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Form **990-PF**Department of the Treasury

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf.

OMB No 1545-0052

2015
Open to Public Inspection

For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number TOL FOUNDATION, INC. 47-2494883 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 4289 IVY POINTE BLVD. (513)831-2600 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 45245 CINCINNATI, OH Initial return Initial return of a former public charity G Check all that apply: 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 X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 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 Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 7,941,439. (Part I, column (d) must be on cash basis Rart 1 Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net charitable purposes expenses per books income ıncome N/A 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 172,344 172,344 4 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) ,365 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 8,950,944. 984,365 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 156.709. .156.709 Total. Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 14,133. 7.067 STMT 7.066. b Accounting fees 13,759. 13,759. c Other professional fees STMT 3 0. 17 Interest 1,244 STMT 4 1,050. 18 Taxes 19 Depreciation and depletion Occupancy 21 Travel, conterences, and
22 Printing and publications
23 Other expenses S
24 Total operating and administrative expenses. Add lines 13 through 23
25 Contributions, gifts, grants paid
26 Total expenses and disbursements
Add lines 24 and 25
27 Subtract line 26 from line 12: 21 Travel, conferences, and meetings STMT 5 732 0. ο. 29,868 8,116. 20,826 414,228 414,228. 444,096 20,826 422,344. 712,613 Excess of revenue over expenses and disbursements 1,135,883. b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) Form 990-PF (2015) LHA For Paperwork Reduction Act Notice, see instructions.

929

Cash - non-interesh-basing 9,684 178,618 178,61	(P	Partill Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year		End of year		
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 6,579,600. 2 Enter amount from Part I, line 27a 2 712,613. 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7,292,213.		31	Total liabilities and net assets/fund balances	6,579,600.	7,292,213.			
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7, 292, 213.								
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1	aπ	Milalysis of Changes in Net Assets of Fund Da	alances				
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1	Total	net assets or fund balances at beginning of year - Part II, column (a). line	30	T			
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 712,613. 3 0. 4 7,292,213. 5 0.	•				1 1	6,579,600.		
3 Other increases not included in line 2 (itemize) ► 3 0. 4 Add lines 1, 2, and 3 4 7, 292, 213. 5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7, 292, 213.	2				 - 	712.613.		
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7, 292, 213.								
5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7, 292, 213.			· · · · · · · · · · · · · · · · · · ·					
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7, 292, 213.					_			
				olumn (h) line 30				
	<u>~</u>	·	Tot decide of furio balances at one of your (mile 1 miles into 0) "Talt it, of	Sisterial (D), line DO		Form 990-PF (2015)		

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Page 2

TQL FOUNDATION, INC.

Form 990-PF (2015)

_		FOUNDATION, INCIDENT INCIDENTAL FOR		Income				47-249	4883	Page 3
<u> </u>	(a) List and descri	(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 D - Donation					(c) D (mo	ate acquired o., day, yr.)	(d) Dat (mo., da	e sold ay, yr.)
1a	FIFTH THIRD BAN	TK .			<u>-</u>	P	11/	03/14	06/3	0/15
b	FIFTH THIRD BAN	IK				P		03/13	06/3	0/15
_	CAPITAL GAINS D	IVIDENDS								
d	<u> </u>									
e					<u> </u>		<u></u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ı) Gain or (loss plus (f) minus (
8	5,462,147.		\	5,519,87	8.				-57	,731.
b	3,446,531.			2,446,70	1.				999	,830.
_ 0	42,266.								42	,266.
_d	<u> </u>									
<u>e</u>	<u> </u>]					
	Complete only for assets showing	gain in column (h) and owned b	y the foundation	on 12/31/69			(I) Gains	s (Col. (h) gain	minus	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any			col. (k), b Loss	ut not less that ses (from col. (n -0-) or h))	
a									-57	731.
_b										,830.
_6	<u> </u>								42	,266.
_d	L									
_e	·				_					
2	Capital gain net income or (net cap		iter in Part I, line -0- in Part I, line		}	2			984	,365.
3	Net short-term capital gain or (loss	s) as defined in sections 1222(5)	and (6):							
	If gain, also enter in Part I, line 8, o		` '		1					
	If (loss), enter -0- in Part I, line 8	1 0 1 10 10 10 1			Ш	3		N/A		
ŻО,	Part V Qualification Ur	ider Section 4940(e) to	r Reduced	Tax on Net	inve	stment Ir	come			
(Fo	or optional use by domestic private	foundations subject to the section	n 4940(a) tax on	net investment inc	come.	.)				
lf «	section 4940(d)(2) applies, leave thi	s nart hlank								
	scouldit 4340(u)(2) applies, icave tili	o part biank.								
Wa	as the foundation liable for the secti	on 4942 tax on the distributable a	amount of any ye	ar in the base peri	od?				Yes	X No
	Yes," the foundation does not qualif									
1	Enter the appropriate amount in ea	ach column for each year; see the	instructions bef	ore making any en	itries.					
	(a) Base period years	(b)			(c)		.	Distribution ratio		
_	Calendar year (or tax year beginnin	g in) Adjusted qualifying d		Net value of no		table-use assets (col. (b) divided by col. (c))				
_	2014		0.		_3	<u>,345,22</u>	24.		.00	00000
	2013						_			
_	2012			L						
	2011									
	2010			L <u> </u>						
_							Ì.		0.0	20000
	Total of line 1, column (d)	t t . d . d . d . d . d					<u> _2</u>	!	. 00	00000
3	Average distribution ratio for the 5	•	ai on line 2 by 5,	or by the number	of yea	ars			0.0	20000
	the foundation has been in existen	ce it less than 5 years]_3	'		00000
4	Enter the net value of noncharitable	e-use assets for 2015 from Part X	K, line 5				4		8,121	830.
5	Multiply line 4 by line 3						5			0.
-	• • • • • • •									
6	Enter 1% of net investment income	e (1% of Part I, line 27b)					_6		11	<u>,359.</u>
7	Add lines 5 and 6								11,	,359.
8	Enter qualifying distributions from	Part XII. line 4					l		422	344.
•	If line 8 is equal to or greater than	·	ne 1b, and comp	lete that part using	g a 19	% tax rate.	و	<u> </u>		
_	See the Part VI instructions.								000	

	1 990-PF (2015) TOL FOUNDATION, INC.	b), 4940(e), or 49	<u>47-</u>	24948 see inst	83 ruction	Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on II			W. S.		
	Date of ruling or determination letter: (attach copy of letter if necessary-see in	structions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and er	nter 1%	1		11,3	59.
	of Part I, line 27b	}	TO SERVE			
¢	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line		** ***	8 388386 Anna 7		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	:	2		44 5	0.
3	Add lines 1 and 2		3		11,3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		11,3	<u>0.</u>
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u>5</u>	1 ,700	<u>тт,з</u>	<u> </u>
6	Credits/Payments:		790, 389 486 - 20			(1948) ₁₉ 3
	2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign organizations - tax withheld at source 6b					
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c			38 (2.786) 12.06022 - A023	4.5	sáddir.
	Backup withholding erroneously withheld 6d		XXX			
	Total credits and payments. Add lines 6a through 6d		7	Ba Masamaridan	* 13.5m.n.to*\\$60	0
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8		2	70.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		11,6	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunded	11			
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	participate or intervene	ın	~	Yes	No
	any political campaign?			<u> </u>	la	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instru	ctions for the definition)	?	<u></u>	lb	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of air	ny matenals published	or or	*		
	distributed by the foundation in connection with the activities					* *
	Did the foundation file Form 1120-POL for this year?			<u></u>	ic_	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•		*		Z.***
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$	0.		(%)		k 🚧
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed on foundation				
•	managers. > \$			(2)		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			7	2	
2	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, arti-	cles of incorporation or				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	olos of moorporation, or			3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u> </u>	la l	x
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	<i>-</i>	lb	 -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	X
	If "Yes," attach the statement required by General Instruction T			**************************************	14. 188°	## ; #
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					3000 12.653
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	at conflict with the state	law	100		28° (288
	remain in the governing instrument?				6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II,	col. (c), and Part XV		ļ	7 X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			🏻		2
	ОН					
p	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	l (or designate)				**************************************
_	of each state as required by General Instruction G? If "No," attach explanation				b X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3		dar			W. **
40	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part				9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their name	nes and addresses			0 1	

orm	990-PF (2015) TQL FOUNDATION, INC.	47-2494	883		Page 5
Ŗέ	ATTIVILA 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		ļ	,	l
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had adviso	ry 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				
14	The books are in care of MICHAEL J. ZINS Telephone	no. ► (513)8	31-	260	0
	Located at ► 4289 IVY POINTE BLVD., CINCINNATI, OH	ZIP+4 ▶45	245		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\cdot \Box \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	_N	/A	
16	At any time during calendar year 2015, 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		2° 4 3°	:488 A	, %, %
	foreign country	_	4	84" AV	
Pε	art 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):		* 28	£.₩:	4
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	2.00	987 - 1994 9484 AA	1 2 2 W
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		: 🎇 🐪	** **********************************	
	a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		**	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	(E. /2	26.582	
	(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)?	Yes X No	8		Wast 3
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				1 CO 3
	if the foundation agreed to make a grant to or to employ the official for a period after			629683 66	
	termination of government service, if terminating within 90 days.)	Yes X No		100 TO 10	No. of
b	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)?	N/A	1b		*****
	Organizations relying on a current notice regarding disaster assistance check here	▶□		V00/27	*** · · ·
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			200	
	before the first day of the tax year beginning in 2015?		1c		_X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	on		\$.\\	(Mar.)
	defined in section 4942(j)(3) or 4942(j)(5)):			(%) (%)	394. Ř. 144
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin	nning	300	**************************************	18 may 18 8
	before 2015?	Yes X No		47 / 1940 18 1941	
	If "Yes," list the years				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incol	rrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and at	ttach			\$4.5°
	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.		100m	87 ⁹⁰³ 05.	**************************************
	>			***	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		***	**	
	during the year?	Yes 🗓 No		**	377
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified person	s after	100 M	5° 2880	**************************************
	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 Schedu	le C,		% (%)	2.7% ************************************
	Form 4720, to determine if the foundation had excess business holdings in 2015)	N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		48		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable puri	pose that	1000 To 1000	**************************************	4
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b_		X

Form 990-PF (2015) TQL FOUNDATION, INC.			47-24948	83 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contir}	nued)	
5a. During the year did the foundation pay or incur any amount to:			\\	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No 📓	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	actly,	(%)	
any voter registration drive?		Y	es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗓 No 🖹	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			y 150 p 150 p
4945(d)(4)(A)? (see instructions)		Y	es 🗓 No 🗦	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f			
the prevention of cruelty to children or animals?		Y	es 🗓 No 🖹	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	·	ın Regulatıons	. 🛸	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
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 for		· —		
expenditure responsibility for the grant?	N	I/A Y	es L No 🎇	
If "Yes," attach the statement required by Regulations section 53.4945	٠,		3	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗓 No 🏻	**** *** **** ****
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		3	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es 🗓 No 📓	
b If "Yes," did the foundation receive any proceeds or have any net income attributed and inco			N/A	7b
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, roundation Mar	nagers, Hignly		
1 List all officers, directors, trustees, foundation managers and their				,
(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
KENNETH G. OAKS	CHAIRMAN			
4289 IVY POINTE BLVD.	Ī			ļ
CINCINNATI, OH 45245	1.00	0.	0.	0.
MICHAEL J. ZINS	TREASURER			
4289 IVY POINTE BLVD.				
CINCINNATI, OH 45245	1.00	0.	0.	0.
	PRESIDENT/SEC	RETARY	\	
4289 IVY POINTE BLVD.]			
CINCINNATI, OH 45245	1.00	0.	0.	0.
		ļ	į	ļ
	<u></u>	<u> </u>	<u> </u>	l
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Cantabutuana ta	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		l		
		<u> </u>		
			1	
		<u> </u>		L
		1]	
	L	l	L	L
Total number of other employees paid over \$50,000			▶ [0

Form 990-PF 1		47-	2494883	Page 7
Part VIII		ation Managers, Highly		
3 Five high	est-paid independent contractors for professional services. If none, ent	er "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	mpensation
1	NONE			
				·
		<u> </u>		
Total number	of others receiving over \$50,000 for professional services		>	0
18 1837 17,274	Summary of Direct Charitable Activities			
number of org	ation's four largest direct charitable activities during the tax year. Include relevant sta ganizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the oduced, etc.	Expens	es
1 <u> </u>	N/A	· · · · · · · · · · · · · · · · · · ·	I	
²				
3				
	·			
4				
Part IX-B	Summary of Program-Related Investments			
	wo largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amoun	t
1 <u> </u>	I/A			
2				
All other prog	ram-related investments. See instructions.			
3				
Total Add in	ues 1 through 3			0.

422,344. 422,344. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 11,359. income. Enter 1% of Part I, line 27b 5 410,985. Adjusted qualifying distributions. Subtract line 5 from line 4 6

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 20	15 from Part XI,				
line 7					394,733.
2 Undistributed income, if any, as o	of the end of 2015				
a Enter amount for 2014 only		787 - 788 -	The second second	16,760.	
b Total for prior years:			_		
3 Excess distributions carryov	ver if any to 2015		0.		
a From 2010	ver, il ally, to 2015.				
b From 2011					
c From 2012					
d From 2013					
e From 2014					
f Total of lines 3a through e		0.			
4 Qualifying distributions for 2	2015 from				
Part XII, line 4: ► \$	422,344.		and a second and the second second	ana is stra	
a Applied to 2014, but not mo	ore than line 2a			16,760.	
b Applied to undistributed inc	ome of prior				
years (Election required - se	e instructions)		0.		
c Treated as distributions out	of corpus	_			
(Election required - see insti	•	0.			
d Applied to 2015 distributable		10.051			394,733.
e Remaining amount distribut	·	10,851.			•
5 Excess distributions carryover ap (If an amount appears in column (plied to 2015 (d), the same amount	0.			0.
must be shown in column (a))					
6 Enter the net total of each of indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4e	Cultiva et luna E	10,851.			
b Prior years' undistributed in		10,031.	<u> </u>		
line 4b from line 2b	come. obbliact		0.		
c Enter the amount of prior ye	ars'				
undistributed income for wh					
deficiency has been issued,					
the section 4942(a) tax has assessed	Deen previously		0.		
d Subtract line 6c from line 6t	o. Taxable				
amount - see instructions			0.		
e Undistributed income for 20	14. Subtract line				
4a from line 2a. Taxable am	ount - see instr.			0.	
f Undistributed income for 20	15. Subtract				
lines 4d and 5 from line 1. T	his amount must				
be distributed in 2016					0.
7 Amounts treated as distribu					
corpus to satisfy requiremen					
section 170(b)(1)(F) or 494		0.			
may be required - see instru				2	
8 Excess distributions carryov not applied on line 5 or line		0.			
9 Excess distributions carryo		·			
Subtract lines 7 and 8 from	1	10,851.			
10 Analysis of line 9:	iirio Va		1000 0000 0000 0000 0000 0000 0000 000		
a Excess from 2011					
b Excess from 2012					
c Excess from 2013					
d Excess from 2014					
e Excess from 2015	10,851.				
523581 11-24-15					Form 990-PF (2015)

	NDATION, IN				494883 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described	ın section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	L	Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
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		ł	Į		
•	İ				
exempt activities			+		
e Qualifying distributions made directly					
for active conduct of exempt activities.	Ì				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<u> </u>		 		
alternative test relied upon:				İ	
a "Assets" alternative test - enter:		}			
(1) Value of all assets					<u> </u>
(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	}	}		i	1
investment income (interest,					
dividends, rents, payments on	}]		}	}
securities loans (section	İ	l	1		1
512(a)(5)), or royalties)		<u> </u>	 		
(2) Support from general public and 5 or more exempt]			ľ
organizations as provided in	l		· [l	1
section 4942(j)(3)(B)(iii)			 		
(3) Largest amount of support from	}	ļ	1		1
an exempt organization			 		
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>		1,
Part XV Supplementary Info			if the foundatio	n had \$5,000 or mo	re in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh			ributions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)			
KENNETH G. OAKS					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation	(or an equally large po	rtion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	et.			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ▶ ☐ If the foundation of			-	s not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.		•	•	•	
a The name, address, and telephone numl	her or e-mail address of the	he person to whom anni	cations should be add	ressed.	
TQL FOUNDATION, INC.			oations should be add	103004,	
4289 IVY POINTE BLVD			5		
b The form in which applications should be					·
ANY FORM; ORGANIZATION				ሰ ድ ሞልሄ-ዊሄድMD፣	י פיזיא ייזויפ
	ATT THE W	TO DOD	HII INOUF	OF TWO DARME	DIAIUD.
c Any submission deadlines:					
NONE	a such so his see successions	d areas short-blacket	lundo of matteria	or other feeter:	
d Any restrictions or limitations on award:	s, such as by geographica	u areas, charitable fields	, kinas ot institutions,	or other factors:	
NONE					

* t

Page 11 Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ALZHEIMER'S DISEASE AND RELATED N/A PC GENERAL SUPPORT DISORDERS ASSOCIATION INC. 4446 MT. CARMEL TOBASCO ROAD CINCINNATI, OH 45254 1,815. ALZHEIMER'S DISEASE AND RELATED N/A GENERAL SUPPORT PC DISORDERS ASSOCIATION INC. 644 LINN ST #1026 CINCINNATI, OH 45203 100. AMERICAN CANCER SOCIETY INC. N/A GENERAL SUPPORT 250 WILLIAMS STREET NW ATLANTA , GA 30303 200. AMERICAN FOUNDATION FOR SUICIDE N/A GENERAL SUPPORT PREVENTION 120 WALL STREET, 29TH FLOOR 100. NEW YORK, NY 10005 AMERICAN HEART ASSOCIATION INC. N/A ₽C GENERAL SUPPORT 7272 GREENVILLE AVENUE DALLAS , TX 75231 100. SEE CONTINUATION SHEET(S) 414,228. ▶ 3a Total b Approved for future payment NONE

Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ided by section 512, 513, or 514	(e)
Enter groot amounts amost only with middled.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business	Amount	sion	Amount	function income
a		 	†		
b					
G		T		<u> </u>	
d					
e					
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		1	1		1
4 Dividends and interest from securities			14	172,344.	
5 Net rental income or (loss) from real estate;	All YELL Y		** 79		
a Debt-financed property			<u> </u>		
b Not debt-financed property		· · · · · · · · · · · · · · · · · · ·			
6 Net rental income or (loss) from personal					
property	1		l		
7 Other investment income				· · · · · · · · · · · · · · · · · · ·	
8 Gain or (loss) from sales of assets other					
than inventory			18	984,365.	ļ
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1	į			
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	199 399 10	0.	## \##	1,156,709.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,156,709.
(See worksheet in line 13 instructions to verify calculations.)		_		_	
Relationship of Activities to	the Acco	omplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incor			contrib	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other than b	y providing fu	nds for such purposes).			
N/A					
					
	 				
					
					
					
					
					
		·····			
					·

Form 990-PF (2015) TQL FOUNDATION, INC. 47-2494883 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the o	rnanization directly or indu	rectly engage in any	of the following	g with any other organizati	on described in sec	tion 501/c) of		es No		
•					7, relating to political organ	izations?					
						iizations*					
a	Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash								X		
	Market Control of the								$\frac{x}{x}$		
ь	• •	nsactions;						1a(2)	Sant. 1 (8) 72		
U			hla avamnt arganiza	tion				20. 0 m	. **** (* .77.5.). X		
		s of assets to a noncharital chases of assets from a noi						1b(1)	$\frac{\lambda}{X}$		
			•	or yanızanını				1b(2)	$\frac{\Lambda}{X}$		
	• •	tal of facilities, equipment,	OI OTHER ASSETS					1b(3)	$\frac{x}{x}$		
		nbursement arrangements						1b(4)			
	` '	ns or loan guarantees		-V V - 3 - V 3 - V - 3 -				1b(5)	X		
		ormance of services or me	•	•				1b(6)	X		
	_	of facilities, equipment, ma	-		•			10	<u> </u>		
d					dule, Column (b) should al	-			s,		
					ed less than fair market valu	ie in any transaction	n or sharing arrangemer	it, show in			
/- X:		d) the value of the goods,				1 48					
(a) L	ne no	(b) Amount involved	(c) Name of		exempt organization	(d) Descriptio	n of transfers, transactions,	and sharing arran	gements		
				<u> N/A</u>							
	_	_ 	 								
		·			 						
											
			·				· · · · · · · · · · · · · · · · · · ·				
						_					
							 				
					 		··				
					-						
									.,,		
2a	Is the fou	indation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt organi	zations described					
		1 501(c) of the Code (other						Yes	X No		
h		complete the following sche	•	(0)) 0 0001					100		
	11 100, 0	(a) Name of org			(b) Type of organization	1	(c) Description of relati	onship			
		N/A			(-7.3)		(0) - 00 - 00 - 00 - 00 - 00 - 00 - 00 -				
			····		 						
											
						 					
_	Under	r penalties of penury. I declare the	hat I have examined this	return, including	accompanying schedules and st	atements, and to the be	ast of my knowledge				
Sig	1				taxpayer) is based on all informa			May the IRS dis- return with the p	reparer		
He		Macha	ul Araz	m	14/6/16	TREAS	משמד	shown below (se			
		nature of officer or trustee	" / /		Date Date	Title	JKBK	X Yes	∟ No		
	Oigi	Print/Type preparer's na		Preparer's si		Date	Check If PT	IN .			
		COURTNEY	iiiu		3	Date	self- employed	***			
Pa	id		THE DESI	and	luj con	0.10.16	' - 1	2004200	22		
	eparer	REITMAN-DE:		TID		2-19-16	Firm's EIN ▶ 86-	2004209			
	e Only		OTITE TAY	אנונו			FIRM'S EIN POO	-T00011	4		
-5	- Ciny		በ የአርጠ ምፕ	EMU CM	REET, SUITE	1000	 				
					=	1300	N . E13	701 71	۸.۸		
		T CT.	<u>NCINNATI,</u>	On 45.	40 <i>4</i>		Phone no. 513-	<u>-784-71</u>			
								Form 990 -	FF (2015)		

Part XV Supplementary Informatio	n			
3 , Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oona oo daa	
ANDERSON HIGH SCHOOL 7560 FOREST RD CINCINNATI, OH 45255	N/A	PC	GENERAL SUPPORT	100.
ANDY AND JORDAN DALTON FOUNDATION 59 CAVALIER BLVD STE 310 FLORENCE , KY 41042	N/A	PC	GENERAL SUPPORT	10,000.
BEECH ACRES 6881 BEECHMONT AVE CINCINNATI, OH 45230	N/A	₽C	GENERAL SUPPORT	1,381.
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	N/A	PC	GENERAL SUPPORT	100.
BOGG MINISTRIES INC. PO BOX 316 MIAMISBURG, OH 45343	N/A	PC	GENERAL SUPPORT	500.
BRIGHTON CENTER INC. PO BOX 325 NEWPORT, KY 41072	N/A	PC	GENERAL SUPPORT	250.
CANCER SUPPORT COMMUNITY - GREATER CINCINNATI /NORTHERN KENTUCKY 4918 COOPER RD CINCINNATI, OH 45242	N/A	PC	GENERAL SUPPORT	15,000.
CANCERFREE KIDS PEDIATRIC CANCER RESEARCH ALLIANCE 420 W. LOVELAND AVE	N/A	PC	GENERAL SUPPORT	
CENTER FOR RESPITE CARE, INC. PO BOX 141301 CINCINNATI, OH 45250	N/A	PC	GENERAL SUPPORT	1,000.
CHURCHES ACTIVE IN NORTHSIDE (CAIN) 4230 HAMILTON AVE CINCINNATI, OH 45223	N/A	PC	GENERAL SUPPORT	700.
Total from continuation sheets		· · · - · · · · · · · · · · · · · · · ·		411,913.

Part XV Supplementary Information				.5 1000
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CINCINNATI INSTITUTE OF FINE ARTS DBA	N/A	₽C	GENERAL SUPPORT	
ARTSWAVE		Į.		
20 E. CENTRAL PKWY #200				
CINCINNATI, OH 45203	 	 		5,000.
CINCINNATI YOUTH COLLABORATIVE	N/A	PC	GENERAL SUPPORT	
301 OAK ST	,,,,			1
CINCINNATI, OH 45219				1,850.
				· · · · · · · · · · · · · · · · · · ·
		1		
CISE FOUNDATION	N/A	₽C	GENERAL SUPPORT	
100 EAST EIGHTH STREET		1		į
CINCINNATI, OH 45202	<u> </u>	 	- 	35,000.
GOLDDAY GOVERN DEGENERAL DOCUMEN	1/3	L.		
COLERAIN SCHOOL DISTRICT BOOSTER ASSOCIATION	N/A	₽C 	GENERAL SUPPORT	ļ
8801 CHEVIOT RD		1		
CINCINNATI, OH 45251		1		800.
	 	 		
COVINGTON CATHOLIC HIGH SCHOOLS	N/A	PC	GENERAL SUPPORT	
1600 DIXIE HWY		1		l
PARK HILLS, KY 41011	<u> </u>	<u> </u>		10,000.
				i
CYSTIC FIBROSIS FOUNDATION	N/A	PC	GENERAL SUPPORT	
4420 CARVER WOODS DR.	N/A		SEMBRAL SOFFORT	
BLUE ASH, OH 45242				50.
		<u> </u>		
DOWN SYNDROME ASSOCIATION OF GREATER	N/A	₽C	GENERAL SUPPORT	
CINCINNATI				
4623 WESLEY AVE ROOM SUITE A				ľ
CINCINNATI, OH 45212	 	 	 	150.
FORCE-FACING OUR RISK OF CANCER	N/A	PC	GENERAL GURRORA	i B
EMPOWERED INC.	N/A	FC	GENERAL SUPPORT	
16057 TAMPA PALMS BLV WEST	1	1		Ì
TAMPA , FL 33647	1	1		209.
	<u> </u>			
	1			
GUARDIAN ANGELS CHURCH	N/A	PC PC	GENERAL SUPPORT	ſ
6539 BEECHMONT AVE		1	1	
CINCINNATI, OH 45230	 	 		140.
		1		
GUARDIAN ANGELS	N/A	PC	GENERAL SUPPORT	}
6539 BEECHMONT AVE	["-"	[]	January Dollows	
CINCINNATI, OH 45230				214,230.
Total from continuation sheets				
				

Part XV Supplementary Information				,
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<u> </u>	<u> </u>
HABITAT FOR HUMANITY OF GREATER	N/A	PC	GENERAL SUPPORT	}
NASHVILLE				ļ
2950 KRAFT DRIVE #100				
NASHVILLE, TN 37204		ļ		250
HEALTHNETWORK FOUNDATION	N/A	PC	GENERAL SUPPORT	
33 RIVER STREET	,,,,,,	ſ	DENEME BOTTOM	
CHAGRIN FALLS, OH 44022		į.		5,000
HEALTHY BEGINNINGS INC.	N/A	PC	GENERAL SUPPORT	
17 E HOLLISTER CINCINNATI, OH 45219		1		500
INCIRNATI, ON 43219		 		300
EARTLAND ALLIANCE FOR HUMAN NEEDS	N/A	PC	GENERAL SUPPORT	
and rights		1		1
08 S LASALLE ST		1		
HICAGO, IL 60604		↓		250
OY OUTDOOR EDUCATION CENTER	N/A	PC	GENERAL SUPPORT	
OUNDATION INC.	["	ſ	SENDARD SOFFORT	
PO BOX 417				
CLARKSVILLE, OH 45113		Ì		100.
TNG'G DOWNTH TNG	Y / 3		TTUTELL GUEDONE	
ING'S DOMAIN INC. 778 STATE ROUTE 350	N/A	PC	GENERAL SUPPORT	!
PREGONIA, OH 45054				900.
		Į.		
IFESONG FOR ORPHANS INC	N/A	PC	GENERAL SUPPORT	
02 NORTH FORD STREET RIDLEY, IL 61744				629
RIDEET, III 01/44		 	 	023
ARVIN LEWIS COMMUNITY FUND	N/A	PC	GENERAL SUPPORT	
00 W PETE ROSE WAY #37				_
INCINNATI, OH 45203		 -	 	16,000
IAY-WE-HELP	N/A	PC	GENERAL SUPPORT	11
501 WOOSTER PIKE				
CINCINNATI, OH 45227		ļ	 	5,000.
				li
CNICHOLAS HIGH SCHOOL	N/A	PC	GENERAL SUPPORT	
536 BEECHMONT AVE	1	1		
CINCINNATI, OH 45230		<u> </u>	<u></u>	7,500.
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				-
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
MERY MINISTRIES OF AMERICA INC. PO BOX 111060	N/A	PC	GENERAL SUPPORT	
NASHVILLE, TN 37222				250
	 	 		230
MIAMI UNIVERSITY MENS RUGBY FOOTBALL	N/A	PC	GENERAL SUPPORT	
CLUB ALUMNI ASSN		1		ĺ
PO BOX 1603		1		
TRAVERSE CITY, MI 49684		 	 	1,000
			}	
MISSION TRIP TO OWSLEY COUNTY	N/A	PC	GENERAL SUPPORT	
PO BOX 7098				1 000
LOUISVILLE, KY 40257		 	 	1,090
		1		
NATE'S TOY BOX	N/A	PC	GENERAL SUPPORT	
3579 BLUE ROCK ROAD CINCINNATI, OH 45247				150
CINCINNAII, ON 43247		 		150
				1
NATIONAL COUNCIL OF YMCAS OF THE USA	N/A	PC	GENERAL SUPPORT	
101 N WACKER DRIVE CHICAGO , IL 60606		-	ļ.	1,000
	+		 	1,000
			<u> </u>	
NATIONAL DOWN SYDROME SOCIETY 666 BROADWAY	N/A	PC	GENERAL SUPPORT	
NEW YORK, NY 10012				200
WARRANTA WINONYITA TA TOURINATON				
NATIONAL HEMOPHILIA FOUNDATION 635 W SEVENTH ST, SUITE 407	N/A	PC	GENERAL SUPPORT	
CINCINNATI, OH 45203	1	<u> </u>		380
NATIONAL MULTIPLE SCLEROSIS SOCIETY	N/A	PC	GENERAL SUPPORT	1
4440 LAKE FOREST DR #120				}
CINCINNATI, OH 45242		ļ		50
	1			1
NEW RICHMOND LIONS SPORTS FOUNDATION	N/A	₽C	GENERAL SUPPORT	1
PO BOX 219				1
NEW RICHMOND, OH 45157	 	 	 	300
				1
OUR DAILY BREAD	N/A	PC	GENERAL SUPPORT	1
1730 RACE ST				10.000
CINCINNATI, OH 45202 Total from continuation sheets	<u> </u>			10,000

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PREGNANCY CENTER EAST INC.	N/A	₽C	GENERAL SUPPORT	ļ
3944 EDWARDS RD		1		
CINCINNATI, OH 45209				914
PREGNANCY CENTER WEST INC.	N/A	PC	GENERAL SUPPORT	
4900 GLENWAY AVE	[,			
CINCINNATI, OH 45238		<u> </u>		350
RECYCLED DOGGIES INC.	N/A	PC	GENERAL SUPPORT	
PO BOX 498311 CINCINNATI OH 45249		}		200
<u> </u>				200
RIGHT TO LIFE OF GREATER CINCINNATI	N/A	PC	GENERAL SUPPORT	
1802 WEST GALBRAITH ROAD				
CINCINNATI, OH 45239		<u> </u>		100
SAMARITAN'S PURSE	N/A	PC	GENERAL SUPPORT	
PO BOX 3000				107
BOONE, NC 28607	-		 	107
SOMA WORLD MISSION INC.	N/A	₽C	GENERAL SUPPORT	
PO BOX 498225	,	[SENSIONE SULLOKI	
CINCINNATI, OH 45249		<u> </u>		500
SPORTSLEADER INC.	N/A	PC	GENERAL SUPPORT	l
1974-A DOUGLASS BLVD LOUISVILLE, KY 40257				10,000
ST. BONIFACE CHURCH	N/A	₽C	GENERAL SUPPORT	
4370 GLENDALE MILFORD RD				
CINCINNATI, OH 45223		 		860
ST. JAMES CHURCH	N/A	₽C	SEMEDAL CHODODS	
3565 HUBBLE ROAD	1/A		GENERAL SUPPORT	
CINCINNATI, OH 45247	<u> </u>	<u> </u>		13,500
ST. JOSEPH ORPHANAGE	N/A	PC	GENERAL SUPPORT	
5400 EDALBERT DR CINCINNATI, OH 45239				1,185
Total from continuation sheets		<u> </u>	<u> </u>	-,255

TOL FOUNDATION, INC.

Part XV Supplementary Informatio	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	 	
ST. URSULA ACADEMY	N/A	PC .	GENERAL SUPPORT	İ
1339 E MCMILLAN ST.		[
CINCINNATI, OH 45206			 	10,000.
CM ATMOSTAN DEDAM CHORES	N/A	PC	GENERAL SUPPORT	
ST. VINCENT DEPAUL STORES 1125 BANK STREET	N/A		GENERAL SUFFORI	}
CINCINNATI, OH 45214		1		4,339.
oriorium, on ionii			 	1,005.
THE BOOT CAMPAIGN INC.	N/A	PC	GENERAL SUPPORT	
713 WSW LOOP 323, SUITE H PMB 160	["			
TYLER, TX 75701	<u> </u>			17,064.
THE CHILDREN'S HOME OF CINCINNATI	N/A	PC	GENERAL SUPPORT	
OHIO		1		
5050 MADISON RD				
CINCINNATI, OH 45227		ļ		1,060.
THE CHILDREN'S HOME OF NORTHERN	N/A	PC PC	GENERAL SUPPORT	Ì
KENTUCKY INC.				ĺ
200 HOME ROAD				
DALLAS , KY 41011		ļ		500.
THE HUMANE SOCIETY OF THE UNITED	N/A	PC	GENERAL SUPPORT	
STATES		}		}
2100 L. STREET NW				[
WASHINGTON, DC 20037		 	 	100.
				Ì
THE LEUKEMIA & LYMPHOMA SOCIETY INC.	N/A	PC	GENERAL SUPPORT	
1311 MAMARONECK AVENUE WHITE PLAINS , NY 10605		1		175.
				
THE ORPHANETWORK	N/A	PC	GENERAL SUPPORT	
1500 N GREAT NCK RD.				1
VIRGINIA BEACH, VA 23454			<u> </u>	500.
UNIVERSITY OF DAYTON	N/A	PC	GENERAL SUPPORT	
300 COLLEGE PARK			1	
DAYTON, OH 45469		 	 	100.
				}
WILLOWVILLE ELEMENTARY PTO	N/A	PC	GENERAL SUPPORT	
4529 SCHOOLHOUSE RD				450
Total from continuation charts				150.
Total from continuation sheets				<u> </u>

TOL FOUNDATION, INC.

47-2494883

Part XV Supplementary Information				
3 , Grants and Contributions Paid During the Y	ear (Continuation)			
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	Contribution	
NOMEN FOR WOMEN INTERNATIONAL	N/A	PC	GENERAL SUPPORT	
2000 M STREET, NW SUITE 200			7-11-12	1
washington, DC 20036		}		200
				Ì
	<u> </u>		 	
		1		
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		<u>}</u>		}
	 		 	
		}		
				1
	<u> </u>			
Total from continuation sheets				

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
FIFTH THIRD BANK FIFTH THIRD BANK	200,610. 14,000.	42,266.	158,344. 14,000.	•	
TO PART I, LINE 4	214,610.	42,266.	172,344.	172,344.	•

FORM 990-PF	ACCOUNTING FEES			TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	14,133.	7,067.		7,066.
TO FORM 990-PF, PG 1, LN 16B	14,133.	7,067.		7,066.

FORM 990-PF	OTHER PROFESSIONAL FEES			TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FIFTH THIRD BANK ADVISORY FEES FIFTH THIRD BANK FEES	13,559. 200.	13,559.		0.
TO FORM 990-PF, PG 1, LN 160	13,759.	13,759.		0.

FORM 990-PF	TAXES SI			TATEMENT 4
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
2014 OHIO FILING FEE	200.	0.		200.
BALANCE OF 2014 EXCISE TAX	194.	0.		0.
1023 FILING FEES	850.	0.		850.
TO FORM 990-PF, PG 1, LN 18	1,244.	0.		1,050.

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS EXPENSES	732.	0.		0.
TO FORM 990-PF, PG 1, LN 23	732.	0.	· · · · · · · · · · · · · · · · · · ·	0.

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	4,927,426.	5,685,851.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,927,426.	5,685,851.

FORM 990-PF CORPORATE BONDS		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME	1,167,634.	1,151,765.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,167,634.	1,151,765.

FORM 990-PF	OTHER INVESTMENTS	3	STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE STRATEGIES REAL ESTATE INVESTMENTS	COST	771,475. 247,060.	713,425. 211,780.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,018,535.	925,205.