 	
≪ 10a	Investments - U S and stat	e government obligations (attach schedule)			<u> </u>	
Ь	Investments - corporate	stock (attach schedule) ATCH 2		191,867	. 191,867	
	Investments - corporate	bonds (attach schedule) A 1 9 1		1 3,303	. 3,303	
111	Investments - land, building and equipment basis Less accumulated deprecia (attach schedule)	s, Dation	and the second of the	AND IN THE THE	2 Aug. 4 5 7 7 774	
12	Investments - mortgage	loans		29,032	. 29,032	
13	Land, buildings, and					
1	equipment basis Less accumulated deprecia	ation -	a appropriate to the second to the second	7 ame a ame 2 %	· · · · · · · · · · · · · · · · · · ·	
	(attach schedule)	<u> </u>		<u> </u>		
15	Other assets (describe	·)		 	 	
16		completed by all filers - see the		1 000 650	1 000 650	
	instructions Also, see p	page 1, item I)	0.	1,993,650	. 1,993,650	
17	7 7	accrued expenses			_	
18					_	
19	Deferred revenue				-	
Liabilities 20 21 22	Loans from officers, director	ors, trustees, and other disqualified persons			- 1	
[명 21	Mortgages and other no	otes payable (attach schedule)				
- 22	Other liabilities (describ	e ▶) ¦		 	_ 1	
ł		i		ì		
23		es 17 through 22)	0.	0		
Balances 52 72 75		low SFAS 117, check here . ▶ 24 through 26 and lines 30 and 31.				
E 24	Unrestricted			ļ — — — —	_	
E 25	Temporarily restricted				_	
	Permanently restricted	· · · · · · · · · · · · · · · · · · ·			_ 4	
되	Foundations that do	not follow SFAS 117,			1	
뛴	check here and com	plete lines 27 through 31.				
0 27	Capital stock, trust prin	cipal, or current funds				
Assets or Fund	Paid-in or capital surplus, o	or land, bldg, and equipment fund				
8 29	Retained earnings, accum	ulated income, endowment, or other funds		1,993,650	<u>.</u>	
30	Total net assets or fun	d balances (see instructions)	0.	1,993,650	<u>.</u>	
30 31	Total liabilities and	net assets/fund balances (see				
	instructions)		0.	1,993,650		
		inges in Net Assets or Fund Bala				
1 To	otal net assets or fund	balances at beginning of year - Part	II, column (a), line 30	(must agree with		
		ed on prior year's return)				
		, line 27a		The state of the s	1,995,016	
		ded in line 2 (itemize) ▶				
					1,995,016	
5 De	ecreases not included i	n line 2 (itemize) ► ATCH 5		5		
		balances at end of year (line 4 minus	line 5) - Part II. column			

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raue	•

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
• •	d describe the kind(s) of property sold (e	•	(b) How acquired	(c) Date acquired	(d) Date sold
2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr)
<u> a </u>			 		
<u>b</u>			 		
<u> </u>			 		
<u>d</u>			 	 	
<u>e</u>		(-) (2-4)	<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los (e) plus (f) minu	
a			L		
b					
С			 		
<u>d</u>			 		
Complete only for exects of	showing gain in column (h) and owned	by the foundation on 12/21/60	 		
Complete only for assets s		,		Gains (Col (h) ga (k), but not less the	
(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		Losses (from col	
a			<u> </u>		
_b					
<u>c</u>					
<u>d</u>			 		
<u>e</u>		L	 		
Capital gain net income	or (not contol loce)	ain, also enter in Part I, line 7	2		
Not short form conital a	ir (ار ain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-		
	Part I, line 8, column (c) (see ins				
-	art i, line of column (c) (see ins		1 2		
	Under Section 4940(e) for Rec		ncome		
	the section 4942 tax on the distrib	• •	ase peno	d?	Yes []
	not qualify under section 4940(e).				
Enter the appropriate a	mount in each column for each yea	T'	ing any ei	ntries (d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2015		<u> </u>	 		
2014					
2013	 		 		
2012	 	 	 		
2011		!	├ ─┬		
	(J)				
	(d)				 -
•	no for the 5-year base period - divi		1 - 1		
number of years the for	undation has been in existence if le	ess than 5 years	-		
Enter the net value of n	oncharitable-use assets for 2016 f	from Part X, line 5	4		
Multiply line 4 by line 3			5		
6 Enter 1% of net investing	nent income (1% of Part I, line 27b)		6		
8 Enter qualifying distribution of the street of the stree	itions from Part XII, line 4 greater than line 7, check the box	x in Part VI, line 1b, and complete	e that pa	rt using a 1% to	ax rate. See

	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in			age ▼
		Struc	tions	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			^
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		_	
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868).			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		_	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
-	Instructions for the definition)?	1ь		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
Ī	(1) On the foundation \$(2) On foundation managers \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1		Ì
Ĭ	on foundation managers \blacktriangleright \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	}		Į.
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	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		ļ	1
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	1
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	Х	
, 8a	and the contract of the contra			
Va	NV,		[[
b		1	Ì	1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
3	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			1
	complete Part XIV	9	}	X
40			<u> </u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . ATCH 6	10	X	1

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orm !	990-PF (2016) THE TOV FOUNDATION 36-4852	304	F	age 5
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A N/A			
14	The books are in care of ▶ MAUREEN HARRIGAN Telephone no ▶ 805-701	-02 <u>5</u>	9	
	Located at ► P.O. BOX 5830 INCLINE VILLAGE, NV ZIP+4 ► 89450			
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			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
0	the foreign country			
Fal	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	3	Yes	No
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	110
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?		ļ '	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a]	
	disqualified person?			4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	}		
	(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)?		ļ	4
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the]`	
	foundation agreed to make a grant to or to employ the official for a period after		<u> </u>	
	termination of government service, if terminating within 90 days) Yes X No	ļ		
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			•
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		ļ	ď
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ture , c	
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	ł		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		1	
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?		l	1
	If "Yes," list the years		ĺ	1
b	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	2b	۳.	X
_	all years listed, answer "No" and attach statement - see instructions.)	20	\vdash	1
C			İ	1
39	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	1
Ja	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			1
~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1	}]]
	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]		1
	foundation had excess business holdings in 2016)	3b	L	
4a	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			1
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	X
	Fo	m 99	0-PF	(2016)

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

Page	•
1 aye	-

3 Five highest-paid independent contractors for professional services (se	ee instructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MONE	(
NONE		
otal number of others receiving over \$50,000 for professional services		
art IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant storganizations and other beneficianes served, conferences convened, research papers produced, etc.	atistical information such as the number of	Expenses
1 N/A		
, 		
2		
3		
4		
		
art 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		Amount
1 NONE	ines i and z	
2		
All other program-related investments. See instructions		· · · · · · · · · · · · · · · · · · ·
3 NONE		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foundations,	
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	6,727.
b	Average of monthly cash balances	1b	53,806.
С	Fair market value of all other assets (see instructions),	1c	
d	Total (add lines 1a, b, and c)	1d	60,533.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	60,533.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	908.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	59,625.
6	Minimum investment return. Enter 5% of line 5	6	823.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	823.
2 a	Tax on investment income for 2016 from Part VI, line 5 2a		
b	Income tax for 2016 (This does not include the tax from Part VI.) 2b]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	823.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	823.
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	823.
Pari	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	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:	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co	alculating whether	the foundation
	gualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				823.
2	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only				
b	Total for prior years 20 14 ,20 13 ,20 12			 	
3	Excess distributions carryover, if any, to 2016		'		
а	From 2011	1			
	From 2012				
	From 2013			li .	
	From 2014				
	From 2015				
	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII, line 4 > \$	•		i	
	Applied to 2015, but not more than line 2a				
					
D	Applied to undistributed income of prior years (Election required - see instructions)				
_	Treated as distributions out of corpus (Election				
C	required - see instructions)				
d	Applied to 2016 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016.				
	(If an amount appears in column (d), the same amount must be shown in column (a))		·		
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	 			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
•	income for which a notice of deficiency has				j
	been issued, or on which the section 4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2015 Subtract line				
	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2016 Subtract lines				
•	4d and 5 from line 1 This amount must be			ļ	
	distributed in 2017		 	 	823.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				j
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				}
	•			 	
•	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)			}	
9	Excess distributions carryover to 2017.				
-	Subtract lines 7 and 8 from line 6a	0.			<u> </u>
10	Analysis of line 9	}			
	Excess from 2012				}
	Excess from 2013	1		1	
	Excess from 2014	1		J.	
	Excess from 2015	4			}
	Excess from 2016	L			Form 990-PF (2016)

_	rt XIV Private Op		V FOUNDATION ons (see instructions	and Part VII-A, quest		-4852304 Page 10 NOT APPLICABLE
				hat it is a private oper		
-		_		ng		
b		-	·	g foundation described in	\ 	(J)(3) or 4942(J)(5)
		Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a					
	Qualifying distributions from Part					Ţ
Ŭ	XII, line 4 for each year listed			}		}
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					}
а	alternative test relied upon "Assets" alternative test - enter)			
_	(1) Value of all assets	<u></u>				<u> </u>
	(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 Part X					
	line 6 for each year listed				<u> </u>	<u> </u>
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)	ļ				
	(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.					
Pa				rt only if the founda	ation had \$5,000 o	or more in assets at
			see instructions.)			
1	Information Regardin	-	-			
а	List any managers of before the close of an	the foundation wly y tax year (but only	no have contributed mail of they have contribute	ore than 2% of the tot d more than \$5,000) (S	al contributions rece See section 507(d)(2)	ived by the foundation)
	MAUREEN HAI		100/		7	0. 1
Ь				of the stock of a corpon has a 10% or greate		ily large portion of the
	ownership of a partne	ramp or other entity	y) or windir the loundar	ion has a 10 /0 or greate	i interest	
	NT / N					
2	N/A Information Regardin	a Contribution G	rant, Gift, Loan, Schola	rship, etc., Programs:		
_		=		ns to preselected cha	ritable organizations	and does not accen-
	unsolicited requests f	or funds If the fo	undation makes gifts,	grants, etc (see instruc	ctions) to individuals	or organizations under
a		•		of the person to whom a	oplications should be a	ddressed
b	The form in which app	olications should be	submitted and inform	ation and materials they	should include	
С	Any submission dead	ines				
d	Any restrictions or I factors	imitations on awa	ards, such as by geo	graphical areas, chari	table fields, kinds o	f institutions, or othei

Page 11

Part XV Supplementary Information (3 Grants and Contributions Paid Duri	continued)	round for 5	intura Paymont	
	If recipient is an individual.			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		(
		}		
		1 1	İ	
			,	
		ł		
)		
]		
		}		
	1			
			ļ	
	1			
		1	}	
		ł	ł	
Total			▶ 3a	
b Approved for future payment				
	1	1		
		1		
		}	1	}
			1	
		[1	
		1	}	}
		-	1	
		1		
		1		}
		1	1	
		1	1	
		1	1	
	1		}	
	<u> </u>			
Total	_ 		▶ 3b	

Part XVFA Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a	<u> </u>				
b	<u> </u>	 			
c					
d	 	 		 	
ef		 -			
g Fees and contracts from government agencies			_		
Membership dues and assessments					
Interest on savings and temporary cash investments -					
Dividends and interest from securities					
Net rental income or (loss) from real estate	<u></u>				
a Debt-financed property				<u> </u>	
b Not debt-financed property	ļ	 		<u> </u>	
Net rental income or (loss) from personal property	 	 	-		
Other investment income	 	 	- 		
Gain or (loss) from sales of assets other than inventory	 -	 	- 		
Net income or (loss) from special events • • • Gross profit or (loss) from sales of inventory. •	<u> </u>	 			
Other revenue a					
b					
с					
d					
e		<u> </u>		<u> </u>	<u></u>
ine No. Explain below how each activity accomplishment of the foundation					
					
				<u> </u>	
					
					
					
					
				·	
					

_	90-PF (2		THE TOV FC					36-485			je 13
Part	XVII	Information R Exempt Organ	egarding Trans	sfers To and Tra	nsactio	ns and	Relationship	s With Non	chari	itable	,
1	Did the	e organization direct	ly or indirectly en-	gage in any of the fo	ollowing	with any	other organizat	non described	ł	Yes	No
		tion 501(c) of the Co	ode (other than se	ction 501(c)(3) orgai	nizations)	or in se	ction 527, relati	ng to political	1	1	
	-	zations?							ł	1 1	
		ers from the reportin	-		_				1	1 1	
		sh							1a(1)		<u> X</u>
	. ,	her assets							1a(2)		X
		transactions:							1	}	
		les of assets to a no									<u> </u>
		rchases of assets fro								$\overline{}$	<u>X</u>
		ental of facilities, equi	•							1 1	X
		imbursement arrang									X
		ans or loan guarantee									X
		rformance of service								├	X
		ig of facilities, equipm	_	•							
		answer to any of th of the goods, other									
		in any transaction oi									
(a) Lii	$\overline{}$	(b) Amount involved		charitable exempt organiza			uption of transfers, tr				
(4)	10110	N/A	(c) realist or non	orialitable exempt organiza	-	N/A	provide transfero, a	anodottorio, and one	g (a)	<u> </u>	
			 								
			 								
			 	 							
			 								
			 								
		 -		· -				_ 			
											
			 								
	descri	foundation directly ibed in section 501(c) s," complete the follo) of the Code (other						□ v	′es 🛚 🗵] No
		(a) Name of organization		(b) Type of organ	ızatıon		(c) De	escription of relation	nship		
	Unde	er penalties of penury. Theclect, and complete Declaration of	lare that I have examined	this return, including accom	panying scho	edules and s	statements, and to the	best of my knowle	dge and	belief, it	is true
Sign		IN PARK VI	All of the same of	101/2	מקונות מ		, l			ss this	
				1 NON T	<u>, Lui 11</u>	PAPY	resident		rebarer		below
Her	Sig	nature of office or flustee	• •	Date	Т	Title		(see instruction	ons)?	Yes	N
			<u> </u>				_				
Paic	4	Print/Type preparer's na		Preparer's signature	7.1	14	Date	Check ıf	PTIN		
		STEPHANIE WI	LKINSON	Litephami		King	10/31/2017			23161	<u> 7</u>
rre	parer	Firm's name ► HC	OLTHOUSE CARI	IN & VAN TRIG	LLP		Firm	n's EIN ▶ 95-4	3455	26	

91361

Form **990-PF** (2016)

805-374-8555

Phone no

Use Only Firm's address ▶ 3011 TOWNSGATE ROAD, SUITE 400

WESTLAKE VILLAGE, _CA

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

2016

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

THE THE THE CONTROL	iformation about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is a	
Name of the organization THE TOV FOUNDATION	1	Employer identification number
		36-4852304
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trus	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
•	c)(7), (8), or (10) organization can check boxes for both the General I	Rule and a Special Rule See
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the ye ey or property) from any one contributor. Complete Parts I and II. S al contributions	•
Special Rules		
regulations unde 13, 16a, or 16b	tion described in section 501(c)(3) filing Form 990 or 990-EZ that mer sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A and that received from any one contributor, during the year, total c% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)
contributor, dur	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 99ing the year, total contributions of more than \$1,000 <i>exclusively</i> for italiational purposes, or for the prevention of cruelty to children or animal	religious, charitable, scientific,
contributor, dur contributions to during the year General Rule ap	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 99 ng the year, contributions exclusively for religious, charitable, etc., paled more than \$1,000. If this box is checked, enter here the total of for an exclusively religious, charitable, etc., purpose. Don't complete uplies to this organization because it received nonexclusively religious or more during the year	ourposes, but no such contributions that were received any of the parts unless the s, charitable, etc., contributions
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doe must answer "No" on Part IV, line 2, of its Form 990, or check the lag, to certify that it doesn't meet the filing requirements of Schedule E	box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

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

Employer identification number 36-4852304

Part I	Contributors (See instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LUCITT FAMILY TRUST OF 1994 DTD 10/31/97		Person X Payroll
!	P.O. BOX 5830	\$227,828.	Noncash X
	INCLINE VILLAGE, NV 89450		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
2	LUCITT FAMILY TRUST OF 1994 DTD 10/31/97		Person X
	P.O. BOX 5830	\$1,767,272.	Payroll Noncash
!	INCLINE VILLAGE, NV 89450		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli 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)

Name of organization THE TOV FOUNDATION

Employer identification number 36-4852304

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

art II			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	41 SHS ASSURANT INC SECURITIES		
1	83 SHS AT&T INC SECURITIES		
	30 SHS ACCENTURE PLC IRELAND SECURITIES		
	38 SHS AUTOMATIC DATA PROCESSING SEC.	\$14,804.	12/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	25 SHS BECTON DICKINSON & COMPANY SEC.		
1	59 SHS BROADRIDGE FINANCIAL SECURITIES		
	31 SHS CHEVRON CORP SECURITIES		
	73 SHS COCA-COLA COMPANY SECURITIES	\$ 14,784.	12/29/2016
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	67 SHS COMMERCE BANCSHARES INC SECURITI		
1	33 SHS EXXON MOBIL CORP SECURITIES		
	60 SHS GENERAL MILLS INC SECURITIES	-	•
	12 SHS GRAINGER W W INC SECURITIES	\$ 13,381.	12/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	43 SHS HENRY JACK & ASSOC INC SECURITIE		
1	27 SHS ILLINOIS TOOL WORKS INC SECURITI		
	18 SHS INTL BUSINESS MACHINES SECURITIE	-	
	31 SHS JOHNSON & JOHNSON SECURITIES	\$13,723.	12/29/2016
a) No. from Part í	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	26 SHS KIMBERLY CLARK CORP SECURITIES		
1	72 SHS LEGGETT & PLATT INC SECURITIES		
	28 SHS MCDONALDS CORP SECURITIES		
	57 SHS MERCK & COMPANY INC NEW SECURITI	\$13,385.	12/29/2016
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	43 SHS OCCIDENTAL PETROLEUM SECURITIES		
			1
1	54 SHS REALTY INCOME CORP SECURITIES		1
1			}
1	54 SHS REALTY INCOME CORP SECURITIES	\$ 14,149.	12/29/2016

Name of organization THE TOV FOUNDATION

Employer identification number 36-4852304

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
1	26 SHS SMUCKER JM COMPANY NEW SEC. 20 SHS 3M COMPANY SECURITIES		
	31 SHS UNITED PARCEL SERVICE SECURITIES 38 SHS VALSPAR CORP SECURITIES	\$ 14,424.	12/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	68 SHS WEC ENERGY GROUP INC SECURITIES 81 SHS XCEL ENERGY INC SECURITIES 64 SHS XILINX INC SECURITIES		
	111 SHS CLAYMORE GUGGENHEIM SECURITIES	\$\$.	12/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	369 SHS FIRST TRUST LARGE CAP SECURITIE 429 SHS ISHARES EDGE MSCI MIN VOL. SEC.		
	111 SHS ISHARES CORE S&P 500 ETF SECURI 390 SHS ISHARES CORE S&P TOTAL SECURITI	\$ 82,637.	12/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	675 SHS ONEOK PARTNERS LP SECURITIES	_	
			12/29/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		(c) FMV (or estimate)	(d)
(a) No. from Part I	(b) Description of noncash property given	(See instructions)	Date received
from	(b) Description of noncash property given		

name of orga	anization THE TOV FOUNDATION	-		Employer identification number		
-	<u> </u>			36-4852304		
(† tl c	Exclusively religious, charitable, etc., or 10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the by Jse duplicate copies of Part III if addition	e year from any one cont is completing Part III, enter year. (Enter this information	r <mark>ibutor</mark> . Con the total of e	nplete columns (a) through (e) and exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer of gift	<u></u>			
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer of gift				
	Transferee's name, address, and		Relationsh	ip of transferor to transferee		
						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			-			
-		(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			-			
-		(-) T((
	Transferente nome address	(e) Transfer of gift	Rolations	in of transferor to transferon		
}	Transferee's name, address, and	4 LIF 7 4	Relationsh	ip of transferor to transferee		
		I				

36-4852304

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

DESCRIPTION BANK FEES

EXPENSES PER BOOKS

84.

TOTALS

84.

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

BAIRD-STOCKS - SEE STATEMENT

ENDING BOOK VALUE

ENDING FMV

191,867.

TOTALS

191,867.

191,867.

191,867.

ATTACHMENT 2



PORTFOLIO ASSETS

Current Value		3,807 26	3,529 99	3,513 90		3,905 64		4,138 75		3,911.70		3,648 70	3,026 58	3,873.27	2,978 58	3,706 20	2,787 00	3,817 54	3,306 42	2,987 82		3,571,51	2,967 12	
Curent Quantity Price		41 92.8600	83 42 5300	30 117 1300		38 102 7800		25 165 5500		59 66 3000		31 117 7000	73 41.4600	67 57 8100	33 90 2600	60 61 7700	12 232 2500	43 88 7800	27 122 4600	18 165 9900		ı	26 114 1200	
	Stocks/Options	ASSURANT INC	AT&T INC	ACCENTURE PLC IRELAND	CLASS A NEW	AUTOMATIC DATA	PROCESSING INC	BECTON DICKINSON &	COMPANY	BROADRIDGE FINANCIAL	SOLUTIONS INC	CHEVRON CORP	COCA-COLA COMPANY	COMMERCE BANCSHARES INC	EXXON MOBIL CORP	GENERAL MILLS INC	GRAINGER W W INC	HENRY JACK & ASSOC INC	ILLINOIS TOOL WORKS INC	INTL BUSINESS MACHINES	CORP	JOHNSON & JOHNSON	KIMBERLY CLARK CORP	

ASSET DETAILS continued

Current Value	3,519 36 3,408 16 3,355 59 3,062 89	3,103 92 4,221 70 3,804 80 3,329 56 3,571 40 3,553 84	3,937 18 3,988 20 3,296 70 3,863 68	17,996 13 19,399 38	24,973 89 20,003.10
Current Quantity Price	72 48 8800 28 121 7200 57 58 8700 43 71 2300	54 57 4800 74 57 0500 58 65 6000 26 128 0600 20 178 5700 31 114 6400	38 103 6100 68 58 6500 81 40 7000 64 60 3700	369 000 48 7700 429 000 45 2200	111.000 224 9900 390 000 51 2900
	Stocks/Options continued LEGGETT & PLATT INC MCDONALDS CORP MERCK & COMPANY INC NEW OCCIDENTAL PETROLEUM	REALTY INCOME CORP REPUBLIC SERVICES INC ROSS STORES INC SMUCKER JM COMPANY NEW 3M COMPANY UNITED PARCEL SERVICE	INC CL B VALSPAR CORP WEC ENERGY GROUP INC XCEL ENERGY INC XILINX INC Total Stocks/Options	Stock Funds FIRST TRUST LARGE CAP CORE ALPHADEX ETF ISHARES EDGE MSCI MIN	VOLATILITY ETF ISHARES CORE S&P 500 ETF ISHARES CORE S&P TOTAL U S STOCK MARKET ETF Total Stock Funds

TOTAL STOCK: ∑® 191,867.

ATTACHMENT 3

ATTACHMENT

36-4852304

BONDS	
CORPORATE	
1	
	I
PART 1	
ART	

ENDING	FMV
ENDING	BOOK VALUE
	-1
	DESCRIPTION

5,563.

5,563.

5,563.

TOTALS

111 SHS CLAYMORE GUGGENHEIM

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36-4852304

ATTACHMENT 4

INVESTMENTS
OTHER
H
PART I
990PF,
FORM

ENDING <u>FMV</u>	29,032.	29,032.
ENDING BOOK VALUE	29,032.	29,032.
DESCRIPTION	675 SHS ONEOK PARTNERS LP	TOTALS

36-4852304

ATTACHMENT 5

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

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENT

1,366.

TOTAL

1,366.

ATTACHMENT

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

THE TOV FOUNDATION

NAME AND ADDRESS

LUCITT FAMILY TRUST OF 1994 DTD 10/31/97 P.O. BOX 5830 INCLINE VILLAGE, NV 89450

MAUREEN HARRIGAN P.O. BOX 5830 INCLINE VILLAGE, NV 89450

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ATTACHMENT 6

ATTACHMENT 7

36-4852304

ATTACHMENT 7

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

}						
EXPENSE ACCT AND OTHER ALLOWANCES	.0	·	·	·	·	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	Ö	Ó	.0	0
COMPENSATION	Ö	Ö	.0	ó	0.	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/DIRECTOR	SECRETARY/DIRECTOR	TREASURER/DIRECTOR	DIRECTOR	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	KADURI SHEMTOV P.O. BOX 5830 INCLINE VILLAGE, NV 89450	MAUREEN HARRIGAN P.O. BOX 5830 INCLINE VILLAGE, NV 89450	CONOR SHEMTOV P.O. BOX 5830 INCLINE VILLAGE, NV 89450	AMY KLEIN P.O. BOX 5830 INCLINE VILLAGE, NV 89450	NICHOLAS BENNETT P.O. BOX 5830 INCLINE VILLAGE, NV 89450	