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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation TQL FOUNDATION INC		A Employer identification number 47-2494883	
Number and street (or P O box number if mail is not delivered to street address) 4289 IVY POINTE BLVD		Room/suite	B Telephone number (see instructions) (513) 831-2600
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45245		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 7,795,137		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	300,036			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	167,524	166,714		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	197,115			
	b Gross sales price for all assets on line 6a 2,541,352				
	7 Capital gain net income (from Part IV, line 2) . . .		197,115		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	664,675	363,829		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,789	2,395		2,394
	c Other professional fees (attach schedule)	11,911	11,911		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	23,648	319		200
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	147	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	40,495	14,625		2,594
	25 Contributions, gifts, grants paid	849,830			849,830
	26 Total expenses and disbursements. Add lines 24 and 25	890,325	14,625		852,424
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-225,650			
	b Net investment income (if negative, enter -0-)		349,204		
c Adjusted net income(if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash—non-interest-bearing	178,618	209,598	209,598		
	2 Savings and temporary cash investments					
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments—U S and state government obligations (attach schedule)					
	b Investments—corporate stock (attach schedule)	4,927,426	4,887,488	5,704,519		
	c Investments—corporate bonds (attach schedule)	1,167,634	1,447,108	1,435,795		
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12 Investments—mortgage loans					
	13 Investments—other (attach schedule)	1,018,535	448,806	445,225		
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15 Other assets (describe ▶ _____)						
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	7,292,213	6,993,000	7,795,137			
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶ _____)					
	23 Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds	0	0			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0			
	29 Retained earnings, accumulated income, endowment, or other funds	7,292,213	6,993,000			
30 Total net assets or fund balances (see instructions)	7,292,213	6,993,000				
31 Total liabilities and net assets/fund balances (see instructions) .	7,292,213	6,993,000				

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	7,292,213
2 Enter amount from Part I, line 27a	2	-225,650
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	7,066,563
5 Decreases not included in line 2 (itemize) ▶ _____	5	73,563
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	6,993,000

Part IV Capital Gains and Losses for Tax on Investment Income

(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) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a FIFTH THIRD BANK	P		
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,534,385		2,344,237	190,148
b 6,967			6,967
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(j) F M V as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col (j) over col (k), if any	
a			190,148
b			6,967
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	197,115
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	410,985	8,121,830	0 050603
2014	0	3,345,224	0 000000
2013			
2012			
2011			

2 Total of line 1, column (d)	2	0 050603
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 025302
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	8,123,106
5 Multiply line 4 by line 3	5	205,531
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,492
7 Add lines 5 and 6	7	209,023
8 Enter qualifying distributions from Part XII, line 4	8	852,424

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,492
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	3,492
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,492
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	11,500
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	11,500
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	8,008
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 8,008 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
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	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► MICHAEL J ZINS Telephone no ► (513) 831-2600			

Located at ► 4289 IVY POINTE BLVD CINCINNATI OH ZIP+4 ► 45245

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►			

Part 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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 termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
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 before the first day of the tax year beginning in 2016?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
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 all years listed, answer "No" and attach statement—see instructions)	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 ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d)	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KENNETH G OAKS 4289 IVY POINTE BLVD CINCINNATI, OH 45245	CHAIRMAN 1 00	0	0	0
MICHAEL J ZINS 4289 IVY POINTE BLVD CINCINNATI, OH 45245	TREASURER 1 00	0	0	0
KERRY BYRNE 4289 IVY POINTE BLVD CINCINNATI, OH 45245	PRESIDENT/SECRETARY 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ▶				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	7,860,313
b	Average of monthly cash balances.	1b	386,495
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	8,246,808
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	8,246,808
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	123,702
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,123,106
6	Minimum investment return. Enter 5% of line 5.	6	406,155

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	406,155
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	3,492
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,492
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	402,663
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	402,663
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	402,663

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	852,424
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	852,424
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	3,492
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	848,932

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				402,663
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				10,851
f Total of lines 3a through e.	10,851			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 852,424				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				402,663
e Remaining amount distributed out of corpus	449,761			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	460,612			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a.	460,612			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				10,851
e Excess from 2016.				449,761

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

KENNETH G OAKS

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

TQL FOUNDATION INC
4289 IVY POINTE BLVD
CINCINNATI, OH 45245
(513) 831-2600

b The form in which applications should be submitted and information and materials they should include

ANY FORM, ORGANIZATION MAY BE ASKED TO SUBMIT PROOF OF TAX-EXEMPT STATUS

c Any submission deadlines

NONE

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

NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	849,830
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	167,524	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	197,115	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		364,639	0
13 Total. Add line 12, columns (b), (d), and (e).			13		364,639

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

* * * * *

Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name COURTNEY REITMAN- DEINLEIN	Preparer's Signature	Date	Check if self- employed <input type="checkbox"/>	PTIN P00420933
Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶ 86-1065772
Firm's address ▶ 250 EAST FIFTH STREET SUITE 1900 CINCINNATI, OH 45202				Phone no (513) 784-7100

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
A CARING PLACE PREGNANCY HELP CENTER 4446 MOUNT CARMEL TOBASCO ROAD CINCINNATI, OH 45244	N/A	PC	GENERAL SUPPORT	7,042
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	N/A	PC	GENERAL SUPPORT	150
ALABAMA GULF COAST ZOO 1204 GULF SHORES PKWY GULF SHORES, AL 36542	N/A	PC	GENERAL SUPPORT	150
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	N/A	PC	GENERAL SUPPORT	2,083
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	N/A	PC	GENERAL SUPPORT	805
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	N/A	PC	GENERAL SUPPORT	5,053
ANDY AND JORDAN DALTON FOUNDATION 59 CAVALIER BLVD STE 310 FLORENCE, KY 41042	N/A	PC	GENERAL SUPPORT	10,000
ARTSWAVE 20 EAST CENTRAL PKWY SUITE 200 CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	13,500
ASTRONAUT SCHOLARSHIP FOUNDATION ASF-1 KENNEDY SPACE CENTER, FL 32899	N/A	PC	GENERAL SUPPORT	250
AUTISM SPEAKS 1 E 33RD STREET NEW YORK, NY 10016	N/A	PC	GENERAL SUPPORT	925
BENEVITY - THE AMERICAN ENDOWMENT FOUNDATION 1521 GEORGETOWN ROAD SUITE 104 HUDSON, OH 44236	N/A	PC	GENERAL SUPPORT	3,071
BIG BROTHERS BIG SISTERS 2400 READING ROAD SUITE 148 CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	618
BIG GREEN SCHOLARSHIP FOUNDATION 1801 3RD AVENUE HUNTINGTON, WV 25703	N/A	PC	GENERAL SUPPORT	475
BISHOP FENWICK HIGH SCHOOL 4855 ROUTE 12 FRANKLIN, OH 45005	N/A	PC	GENERAL SUPPORT	500
BONNIE J ADDARIO LUNG CANCER FOUNDATION 1100 INDUSTRIAL ROAD SUITE 1 SAN CARLOS, CA 94070	N/A	PC	GENERAL SUPPORT	50
Total ►				849,830
3a				

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BOY SCOUTS OF AMERICA 1325 W WALNUT HILL LANE IRVING, TX 75038	N/A	PC	GENERAL SUPPORT	200
BOYS & GIRLS CLUB OF CLERMONT COUNTY 213 UNTION STREET NEW RICHMOND, OH 45157	N/A	PC	GENERAL SUPPORT	600
BOYS & GIRLS CLUB OF GREATER CINCINNATI 1621 LOGAN STREET CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	21,000
CAMPING EDUCATION FOUNDATION 3515 MICHIGAN AVENUE 1 CINCINNATI, OH 45208	N/A	PC	GENERAL SUPPORT	3,000
CANCERFREE KIDS PEDIATRIC CANCER RESEARCH ALLIANCE 420 W LOVELAND AVE LOVELAND, OH 45140	N/A	PC	GENERAL SUPPORT	3,000
CATHOLIC CHARITIES OF SOUTHWESTERN OHIO 7162 READING ROAD SUITE 600 CINCINNATI, OH 45237	N/A	PC	GENERAL SUPPORT	375
CATHOLIC MINISTRIES APPEAL 100 EAST 8TH STREET CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	1,000
CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD SUITE 240 WOODLAND HILLS, CA 91364	N/A	PC	GENERAL SUPPORT	130
CHRIST THE KING ST VINCENT DEPAUL 3233 LINWOOD AVENUE CINCINNATI, OH 45226	N/A	PC	GENERAL SUPPORT	1,000
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 350 5TH AVENUE NEW YORK, NY 10118	N/A	PC	GENERAL SUPPORT	756
CINCINNATI FIRE FOUNDATION 1095 NIMITZVIEW DRIVE 102 CINCINNATI, OH 45230	N/A	PC	GENERAL SUPPORT	1,000
CINCINNATI LAB RESCUE PO BOX 30561 CINCINNATI, OH 30561	N/A	PC	GENERAL SUPPORT	500
CINCINNATI PUBLIC LIBRARY 80 VINE STREET CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	100
CINCINNATI THERAPEUTIC RIDING 1342 US ROUTE 50 MILFORD, OH 45150	N/A	PC	GENERAL SUPPORT	1,000
CINCINNATI WORKS 708 WALNUT STREET SUITE 200 CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	20,000
Total ► 3a				849,830

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CINCINNATI YMCA 2039 SHERMAN AVENUE CINCINNATI, OH 45212	N/A	PC	GENERAL SUPPORT	1,000
CINCINNATI YOUTH COLLABORATIVE 301 OAK ST CINCINNATI, OH 45219	N/A	PC	GENERAL SUPPORT	200
CISE FOUNDATION 100 EAST EIGHTH STREET CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	479
COLERAIN SCHOOL DISTRICT BOOSTER ASSOCIATION 8801 CHEVIOT RD CINCINNATI, OH 45251	N/A	PC	GENERAL SUPPORT	500
COMMUNITY INITIATIVES 354 PINE STREET SUITE 700 SAN FRANCISCO, CA 94104	N/A	PC	GENERAL SUPPORT	500
CONDUCTIVE EDUCATION CENTER OF ORLANDO 4800 HOWELL BRANCH ROAD WINTER PARK, FL 32792	N/A	PC	GENERAL SUPPORT	750
CRIME STOPPERS OF GREATER CINCINNATI 824 BROADWAY STREET SUITE 500 CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	5,000
DENVER CHILDREN'S HOME 1501 ALBION STREET DENVER, CO 80220	N/A	PC	GENERAL SUPPORT	1,000
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80216	N/A	PC	GENERAL SUPPORT	250
DIOCESE OF CONVINGTON 13 CAROTHERS ROAD NEWPORT, KY 41071	N/A	PC	GENERAL SUPPORT	1,000
DISABLED AMERICAN VETERANS 21 E KEEN STREET KISSIMMEE, FL 34744	N/A	PC	GENERAL SUPPORT	3,537
DOWN SYNDROME ASSOCIATION OF GREATER CINCINNATI 4623 WESLEY AVE ROOM SUITE A CINCINNATI, OH 45212	N/A	PC	GENERAL SUPPORT	400
DUCKS UNLIMITED 1 WATERFOWL WAY MEMPHIS, TN 38120	N/A	PC	GENERAL SUPPORT	650
EXPLORE SEWICKLEY 3418 BEAVER STREET SEWICKLEY, PA 15143	N/A	PC	GENERAL SUPPORT	250
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	N/A	PC	GENERAL SUPPORT	500
Total ► 3a				849,830

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FORT LAUDERDALE ROTARY 1350 E SUNRISE BLVD SUITE 112 FORT LAUDERDALE, FL 33304	N/A	PC	GENERAL SUPPORT	250
FRANK DUVENNECK ARTS AND CULTURAL CENTER 1232 GREENUP STREET COVINGTON, KY 41011	N/A	PC	GENERAL SUPPORT	1,000
FRIENDS OF WINTON HILLS ACADEMY 5300 WINNESTE AVENUE CINCINNATI, OH 45232	N/A	PC	GENERAL SUPPORT	1,718
GIVE BACK CINCINNATI 312 WALNUT STREET SUITE 3600 CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	2,000
GUARDIAN ANGELS 6539 BEECHMONT AVE CINCINNATI, OH 45230	N/A	PC	GENERAL SUPPORT	153,897
HABITAT FOR HUMANITY LEXINGTON 700 EAST LOUDON AVENUE LEXINGTON, KY 40505	N/A	PC	GENERAL SUPPORT	250
HABITAT FOR HUMANITY OF GREATER NASHVILLE 2950 KRAFT DRIVE 100 NASHVILLE, TN 37204	N/A	PC	GENERAL SUPPORT	500
HABITAT OF HUMANTIY OF GREATER ORLANDO 4116 SILVER STAR ROAD ORLANDO, FL 32808	N/A	PC	GENERAL SUPPORT	750
HAMILTON COUNTY SHERIFF 1000 SYCAMORE STREET SUITE 110 CINCINNATI, OH 45202	N/A	GOV	GENERAL SUPPORT	4,955
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022	N/A	PC	GENERAL SUPPORT	43,000
HILLSBORO YOUTH FOOTBALL 300 CHILLICOTHE AVE HILLSBORO, OH 45133	N/A	PC	GENERAL SUPPORT	250
INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI 990 NASSAU STREET CINCINNATI, OH 45206	N/A	PC	GENERAL SUPPORT	100
INTERPARISH MINISTRY - NEWTOWN FOOD PANTRY 3509 DEBOLT ROAD CINCINNATI, OH 45244	N/A	PC	GENERAL SUPPORT	56
JUNIOR ACHIEVEMENT 1 EDUCATION WAY COLORADO SPRINGS, CO 80906	N/A	PC	GENERAL SUPPORT	1,000
LA SOUPE 4150 ROUND BOTTOM ROAD CINCINNATI, OH 45244	N/A	PC	GENERAL SUPPORT	250
Total ► 3a				849,830

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LE JEUNE DANCE ACADEMY 11444 DEERFIELD ROAD SUITE A BLUE ASH, OH 45242	N/A	PC	GENERAL SUPPORT	50
LEAGUE OF ANIMAL WELFARE 4193 TAYLOR ROAD BATAVIA, OH 45103	N/A	PC	GENERAL SUPPORT	4,588
LIGHTHOUSE YOUTH SERVICES 401 E MCMILAN CINCINNATI, OH 45206	N/A	PC	GENERAL SUPPORT	500
LINDNER CENTER OF HOPE 4075 OLD WESTERN ROW ROAD MASON, OH 45040	N/A	PC	GENERAL SUPPORT	25,000
LITTLE SISTERS OF THE POOR 476 RIDDLE ROAD CINCINNATI, OH 45220	N/A	PC	GENERAL SUPPORT	500
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	N/A	PC	GENERAL SUPPORT	200
LUCKY TALES RESCUE PO BOX 6694 FLORENCE, KY 41022	N/A	PC	GENERAL SUPPORT	500
MADISONVILLE COMMUNITY COUNCIL 5908 MADISON ROAD CINCINNATI, OH 45227	N/A	PC	GENERAL SUPPORT	1,000
MARSHALL UNIVERSITY FOUNDATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755	N/A	PC	GENERAL SUPPORT	500
MARVIN LEWIS COMMUNITY FUND 700 W PETE ROSE WAY 37 CINCINNATI, OH 45203	N/A	PC	GENERAL SUPPORT	10,250
MAX'S MEALS & MORE 7649 PINEY MEADOW LANE CINCINNATI, OH 45244	N/A	PC	GENERAL SUPPORT	500
MCNICHOLAS HIGH SCHOOL 6536 BEECHMONT AVE CINCINNATI, OH 45230	N/A	PC	GENERAL SUPPORT	265,469
MERCY HEALTH FOUNDATION 1701 MERCY HEALTH PL CINCINNATI, OH 45237	N/A	PC	GENERAL SUPPORT	20,000
NATE'S TOY BOX 871 COLERAIN AVE CINCINNATI, OH 45251	N/A	PC	GENERAL SUPPORT	300
NATIONAL PARKINSON FOUNDATION OF OHIO 2800 CORPORATE EXCHANGE 265 COLUMBUS, OH 43231	N/A	PC	GENERAL SUPPORT	500
Total ► 3a				849,830

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NUTRITION FACTS ORG 10301 BALTIMORE AVENUE BELTSVILLE, MD 20705	N/A	PC	GENERAL SUPPORT	100
OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	N/A	PC	GENERAL SUPPORT	40
OHIO VALLEY VOICES 6642 BRANCH HILL GUINEA PIKE LOVELAND, OH 45140	N/A	PC	GENERAL SUPPORT	1,500
ONE ORLANDO 400 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801	N/A	PC	GENERAL SUPPORT	1,925
ONE WAY FARM CHILDREN'S HOME 6131 E RIVER ROAD FAIRFIELD, OH 45014	N/A	PC	GENERAL SUPPORT	711
OPTIM ALL SERVICES PO BOX 43184 CINCINNATI, OH 45243	N/A	PC	GENERAL SUPPORT	10,000
OUR MIMS RETIREMENT HAVEN 2810 MILLERSBURG RUDDLES MIL ROAD PARIS, KY 40361	N/A	PC	GENERAL SUPPORT	800
OWSLEY COUNTY OUTREACH KY 28 BOONEVILLE, KY 41314	N/A	PC	GENERAL SUPPORT	351
PREGNANCY CENTER EAST INC 3944 EDWARDS RD CINCINNATI, OH 45209	N/A	PC	GENERAL SUPPORT	5,039
PREGNANCY CENTER WEST INC 4900 GLENWAY AVE CINCINNATI, OH 45238	N/A	PC	GENERAL SUPPORT	3,628
PRINCE OF PEACE LUTHERAN CHURCH 1528 RACE STREET CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	5,000
REACH OUT LAKOTA 6561 STATION ROAD LIBERTY TWP, OH 45069	N/A	PC	GENERAL SUPPORT	500
RECYCLED DOGGIES INC PO BOX 498311 CINCINNATI, OH 45249	N/A	PC	GENERAL SUPPORT	400
RESURRECTION SCHOOL 1740 LLIFF AVENUE CINCINNATI, OH 45205	N/A	PC	GENERAL SUPPORT	4,056
RETT SYNDROME ORG 4600 DEVITT DRIVE CINCINNATI, OH 45246	N/A	PC	GENERAL SUPPORT	1,100
Total ► 3a				849,830

Form 990FPF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
RIGHT TO LIFE OF GREATER CINCINNATI 1802 WEST GALBRAITH ROAD CINCINNATI, OH 45239	N/A	PC	GENERAL SUPPORT	250
RONALD MCDONALD HOUSE OF CENTRAL FLORIDA 1030 N ORANGE AVE SUITE 105 ORLANDO, FL 32801	N/A	PC	GENERAL SUPPORT	250
RONALD MCDONALD HOUSE OF CINCINNATI 2350 ERKENBRECHER AVE CINCINNATI, OH 45229	N/A	PC	GENERAL SUPPORT	2,398
SATH INC 5350 W NEW MARKET ROAD HILLSBORO, OH 45133	N/A	PC	GENERAL SUPPORT	926
SOCIETY OF ST VINCENT DEPAUL 2941 SPRING GROVE AVENUE CINCINNATI, OH 45225	N/A	PC	GENERAL SUPPORT	2,631
SPCA CINCINNATI 3949 COLERAIN AVE CINCINNATI, OH 45223	N/A	PC	GENERAL SUPPORT	300
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	N/A	PC	GENERAL SUPPORT	250
SPORTSLEADER INC 1974-A DOUGLASS BLVD LOUISVILLE, KY 40257	N/A	PC	GENERAL SUPPORT	10,000
ST JUDES CHILDREN'S RESEARCH 14 PENN PLZ SUITE 1615 NEW YORK, NY 10122	N/A	PC	GENERAL SUPPORT	100
ST JAMES CHURCH 3565 HUBBLE ROAD CINCINNATI, OH 45247	N/A	PC	GENERAL SUPPORT	1,656
ST JOSEPH ORPHANAGE 5400 EDALBERT DR CINCINNATI, OH 45239	N/A	PC	GENERAL SUPPORT	1,547
ST XAVIER HIGH SCHOOL 600 W NORTH BEND ROAD CINCINNATI, OH 45224	N/A	PC	GENERAL SUPPORT	500
SWEET DREAM HOUSE RESCUE PO BOX 157229 CINCINNATI, OH 45215	N/A	PC	GENERAL SUPPORT	500
TEALTOWN BALLPARK TEALTOWN ROAD UNION TWP, OH 45150	N/A	PC	GENERAL SUPPORT	350
TENDER MERCIES 27 W 12TH STREET CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	5,000
Total ► 3a				849,830

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE BOOT CAMPAIGN INC 713 WSW LOOP 323 SUITE H PMB 160 TYLER, TX 75701	N/A	PC	GENERAL SUPPORT	3,537
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605	N/A	PC	GENERAL SUPPORT	1,000
THE NASHVILLE FOOD PROJECT 63605 HILLSBORO PIKE NASHVILLE, TN 37215	N/A	PC	GENERAL SUPPORT	250
THE SEEING EYE PO BOX 375 MORRISTOWN, NJ 07963	N/A	PC	GENERAL SUPPORT	500
TIM BROWNE MEMORIAL PO BOX 872 SPRINGBORO, OH 45066	N/A	PC	GENERAL SUPPORT	620
TURPIN HIGH SCHOOL 2650 BARTELS ROAD CINCINNATI, OH 45244	N/A	PC	GENERAL SUPPORT	500
UNION TOWNSHIP POLICE 118 NORTH MAIN STREET UNION, OH 45322	N/A	GOV	GENERAL SUPPORT	4,595
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	N/A	PC	GENERAL SUPPORT	114,164
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	N/A	PC	GENERAL SUPPORT	500
USO OF CENTRAL OHIO 4200 HOOVER ROAD GROVE CITY, OH 43123	N/A	PC	GENERAL SUPPORT	3,537
WAVE FOUNDATION 1 LEVEE WAY NEWPORT, KY 41071	N/A	PC	GENERAL SUPPORT	1,100
YELLOW RIBBON SUPPORT CENTER 4326 MT CARMEL TOBASCO ROAD CINCINNATI, OH 45244	N/A	PC	GENERAL SUPPORT	3,537
Total ► 3a				849,830

TY 2016 Accounting Fees Schedule**Name:** TQL FOUNDATION INC**EIN:** 47-2494883

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	4,789	2,395		2,394

TY 2016 Investments Corporate Bonds Schedule**Name:** TQL FOUNDATION INC**EIN:** 47-2494883

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	1,447,108	1,435,795

TY 2016 Investments Corporate Stock Schedule**Name:** TQL FOUNDATION INC**EIN:** 47-2494883

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	4,887,488	5,704,519

TY 2016 Investments - Other Schedule

Name: TQL FOUNDATION INC

EIN: 47-2494883

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALTERNATIVE STRATEGIES	AT COST	248,350	238,900
REAL ESTATE INVESTMENTS	AT COST	200,456	206,325

TY 2016 Other Decreases Schedule

Name: TQL FOUNDATION INC
EIN: 47-2494883

Description	Amount
ADJUSTMENT TO UNREALIZED GAINS	73,563

TY 2016 Other Expenses Schedule**Name:** TQL FOUNDATION INC**EIN:** 47-2494883**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSES	147	0		0

TY 2016 Other Professional Fees Schedule**Name:** TQL FOUNDATION INC**EIN:** 47-2494883

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIFTH THIRD BANK ADVISORY FEES	11,885	11,885		0
FIFTH THIRD BANK FEES	26	26		0

TY 2016 Taxes Schedule**Name:** TQL FOUNDATION INC**EIN:** 47-2494883

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2015 OHIO FILING FEE	200	0		200
BALANCE OF 2015 EXCISE TAX	11,629	0		0
FOREIGN TAXES	319	319		0
FEDERAL EXCISE TAX 2016 ESTIMATES	11,500	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047 2016
	Name of the organization TQL FOUNDATION INC	Employer identification number 47-2494883

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
47-2494883

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH G OAKS	\$ 300,036	Person <input type="checkbox"/>
	4289 IVY POINTE BLVD		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45245		Noncash <input checked="" type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			

Name of organization TQL FOUNDATION INC	Employer identification number 47-2494883
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2,336 SHARES OF HOME DEPOT INC STOCK	\$ 300 036	2016-10-06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization TQL FOUNDATION INC	Employer identification number 47-2494883
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	