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Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

Internal Revenue Service For calendar year 2009, or tax year beginning , and ending G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS TOLEDO COMMUNITY FOUNDATION, label. WILLIAM & ELSIE KNIGHT FUND 34-6853247 Otherwise, print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 300 MADISON AVENUE, SUITE 1300 (419)241 - 5049See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions TOLEDO, OH 43604 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test check here and attach computation H Check type of organization. X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method Accrual under section 507(b)(1)(A), check here X Other (specify) MODIFIED CASH (from Part II, col. (c), line 16) F If the foundation is in a 60-month termination 481,518. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for chantable purposes (cash basis only) expenses per books income ıncome Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 10,939 10,939 10,939 Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 8,960 6a Net gain or (loss) from sale b Gross sales price for all assets on line 6a 8,960. 8,960 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain. CFIVED Income modifications 10a Gross sales less returns and allowances b Less Cost of goods c Gross profit or (loss) 11 Other income 19,899 19,899 10,939 Total. Add lines 1 through 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 1 775 775 Ō. **b** Accounting fees 0 STMT 2 6,470 6,470. 6,470 c Other professional fees 0. 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 200 23 Other expenses 0. 0. 0. 24 Total operating and administrative 7,445 6,470 expenses. Add lines 13 through 23 7,245 27,820 25 Contributions, gifts, grants paid 27,820. 26 Total expenses and disbursements Add lines 24 and 25 35,265 6,470 7,245 27,820. 27 Subtract line 26 from line 12 -15,3662 Excess of revenue over expenses and disbursements 13,429 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 3,694. LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2009)

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Beginning of year | End of ye | of year | | |
|--|---|--------------------|---------------------|--|--|--|
| Pari | Balance Sneets column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| 1 | Cash - non-interest-bearing | | 26. | 26. | | |
| 2 | Savings and temporary cash investments | 92. | 119. | 119. | | |
| 3 | Accounts receivable | | | | | |
| | Less allowance for doubtful accounts | | | | | |
| 4 | Pledges receivable | | | | | |
| | Less allowance for doubtful accounts | Ì | | | | |
| 5 | Grants receivable | | | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| " | disqualified persons | İ | | | | |
| , | | | | | | |
| ' | Other notes and loans receivable | 1 | i | | | |
| 1. | Less. allowance for doubtful accounts | | | | | |
| 9 | Inventories for sale or use | | | | | |
| 9 | | | | | | |
| 10: | Investments - U.S. and state government obligations | | | | | |
| 1 | o Investments - corporate stock $$. STMT $$ 4 $$ $$ $$ | 313,357. | 276,811. 70,882. | 407,772. 73,601. | | |
| (| Investments - corporate bonds | 49,755. | 70,882. | 73,601. | | |
| 11 | Investments - land, buildings, and equipment basis | | | | | |
| | Less: accumulated depreciation | | | | | |
| 12 | Investments - mortgage loans | | | | | |
| 13 | Investments - other | | | | | |
| 14 | Land, buildings, and equipment basis | | | | | |
| 1., | Less: accumulated depreciation | f | | | | |
| 15 | | | | · · · · · · · · · · · · · · · · · · · | | |
| '" | Other assets (describe > | | | | | |
| 10 | Tatal appate (to be appalated by all filers) | 363,204. | 347,838. | 481,518. | | |
| 16 | | 303,204. | 347,030. | 401,310. | | |
| 17 | · · · · · · · · | | | | | |
| 18 | Grants payable | | | | | |
| 19 20 | Deferred revenue | | | | | |
| 20 | | | | ···· | | |
| 21 | , | | | | | |
| 22 | Other liabilities (describe | | | | | |
| | | | _ | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | |
| | Foundations that follow SFAS 117, check here | | | | | |
| | 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 | | | | | |
| : | and complete lines 27 through 31. | | | | | |
| 5 27 | | 0. | 0. | | | |
| 28 | · · · · · · · · · · · · · · · · · · · | 0.1 | 0. | | | |
| 29 29 | | 363,204. | 347,838. | | | |
| . ـ ا ي | | 363,204. | 347,838. | | | |
| 30 | | 303/204. | 34170301 | | | |
| 24 | Total liabilities and not exceed found between | 363,204. | 347,838. | | | |
| 31 | Total liabilities and net assets/fund balances | 303,204. | 347,030. | ······································ | | |
| Pari | Analysis of Changes in Net Assets or Fund B | alances | | | | |
| Tot | al net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | | | |
| | ist agree with end-of-year figure reported on prior year's return) | •• | . | 363,204. | | |
| | | | | -15,366. | | |
| | er amount from Part I, line 27a | | 2 | | | |
| | er increases not included in line 2 (itemize) | | 3 | 0. | | |
| | I lines 1, 2, and 3 | | 4 | 347,838. | | |
| | reases not included in line 2 (Itemize) | | 5 | 0. | | |
| <u>Tot</u> | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 347,838. | | |
| | | | | Form 990-PF (2009) | | |

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| |

TOLEDO COMMUNITY FOUNDATION, INC.

| | 1990-PF(2009) WILLIAM & ELSIE KNIGHT FUND | | | | | 8532 | | | Page 4 |
|----|--|-------------------|--------------------------|----------|--------------|-------------|-----------|-------|--------|
| | rt VI Excise Tax Based on Investment Income (Section 4) | | | or 49 |)48 - | see in | stru | ction | 1S) |
| | Exempt operating foundations described in section 4940(d)(2), check here an | | | | T | | | | |
| | Date of ruling or determination letter: (attach copy of letter if | | | | | | | _ | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | ► X and | l enter 1% | Ļ | 1 | ******** | ******** | 1 | 34. |
| | of Part I, line 27b | | | | | | | | |
| | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter | | | | . 1 | | , | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only | y Others enter | -0-) | ļ | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | ٠ | | .] | 3 | | | 1 | 34. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only | ly Others enter | -0-) | | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | ļ | 5 | · T. T | | | 34. |
| 6 | Credits/Payments: | 1 1 | | | 1 | | | | |
| | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | 21 | 00. | | | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | | | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | 6c | | | | | | | |
| | Backup withholding erroneously withheld | 6d | | | | | | _ | ^ ^ |
| | Total credits and payments Add lines 6a through 6d . | | | - | 7 | | | | 00. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is | attached | • | | 8 | | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | • | | 9 | | | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpain | d | cc l : | | 10 | | | | 66. |
| | Enter the amount of line 10 to be Credited to 2010 estimated tax | | 66. Refunde | d 💌 | 11 | | | | 0. |
| | ert VII-A Statements Regarding Activities | | | | | | | Yes | No |
| 18 | During the tax year, did the foundation attempt to influence any national, state, or local li | egisiation of di | a it participate or inte | ervene | n | ŀ | | 162 | X |
| | any political campaign? | | Itarationa for definiti | | | - | 1a | - | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political pu | | | | | ŀ | 1b | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities | ana copies o | i any matemais pui | DIISHO | ıor | ŀ | | | |
| | distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? | | | | | | 1c | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | the year | • | | | ŀ | 16 | | |
| u | (1) On the foundation. > \$ 0. (2) On foundation manage | | | 0. | | - | | | |
| ٥ | Enter the reimbursement (if any) paid by the foundation during the year for political exp | | nosed on foundation | | | - 1 | | | |
| | managers. > \$ O - | | | <u> </u> | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the | he IRS? | | | | | 2 | | Х |
| _ | If "Yes," attach a detailed description of the activities | | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governi | ina ınstrument. | articles of incorpora | ation, o | r | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha | = | | • | | | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the | | | | | | 4a | | X |
| | of "Yes," has it filed a tax return on Form 990-T for this year? | • | | | N, | /A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year | ear? | | | | ľ | 5 | | Х |
| | If "Yes," attach the statement required by General Instruction T. | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies | ed either: | | | | İ | | | |
| | By language in the governing instrument, or | | | | | - 1 | | | |
| | By state legislation that effectively amends the governing instrument so that no mand | latory direction: | s that conflict with th | ie state | law | | | | |
| | remain in the governing instrument? | | | | | L | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | | | Ļ | 7 | X | |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | | ſ | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instru | uctions) 🕨 _ | <u>-</u> | | | | | | |
| | OH | | | | | | | | |
| b | o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the | he Attorney Ge | neral (or designate) | | | } | | U | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | | | | · | <u>8b</u> | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of | | | or cale | ndar | | _ | } | v |
| 4- | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes | s," complete i | Part XIV | | • | . } | 9 | - | X |
| | | | | | | | | | |

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| Form | 990 | -PF | (2009) |) |
|------|-----|-----|--------|---|
|------|-----|-----|--------|---|

WILLIAM & ELSIE KNIGHT FUND

34-6853247

| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 34-0033 | 27 | | |
|----|---|---------------------------------------|-----------|-----|-------------|
| Pa | rt 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 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | | |
| | August 17, 2008? | | 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 ▶ TOLEDO COMMUNITY FOUNDATION, INC. Telephone no. ▶ | ►(419)2 | 41- | 504 | 9 |
| | Located at ▶300 MADISON AVENUE, SUITE 1300, TOLEDO, OH | ZIP+4 ▶43 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | _ | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year . | 15 | N | /A | |
| Pa | 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) | | | | |
| | | s X No | | | (|
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | | ĺ |
| | | s X No | | | ĺ |
| | · · · · · · · · · · · · · · · · · · · | s X No | | | |
| | ··· · · · · · · · · · · · · · · · · · | s X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | - | | |
| | | s X 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 | | | | l |
| | | s X No | | | İ |
| 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 page 20 of the instructions)? | N/A | 16 | | |
| | Organizations relying on a current notice regarding disaster assistance check here | . ▶□ | 777 17111 | | ********** |
| 6 | 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 2009? | | 10 | ' | Х |
| 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)): | | ļ | | |
| а | a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 1 | | | ĺ |
| | | s X No | | | ĺ |
| | If "Yes," list the years ▶ | , <u></u> | | | |
| 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 \ | N/A | 2b | 1 | |
| c | to the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | |
| • | > | | | | |
| 3a | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | | |
| - | | s X No | | | |
| ŀ | of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons aft | · · · · · · · · · · · · · · · · · · · | | | |
| • | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to display the first object of the section 4943(c)(7)) to display the first object of the section 4943(c)(7)) to display the first object of the section 4943(c)(7)) to display the first object of the section 4943(c)(7)) to display the section 4943(c)(7) to display the section 4943(c)(7) to display the section 4943(c)(7)) to display the section 4943(c)(7)) to display the section 4943(c)(7) to display the section 4943(c)(7)) to display the section 4943(c)(7) to display the section 4943(c)(7) to display the section 4943(c)(7)) to display the section 4943(c)(7) | | | | |
| | 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 2009.) | N/A | 3ь | 1 | 1 |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | , | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose | that | | | |
| • | had not been removed from jeopardy before the first day of the tax year beginning in 2009? | ciat | 4b | | х |
| | | ` | 110 | | |

0

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

| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | tion Managers, Highly | |
|---|-----------------------|---------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | 1 1 1 | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| 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 statis | | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers prod | | |
| DISTRIBUTION OF FUNDS TO NON-PROFIT CHARITAE | SLE ORGANIZATIONS | |
| | | 0. |
| 2 | | |
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| | | |
| 3 | | |
| | | |
| | | |
| 4 <u> </u> | | |
| | | |
| B. + D/ Bill | | |
| Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 0 | Amount |
| 37/3 | lines I and 2 | Amount |
| 1 N/A | - | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | ····· |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |
| | | Form QQO_DF (2009) |

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | dations, | see instructions.) |
|----|--|--------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. | | |
| а | Average monthly fair market value of securities | 1a | 432,433. |
| b | Average of monthly cash balances | 1b | 23. |
| C | Fair market value of all other assets | 10 | |
| d | Total (add lines 1a, b, and c) | 1d | 432,456. |
| е | 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 | 432,456. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 6,487. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 425,969. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 21,298. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 21,298. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 134. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 21,164. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 21,164. |
| 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 | 21,164. |
| P | art XII Qualifying Distributions (see instructions) | ····· | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 27 020 |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 27,820. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 27 020 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 27,820. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | 104 |
| | income Enter 1% of Part I, line 27b | 5 | 134. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 27,686. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | qualifies fo | r the section |

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---|---|---------------------------------------|--|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 21,164. |
| 2 Undistributed income, if any, as of the end of 2009 | *************************************** | .11.(11) | | |
| a Enter amount for 2008 only | | | 27,820. | |
| b Total for prior years | ······································ | 1'4443341111111111111111111111111111111 | | |
| g rotal for prior yours | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | ///////////////////////////////////// |
| a From 2004 | | | | |
| b From 2005 | | | | |
| a From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 | | | | |
| f Total of lines 3a through e | 0. | | | |
| | 0. | | | ······ |
| 4 Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 27,820. | | | | |
| | | | 27,820. | |
| a Applied to 2008, but not more than line 2a | | | 21,020. | |
| b Applied to undistributed income of prior | | ^ | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 0 | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | · | | |
| 5 Excess distributions carryover applied to 2009 (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: | | | | |
| 2 Ocrpus Add lines Sf, 4c, and 4e Subtract line 5 | | | ···· | |
| 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 2008 Subtract line | | | | ······ |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2009 Subtract | ······································ | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | | | 21,164. |
| 7 Amounts treated as distributions out of | | ************************************** | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2010. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| | U • | | · · · · · · · · · · · · · · · · · · · | |
| 10 Analysis of line 9 a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| c Excess from 2007 | | , | | |
| | , | | , | |
| d Excess from 2008 | | | , | |
| e Excess from 2009 | | 4 | <u> </u> | <u> </u> |

| Form 90/PF (2009) WILLIAM & ELISIE KNIGHT FUND Part XW Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 1 a Year of the adjusted net income from Part I or the minimum investment return from Part X for each year listed 2 a Enter the lesser of the adjusted net income from Part X for each year listed 3 85% of time 2a C Dualifying distributions from Part XII, line 4 for each year listed 4 Amounts incuded in line 2 ond used directly for active conduct of exempt activities Subtract lines 2 for mine 2 a 2 3 Comprises 3a, b, nor for the the silvent per a 2 form line 2 a 2 3 Comprises 3a, b, nor for the the silvent per a 2 form line 2 a 2 3 Comprises 3a, b, nor for the the silvent per a 2 form line 2 a 2 form line 2 a 2 form line 2 a 1 form line 2 form line 2 a 1 form line 2 a 1 form line 2 form line 2 a 1 form line 2 form line 2 a 1 form line 2 form line 2 a 1 form line 2 form line 2 form line 2 form line 2 form line 2 form line 2 form line 2 form line 2 form line 2 form line 2 form l | Page 1 |
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| 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b. Check bot to indicate whether the foundation is a private operating foundation described in section. 2 a Enter the lesser of the adjusted net income from Part I or the minimum rivestment return from Part I or the minimum rivestment return from Part X for each year listed 3 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 Subtract line 26 from line 2c C Complete 3a, b, or of the alternative test reled upon a Vasset's illentative test reled upon a Vasset's alternative test release and test release alternative test release | |
| b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities Subtract line 2d from line 2c and used directly for active conduct of exempt activities Subtract line 2d from line 2 c and Subtract line 2d from line 2 c and alternative test relied upon: a Asset's alternative lest relied upon: a Statistical lest and the statistical lest of the alternative lest relied upon: a Asset's alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative lest relied upon: a Statistical lest of the alternative | |
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| 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 | ets |
| 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 \$0,000) (dee section 30) (d/(2)) | |
| NONE | |
| b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest | |
| NONE | |
| 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds | lf |
| 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 of the person to whom applications should be addressed. | |
| b The form in which applications should be submitted and information and materials they should include: | |

Form **990-PF** (2009)

c Any submission deadlines:

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

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Form 990-PF (2009) WILLIAM & ELSIE KNIGHT FUND

| 3 Grants and Contributions Paid During th | ne Year or Approved for Future F | Payment | | |
|--|--|--|----------------------------------|---------|
| 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 |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| a Paid during the year SEE ATTACHED SCHEDULE | NONE | | | 27,820. |
| | | | | |
| | | | | |
| | | | | 27,820 |
| Total b Approved for future payment | · · · · · · · · · · · · · · · · · · · | _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · | ▶ 3a | 21,020 |
| NONE | | | | |
| | | | | |
| | | | | |
| Total . | | | ▶ 3b | 0 |

923611 02-02-10

Form 990-PF (2009) Part XVI-A

WILLIAM & ELSIE KNIGHT FUND

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-------------------------|------------------------|---------------------------------|--|
| • | (a) Business | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue | code | | code | | |
| a | | | - | | |
| b | | <u></u> | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | - | | | | |
| - | } | | | | |
| 2 Membership dues and assessments | } | | - | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 1.4 | 10 020 | |
| 4 Dividends and interest from securities | | | 14 | 10,939. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | l | | | | |
| 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 | ł | | 10 | 0.000 | |
| than inventory | | | 18 | 8,960. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | <u> </u> |
| 11 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| | | | | | |
| c | | | | | |
| | | ··· | - | | <u>-</u> |
| e | | 0. | | 19,899. | 0. |
| 12 Subtotal. Add columns (b), (d), and (e) | <u> </u> | 0. | <u> </u> | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 13,033. |
| (See worksheet in line 13 instructions to verify calculations) | | | | | |
| Part XVI-B Relationship of Activities to | o the Acc | omplishment of Ex | emp | t Purposes | |
| | | | | | |
| Line No. Explain below how each activity for which income | | | CONTI | outed importantly to the accor | npusnment of |
| the foundation's exempt purposes (other than | by providing 10 | unds for such purposes) | | | |
| NOT APPLICABLE | | | | | |
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| 923621 02-02-10 | | | | | Form 990-PF (2009) |

TOLEDO COMMUNITY FOUNDATION, INC.

Form 990-PF (2009) WILLIAM & ELSIE KNIGHT FUND 34-6853247

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

| 3 | 4 | _ | 6 | 8 | 5 | 3 | 2 | 4 | 7 | ' |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

| | Exempt Organizations | | | | | |
|-----------|--|-----------------------------------|---|-----------------|------------|------------------|
| 1 | Did the organization directly or indirectly engage in any of the followin | g with any other organization | on described in section 501(c) of | | Yes | No |
| | the Code (other than section 501(c)(3) organizations) or in section 52 | 7, relating to political organ | izations? | | | |
| а | Transfers from the reporting foundation to a noncharitable exempt org | ganization of | | | | |
| | (1) Cash | | | 1a(1) | | X |
| | (2) Other assets | | | 1a(2) | | X |
| b | Other transactions | | | | | |
| | (1) Sales of assets to a noncharitable exempt organization | | | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | | | 16(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | | | 16(3) | | \mathbf{X}^{-} |
| | (4) Reimbursement arrangements | | | 1b(4) | | X |
| | (5) Loans or loan guarantees | | | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitation | ns . | | 16(6) | | X |
| C | Sharing of facilities, equipment, mailing lists, other assets, or paid em | ployees | | 10 | | X |
| d | If the answer to any of the above is "Yes," complete the following sche | | | | ets, | |
| | or services given by the reporting foundation. If the foundation receive | ed less than fair market valu | ie in any transaction or sharing arrangement, | show in | | |
| | column (d) the value of the goods, other assets, or services received | | | | | |
| a) | Line no (b) Amount involved (c) Name of noncharitable | exempt organization | (d) Description of transfers, transactions, and | d shanng an | angeme | nts |
| | N/A | | | | | |
| | | | | | | |
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| 2- | le the foundation dispatily or indirectly efficient with a valeted to any | | | | | |
| 2a | Is the foundation directly or indirectly affiliated with, or related to, one | | zations described | С. | □ ▼ | ٦ |
| | in section 501(c) of the Code (other than section 501(c)(3)) or in sect if "Yes," complete the following schedule. | .011 5277 | l l | L Yes | \Box | □ No |
| u | (a) Name of organization | (b) Type of organization | (c) Description of relation | | | |
| | N/A | (b) Type of Organization | (e) boompaon of follows | ОПР | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| П | Under penalties of perjury, I declare that I have examined this return, including according | | | is true, corre | ct, | |
| ١ | and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on | all Information of which preparer | has any knowledge. | | | |
| | Neverly of Me Fride | 19/21/10 | , v | | | |
| Sign Here | Signature of officer of typistee | Date | Title | | | |
| ב [| Preparer's Q | | Oate Check if Prepare | arer's identify | ying nur | nber |
| 밁 | Signature Aon M. Aon M. Same (or yours CLIFTON GUNDERSON L. 1400 EDISON PLAZA, | ~ | Oate Check if self-employed ▶ □ | | | |
| | Firm's name (or yours CLIFTON GUNDERSON L | LP | EIN ► | | | |
| ľ | if self-employed). 1400 EDISON PLAZA, | | AVENUE | | | |
| | address, and ZIP code TOLEDO, OH 43604-15 | 87 | Phone no (419 | 9)244 | <u>-37</u> | 11_ |
| | | | | Form 990 | -PF | (2009) |

| Page | | Address2 City, State and Zip Grants Program Area | Maumee, OH 43537 14,000.00 Human Services Maumee, OH 43537 5,000.00 Education Toledo, OH 43604 5,000.00 Human Services Suite 1300 Toledo, OH 43604 3,820.00 Other | Total Grants 27,820.00 |
|--|---------------------------------------|--|---|------------------------|
| Toledo Community Foundation William and Elsie Knight Fund | Tax Year 2009 Tax ID #: 34-6853247 | Address1 | 310 Elizabeth Street 7223 Maumee Western Road 2211 Jefferson Ave. 300 Madison Ave. | |
| Form 990-PF, Part XV, Line 3 | | Grantee Name | St. Paul's Episcopal Church Sunshine Foundation, Inc. Toledo Day Nursery Toledo Community Foundation, Inc. | |

| FORM 990-PF | ACCOUNTI | NG FEES | rs | ATEMENT 1 |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | | (C) ADJUSTED NET INCOME | |
| CLIFTON GUNDERSON LLP TAX PREPARATION FEE | 775. | 0. | 775. | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 775. | 0. | 775. | 0. |
| FORM 990-PF C | THER PROFES | SIONAL FEES | | ATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | |
| KEY BANK INVESTMENT MANAGEMENT TOLEDO COMMUNITY | 740. | 740. | 740. | 0. |
| FOUNDATION ADMINISTRATIVE FEES RECORD KEEPING FEES | 5,652. 78. | | 5,652. 78. | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 6,470. | 6,470. | 6,470. | 0. |
| FORM 990-PF | OTHER E | XPENSES | Si | PATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| STATE OF OHIO FILING FEE | 200. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 200. | 0. | 0. | 0. |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT | 4 |
|--|-----------------|----------------------|------------------|-----|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET | Г |
| VANGUARD TOTAL STOCK MARKET VANGUARD TOTAL INTERNATIONA | | 170,465. 106,346. | 280,10 127,66 | |
| TOTAL TO FORM 990-PF, PART | II, LINE 10B | 276,811. | 407,77 | 72. |
| FORM 990-PF | CORPORATE BONDS | | STATEMENT | 5 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET | Г |
| DFA 5YR GLOBAL FIXED INCOME VANGUARD TOTAL BOND MARKET | _ | 35,619. 35,263. | 37,26 36,34 | |
| TOTAL TO FORM 990-PF, PART | II, LINE 10C | 70,882. | 73,60 | 01. |

STATEMENT

FORM 990-PF

| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
|---|------------|--------------------------|----|---------------------------------|---------|
| KEITH BURWELL 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | PRESIDENT 0.25 | 0. | 0. | 0. |
| RICHARD P. ANDERSON 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0. |
| PATRICIA APPOLD 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0. |
| WILLIAM FALL 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0. |
| JIM HOFFMAN 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0. |
| RITA N.A. MANSOUR 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0. |
| BEVERLY MCBRIDE 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | VICE CHAIRMAN 0.25 | 0. | 0. | 0. |
| EDWARD C. MCNEAL 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0 . |
| GEOFFREY MEYERS 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TREASURER 0.25 | 0. | 0. | 0 . |
| ANTHONY J. ARMSTRONG 300 MADISON AVENUE, TOLEDO, OH 45804 | | TRUSTEE 0.25 | 0. | 0. | 0 |
| GRANGER SOUDER 300 MADISON AVENUE, TOLEDO, OH 45804 | SUITE 1300 | TRUSTEE 0.25 | 0. | 0. | 0 |

PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

| . TOLEDO COMMUNITY FOUNDATION, INC. WILLIA | | 34- | 6853247 |
|---|----|-----|---------|
| MARK LUETKE TRUSTEE 300 MADISON AVENUE, SUITE 1300 0.25 TOLEDO, OH 45804 | 0. | 0. | 0. |
| SCOTT J. SAVAGE 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 45804 TRUSTEE 0.25 | 0. | 0. | 0. |
| DAVE F. WATERMAN 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 45804 TRUSTEE 0.25 | 0. | 0. | 0. |
| MARY WERNER 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 45804 TRUSTEE 0.25 | 0. | 0. | 0. |
| MARK ZYNDORF 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 45804 TRUSTEE 0.25 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | 0. | 0. | 0. |

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the ac (not automatic) 3-month extension or (2) you file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the ac (not automatic) 3-month extension or (2) you file Form 990-T], 6069, or 8870, group returns, or a composite or consolidated Form 990-T. In you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.rs.gov/efile and click on e-file for Charities & Nonprofits. Type or Name of Exempt Organization TOLEDO COMMUNITY FOUNDATION, INC. WILLIAM & ELSIE KNIGHT FUND A4-6853247 Sumbor, street, and room or suite no. If a P.O. box, see instructions. 30.0 MADISON AVENUE, SUITE 13.00 Check type of return to be filed(file a separate application for each return): Form 990 Form 990-El Form 990-T (corporation) Form 990-El Form 990-T (sec. 401(a) or 408(a) trust) Form 990-El Form 990-F Form 1041-A TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. ToleDo Community Foundation, Inc. ToleDo Community Foundation, Inc. ToleDo Community Foundation, Inc. ToleDo Community Foundation, Inc. ToleDo Community Foundation, Inc. | dditional stead, |
|---|---------------------|
| Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the act (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. In you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/effile and click on e-file for Charities & Nonprofits. Type or print File by the due date for file for the file by the due date for file for the file for form date for file by the due date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date for file for form date f | dditional stead, |
| to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the act (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. In you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Type or print TOLEDO COMMUNITY FOUNDATION, INC. WILLIAM & ELISIE KNIGHT FUND Number, street, and room or suite no. If a P.O. box, see instructions. 300 MADISON AVENUE, SUITE 1300 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43604 Check type of return to be filed (file a separate application for each return): Form 990-BL Form 990-T (corporation) Form 4720 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-PF Form 990-T (trust other than above) Form 6069 X Form 990-PF Form 1041-A TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. | dditional stead, |
| noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the ac (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. In you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Type or print File by the due date for filing your returns a second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print File by the due date for filing your returns Second print for Employer identification TOLEDO COMMUNITY FOUNDATION, INC. Form 990 Form 990-T (corporation) Form 990-EZ Form 990-F Form 1041-A Form 990-PF TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. | dditional stead, |
| TOLEDO COMMUNITY FOUNDATION, INC. WILLIAM & ELSIE KNIGHT FUND Number, street, and room or suite no. If a P.O. box, see instructions. 300 MADISON AVENUE, SUITE 1300 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43604 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-BL Form 990-EZ Form 990-EZ Form 990-F Form 990-F Form 1041-A TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. | number |
| File by the due date for filing your return See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 300 MADISON AVENUE, SUITE 1300 | |
| Number, street, and room or suite no. If a P.O. box, see instructions. 300 MADISON AVENUE, SUITE 1300 | |
| due date for filing your return See instructions 300 MADISON AVENUE, SUITE 1300 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43604 Check type of return to be filed(file a separate application for each return): Form 990 Form 990-T (corporation) Form 990-BL Form 990-FZ Form 990-FZ Form 990-FZ Form 990-FZ Form 990-PF Form 1041-A TOLEDO COMMUNITY FOUNDATION, INC. 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604 | |
| Form 990 | |
| Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 X Form 990-PF TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604 | |
| Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 X Form 990-PF TOLEDO COMMUNITY FOUNDATION, INC. TOLEDO COMMUNITY FOUNDATION, INC. 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604 | |
| Form 990-EZ X Form 990-PF Form 990-T (trust other than above) Form 6069 Form 8870 TOLEDO COMMUNITY FOUNDATION, INC. The books are in the care of 300 MADISON AVENUE, SUITE 1300 - TOLEDO, OH 43604 | |
| TOLEDO COMMUNITY FOUNDATION, INC. The books are in the care of ▶ 300 MADISON AVENUE, SUITE 1300 - TOLEDO, OH 43604 | |
| TOLEDO COMMUNITY FOUNDATION, INC. The books are in the care of ► 300 MADISON AVENUE, SUITE 1300 - TOLEDO, OH 43604 | |
| The books are in the care of ➤ 300 MADISON AVENUE, SUITE 1300 - TOLEDO, OH 43604 | |
| | |
| Telephone No. ► (419)241-5049 FAX No. ► | |
| | |
| • If the organization does not have an office or place of business in the United States, check this box | · 🔲 |
| • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, or | check this |
| box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension we are all the second of the group. | vill cover. |
| 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until | |
| 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in account | ıng period |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | 200 |
| nonrefundable credits. See instructions. 3a \$ | 200. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated | |
| tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ | 000 |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, | 200. |
| deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). | 200. |
| See instructions. 3c \$ | 200. |

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

| Form 8868 (Rev. 4-2009) | | Page 2 | _ | |
|---|-------------|--------------------------|----------|--|
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box | . | ▶ X | | |
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed | | 8. | | |
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | _ | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co | pies need | ded). | _ | |
| Name of Exempt Organization | Employe | er identification number | | |
| Type or TOLEDO COMMUNITY FOUNDATION, INC. | | | | |
| print WILLIAM & ELSIE KNIGHT FUND | 34- | 6853247 | | |
| File by the extended Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS | use only | | |
| due date for 300 MADISON AVENUE, SUITE 1300 | | <u></u> | _ | |
| return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | |
| roledo, oh 43604 | | | _ | |
| Check type of return to be filed (File a separate application for each return): | | | | |
| Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A | Form | 5227 Form 8870 | | |
| Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 | Form | 6069 | | |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous | dy filed F | orm 8868. | - | |
| | .,ou . | | - | |
| TOLEDO COMMUNITY FOUNDATION, INC. | | 40604 | | |
| • The books are in the care of ► 300 MADISON AVENUE, SUITE 1300 - TOLEDO | , OH | 43604 | _ | |
| Telephone No. ► (419)241-5049 FAX No ► | | | | |
| • If the organization does not have an office or place of business in the United States, check this box | | ▶ □ | | |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | | _ | | |
| box . If it is for part of the group, check this box . and attach a list with the names and EINs of all i | nembers | the extension is for. | - | |
| 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010. | | | | |
| 5 For calendar year 2009, or other tax year beginning, and ending, and ending, and ending, final return, and ending | | | | |
| If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | |
| State in detail why you need the extension | | | | |
| THE TAXPAYER NEEDS ADDITIONAL TIME TO GATHER INFORMATI | ON NE | CESSARY TO | - | |
| PREPARE AN ACCURATE RETURN. | | | - | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | 200 | | |
| nonrefundable credits. See instructions. | 8a \$ | 200. | <u>-</u> | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | 000 | | |
| previously with Form 8868. | 8b \$ | 200 | <u>.</u> | |
| Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | • | | |
| with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c \$ | 0. | • | |
| Signature and Verification | | | | |
| Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form. | best of m | y knowledge and belief, | | |
| | D-4- N | ×19/10 | | |
| Signature Donna M. Dawon Title CPA | Date | | _ | |
| | | Form 8868 (Rev. 4-2009 | 1) | |

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